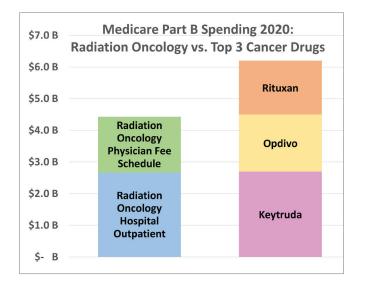
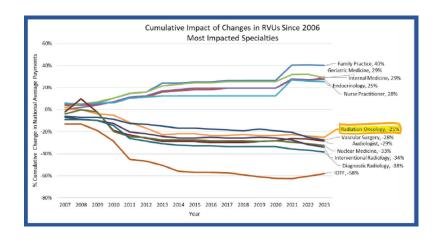
Of the 1.9 million cancer diagnoses annually, more than half of patients will receive radiation therapy. **Medicare spends less on radiation oncology than it does on just three cancer drugs**.



In the face of ongoing cuts and rising costs due to inflation, patient access to care is threatened.

Under Medicare's Physician Fee Schedule (MPFS), radiation oncology has been **cut more than 20%** over the last 10 years.

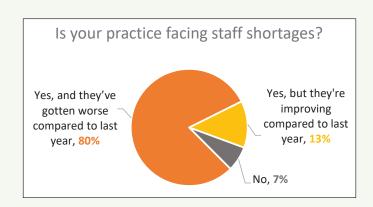


## **Cuts impact patients**

Practice costs are **up 25%** on average since the start of the pandemic.

93% of ASTRO members say their practice is facing staff shortages.

This leads to reduced hours, fewer appointments, treatment delays, reduced wraparound services like patient navigation, lower morale, increased burnout and "constantly feeling like you are letting patients down."



## What RadOncs & Patients need: Stability, Access, Value, Equity

**Stability** – CMS is likely to propose additional cuts to radiation therapy this summer. Radiation oncology needs stable payments for practices to invest in state-of-the-art care.

**Access** – After a decade of severe cuts and inflationary surges, practices are struggling to provide access to high-quality care close to patients' homes.

**Value** – With high cure rates and costs less than other cancer treatments, radiation therapy is a cost-effective treatment that delivers value for patients and taxpayers.

**Equity** – Reimbursement cuts force clinics to reduce wraparound services for underserved patient populations. Medicare should increase funding, not cut services for those that need them most.

ASTRO is looking to the future: developing **a new Medicare radiation oncology payment program** that stabilizes payment, reduces disparities, improves quality and reduces costs.