

Cost of treating colorectal cancer can vary by thousands per patient

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The cost of treating colorectal cancer varies widely, with newer, life-extending therapies sometimes costing tens of thousands of dollars more than older agents, according to a study led by a team of researchers in the Duke Comprehensive Cancer Center.

"The total cost of chemotherapy to treat colorectal cancer may differ by as much as \$36,999 per patient, depending on the regimen," said Gary Lyman, M.D., an oncologist and health outcomes researcher at Duke, and senior investigator on this study. "We know that some therapies are more promising and effective, in general, than others, and cost variation raises many questions about what kind of care patients are receiving and whether this economic burden is matched by significant clinical advancements, especially with regard to quality of life."

The findings appeared in the November 2008 issue of the *American Journal of Managed Care*. The study was funded by the Duke Comprehensive Cancer Center's Health Services and Outcomes Program.

The researchers identified the eight most commonly prescribed treatment regimens within a cohort of more than 400 patients who were treated at 115 ambulatory care centers across the United States. Regimens included supportive agents often needed to combat treatment-related side effects such as nausea, and varied from an older chemotherapy cocktail known as 5-FU/ LV (5-fluorouracil and leucovorin calcium), to newer therapies that include the use of bevacizumab,

commonly known as Avastin. Bevacizumab was FDA-approved in 2004 for the treatment of colorectal cancer, and works by choking off a tumor's blood supply.

"The cost of treating colorectal cancer has skyrocketed," Lyman said. "We have seen similar trends in terms of rapidly rising costs of drug development in breast cancer and other malignancies, but nowhere has this been more striking than in the management of colorectal cancer."

The introduction of life-extending therapies for colorectal cancer over the past several years, which can in some cases almost double survival time, has led to a 340-fold increase in the cost of chemotherapy, Lyman said. The burden of this increase is felt by insurers, by patients and their families and ultimately, by taxpayers, he said.

"For many of these colorectal cancer patients, depending on how advanced their disease is, we may be talking about buying a few months," he said. "And these rapidly increasing costs have raised ethical questions about whether such sums of money should be dedicated to treatments that may modestly prolong life but not offer increased cure rate."

Lyman said that these findings may suggest that new strategies should be sought to limit the economic impact of these newer treatment regimens, including appealing to drug companies to reassess their pricing policies and relaxing prohibitions on the federal government negotiating drug prices.

There is also concern, Lyman said, that some patients, especially in smaller, rural areas, may have limited access to care or be receiving older, "out-of-date" therapies because of either the patient's or the practice's inability to pay for the newer agents.

"At the same time, it may be prudent for researchers and clinicians to search for improved prognostic and predictive markers that may permit more selective or targeted application of expensive therapies in patients who stand to derive the most clinical benefit from them," he said. "Such strategies may provide not only the most effective but also the most cost-effective use of these new agents for patients with colorectal cancer."

Source: Duke University

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