Report Says Clinicians Should Consider Economic Impact of New Interventions

Atlanta 2008/07/02 -Cancer clinicians should understand and consider the economic impact of new interventions, which often have substantial costs, according to a report appearing in the July/August issue of CA: A Cancer Journal for Clinicians, a peer-reviewed journal of the American Cancer Society. The report says health care budget constraints have made it necessary for clinicians to be aware of the relative costs and benefits of new interventions used in cancer screening, diagnosis, treatment, and support services for patients.

The report highlights several examples of new interventions that may help specific populations but result in increased costs. They include magnetic resonance imaging screening for breast cancer, which at $1,000 per image is ten times the cost of screening mammography; $1,800 for a positron emission tomography (PET) scan for cancer staging; $48,000 per patient per year for the use of intensity-modulated radiation therapy to treat prostate cancer; $50,000 per patient per year for trastuzumab (Herceptin) in the treatment of HER-2–positive breast cancer; $1,800 per month for gefitinib (Iressa) for the treatment of lung cancer; and more than $8,000 for a 6-day course of palifermin (Kepivance) in the treatment of oral mucositis.

The report reviews the methods used for economic analyses to help clinicians understand how economic evaluations of cancer interventions are performed so they are better able to use—and critique—these evaluations. The report says clinicians should care about economic analyses for several reasons: patients are increasingly required to pay for a proportion of their medical care; expenditures need to be prioritized to determine the most reasonable use of limited health care funds; and it is important that recommended medical treatments be “good buys.”

The authors write that “unless clinicians, other cancer health care providers, and cancer researchers are active participants in discussions regarding the relative costs and benefits of new interventions, others will make these cost-effectiveness conclusions. Having members of the oncology community exclude themselves from these discussions and from the process of determining costs and benefits of new cancer therapies is unlikely to be in the best interests of cancer patients.”

Article: “Economic Evaluations of Medical Care Interventions for Cancer Patients: How, Why, and What Does it Mean?” Ya-Chen Tina Shih, PhD; Michael T. Halpern, MD, PhD, CA Cancer J Clin 2008;58:231-244, DOI: 10.3322/CA.2007.0008.

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