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Costs Associated with Misdiagnoses of Neuroendocrine Tumors (NET)

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BACKGROUND: NETs are challenging to diagnose as they can occur in any location and present with a variety of symptoms. The objective of this retrospective analysis was to describe healthcare resource utilization (HCRU) and costs related to conditions for which NET is commonly misdiagnosed.

METHODS: Patients aged >18 with at least one inpatient or two outpatient claims with a NET diagnosis during 1/1/2015 - 12/31/2018 (earliest diagnosis = index date) were selected from the IBM MarketScan claims databases. Patients were followed during a five year look back period. Misdiagnosis-related HCRU and costs (i.e. medical claims carrying a relevant diagnosis and pharmacy claims for pertinent treatments) were reported per patient per month (PPPM) from the earliest condition for which NET is commonly misdiagnosed (grouped overall and by category [i.e. gastrointestinal, respiratory, dermatological, liver disease]; defined by diagnosis codes on medical claims) to NET diagnosis. Costs related to a pancreatic adenocarcinoma misdiagnosis were reported separately.

RESULTS: The analysis included 3,460 patients with NET. Mean (standard deviation [SD]) age was 61.2 [13.1] years, 53% were female, and patients visited an average of 7.0 [3.9] different healthcare providers prior to diagnosis. The majority (69.9%) had at least one gastrointestinal, respiratory, dermatological or liver disease potential misdiagnosis occurring a median of 3.4 years prior to diagnosis. Overall healthcare costs related to misdiagnoses were $2,858 [$6,495] PPPM. Costs were highest for gastrointestinal misdiagnoses ($3,350 [$7,108]), followed by liver disease ($2,234 [$5,069]), respiratory ($2,041 [$5,341]), and dermatologic ($479 [$2,804]). There were 69 (2.0%) NET patients with a pancreatic adenocarcinoma misdiagnosis, related PPPM costs were substantial ($29,321 [$62,385]) and driven by outpatient services (which includes treatment administration).

CONCLUSION: This analysis suggests patients with NET experience a complicated journey prior to the diagnosis of NET, contributing to unnecessary healthcare costs.

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