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The exorbitant price of cancer drugs

In all countries, even the wealthiest nations, universal access to healthcare is under threat from escalating expenditure on cancer treatments (1,2). The exorbitant price of new cancer drugs is one of the main causes for concern.

Overutilisation of medical resources. In 2011, a group of oncologists from all over the world pointed out that spending on cancer is rising, mainly due to the growing elderly population and, more generally, to the increasing number of cancer cases diagnosed or detected through screening, and then treated; the rising cost of cancer technologies; and the overutilisation of therapy, especially at the end of life (1).

Overutilisation is not necessarily in patients' best interests: *"Providing futile disease-directed care, such as chemotherapy in the last weeks of life (...) might (…) distract from a focus on palliative care that can improve quality of life and even prolong survival"* (1).

Drug prices not related to their therapeutic value. These oncologists expressed concern over the exorbitant cost of new cancer drugs, but appeared to accept it as the price to pay for "innovation" (1). The British organisation responsible for evaluating drug cost-effectiveness (National Institute for Health and Clinical Excellence, NICE) considers that these high prices are mainly driven by financial concerns that have little to do with the cost of drug development or their therapeutic value: pharmaceutical companies are trying to offset the loss of income from other drugs whose patents have expired (3).

More is not always better. An increasing number of oncologists concerned by the spiralling cost of cancer care that is not linked to meaningful benefit to patients are advocating better use of available resources, while avoiding unnecessary therapy and investigations, and futile treatment at the end of life (1,2).

As NICE points out, *"if large (and increasing) sums of a health-care system's finite resources are to be devoted to cost-ineffective cancer care, then other patients with other diseases — often lacking the vocal support of pharmaceutical companies and patient advocacy groups — will be denied access to cost-effective care"* (3).

To control cancer-related health expenditure, oncologists are encouraging healthcare professionals and patients to have more realistic expectations (2). It is an invitation to engage in rational debate and critical analysis of diagnostic and therapeutic overkill for small or nonexistent gains. The debate is well worth extending to other fields of medicine (4).

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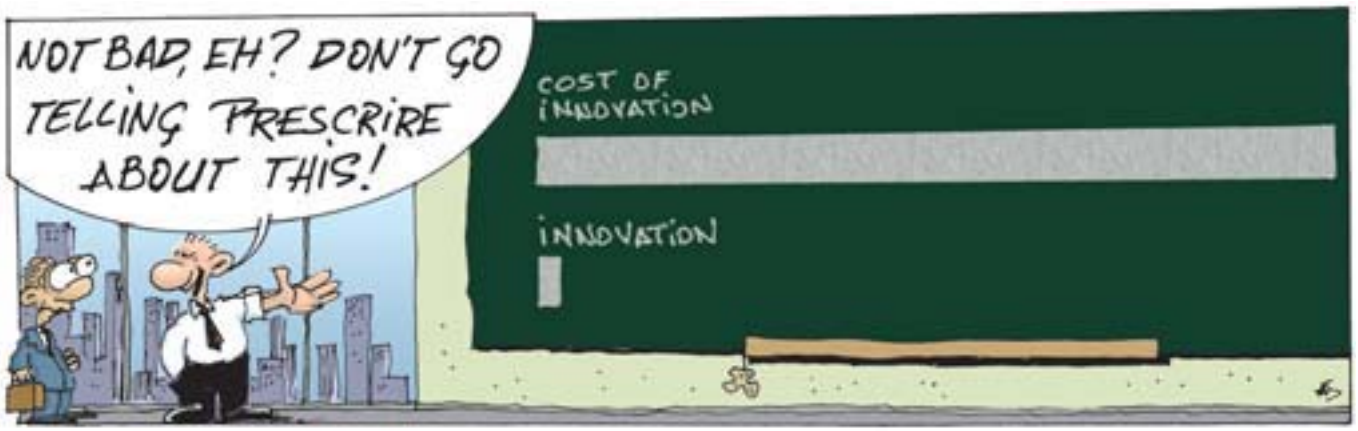
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