Objective

This study adopted a previously validated claims-based algorithm for imputing poor level of disability of patients with metastatic NSCLC.

Conclusions

• Imputing PS from claims data allowed assessment of guideline-recommended initiation of therapy in metastatic NSCLC.

• Increased rates of mortality and hospice initiation with worsening PS suggests that cut-points used to distinguish poor, moderate and good PS may offer discrimination among these levels of PS and moderate PS to understand real-world implementation of treatment guidelines.

• Treatment recommendations are based in part on PS. Future research should validate the cut-point between good and moderate PS to guide decision-making.

• The geographic distribution of the study population is not representative of the U.S. population. Generalizing study findings should be approached with caution.

Acknowledgment

We thank Amy Davido, PhD, of The School of Public Health, for her many substantial contributions to this project.

References


Table 1. Baseline demographic and clinical characteristics

<table>
<thead>
<tr>
<th>Measure</th>
<th>Died 6 Months Post-Index</th>
<th>Hospice 6 Months Post-Index</th>
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<td>Moderate PS vs. Good PS</td>
<td>Poor PS vs. Good PS</td>
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Table 2. Logistic regression models of post-index mortality and hospice initiation

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Figure 1. Distribution of Performance Status*