Commentary: Filling in the cracks: How to improve survival for patients with cystic fibrosis

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Advancements in the management of cystic fibrosis (CF) have improved life expectancy among affected patients,1-3; however, survival varies across nations.4 In Canada, patients with CF live nearly 11 years longer than those in the United States.5 Because lung transplantation (LTx) represents a critical therapy for patients with CF who have end-stage lung disease,6 differences in access to LTx, waitlist mortality, and posttransplant outcomes may be important contributors to this survival gap. However, recent data suggest that variable LTx practices account for only one-third of the survival difference between countries.7 These data motivate identification of other factors that contribute to the survival gap between patients with CF in the United States and Canada. Hadjiliadis and colleagues8 present a multifactorial overview of this survival gap, noting differences in health care delivery and social determinants of health, in addition to variable LTx processes, that likely contribute to differential survival between countries. They emphasize that, in combination, these differences may actually preclude direct comparison of survival between patients with CF in the United States and Canada. Rather, they suggest that health care providers should stack the deck in favor of optimal survival by implementing interventions that have demonstrated a survival benefit regardless of geography. To accomplish this goal, the authors suggest looking to organizations such as the Cystic Fibrosis Foundation (CFF) that can leverage their existing platforms to motivate future research and promote interventions that may improve life expectancy for all patients with CF.8

Overall, the authors present a thorough assessment of factors that may contribute to the survival gap between patients with CF in the United States and Canada and should be commended for presenting the CFF guidelines as a potential solution. Indeed, in its 2019 Consensus Guidelines, the CFF sought to improve survival among patients with CF by providing recommendations to streamline the referral, evaluation, and listing of patients with end-stage lung disease for LTx.9 Missing from these recommendations is discussion of how to improve survival for vulnerable patients who may not have access to CF care teams or transplant centers due to socioeconomic, insurance, or geographic barriers. Prior work shows that the survival gap between patients with CF in the United States and Canada disappears when comparing privately insured US transplant recipients to universally covered recipients in Canada.7 These findings suggest that dedicated action is required to identify and reduce disparities in access to care for vulnerable patients in the United States.

Hadjiliadis and colleagues8 offer a compelling argument to leverage organizations such as the CFF to improve survival for patients with CF. To truly stack the deck, we must first address the needs of the patients most likely to slip through the cracks.
References