Impact of Public Reporting of Center-Specific Survival Analysis Scores on Patient Volumes at Hematopoietic Cell Transplant Centers

A study from CIBMTR® (Center for International Blood and Marrow Transplant Research®)

Study Details:

This study analyzed the effects of publicly reporting center-specific survival analysis (CSA) scores, which reflect the 1-year overall survival rates of patients after allogeneic hematopoietic cell transplantation (alloHCT) at various United States transplant centers.

Transplant centers reporting data to the CIBMTR (n=91) that actively treat adult or combined adult and pediatric populations were included in this study. The centers reported CSA scores and performed a minimum of 10 alloHCT procedures each year from 2012 – 2018.

Results at a Glance:

- Among the studied centers, 68 reported at least one annual change in their CSA score.
- Centers with an underperforming CSA score (-1) observed an 8 – 9% reduction ($p<0.001$) in mean alloHCT volume in the subsequent year, compared to centers with scores of 0 (performing as expected) or +1 (performing better than expected).
- Centers adjacent to a transplant center with a CSA score of -1 experienced a 3.5% increase in mean alloHCT volume ($p=0.04$), indicating a possible migration of alloHCT volumes that continued for up to 2 years after a center was deemed underperforming.

Figure: Transplant Center Volume Near an Underperforming Center

	Mean ratio (95% CI)	*P*
Neighboring at least one center with a CSA score of -1 (cloest neighbor to the index TC by distance) Not a neighbor = 365 instances, 63 center. Being a neighbor = 107 instances, 40 centers.	1.035 (1.002 - 1.070)	0.037
Neighboring at least one center with a CSA score of -1 (being in the same NMDP market area) Not a neighbor = 255 instances, 40 centers. Being a neighbor = 88 instances, 29 centers.	1.043 (1.005 - 1.083)	0.029

Clinical Impact:

These findings suggest that publicly reported CSA scores may produce unintended consequences that could potentially restrict access to care, prompting further investigation into the causes and implications of these volume shifts. Patients should be empowered to choose the transplant center that is the best fit for them. Tools, navigation and community hematology/oncology providers should be used to help patients get the best care when they need it in an accessible way.

Read the publication in *Transplantation and Cellular Therapy* (DOI:10.1016/j.jtct.2023.05.013).

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