

Cancer care costs higher in U.S. than Europe, but survival longer

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However, a top cancer expert argues that new analysis is flawed.

(HealthDay) -- The United States spends more on health care than any other country, but those high costs may be paying off in cancer survival, a new report suggests.

U.S. <u>cancer patients</u> often live almost two years longer than similar patients in Europe, arguing for the <u>dollar value</u> of care given, researchers say.

However, Dr. Otis Brawley, the chief medical officer and executive vice president at the <u>American Cancer Society</u>, who was not involved in the study, said that "this paper has a huge fatal flaw in it."

"When you look at survival from time of diagnosis to time of death and you have a screened population that has a lot of diagnoses, you're filling that population with people who don't need treatment and because they are over-diagnosed, they have very long survival," he added.



These researchers attribute increased survival to the treatment, when it is really over-diagnosis, Brawley said. "So they are looking at a bunch of wasted, unnecessary treatment and then saying it was money well spent," he said.

"You don't look at survival rates -- this is a classic misuse of survival rates," Brawley said. "You have to look at <u>death rates</u> for each disease and not <u>survival rates</u>. The measurement should not be expense versus survival -- it should be expense versus mortality rate."

On that scale, the United States does well for some cancers and as well as they do in most of Europe for others, he said. "Mortality rates for breast and <u>colon cancer</u> are close to the <u>mortality rates</u> in Europe, but that may include the effect of over-treatment," Brawley said.

The report was published in the April issue of <u>Health Affairs</u>.

For the study, Tomas Philipson, the chair in public policy at the University of Chicago, and colleagues looked at <u>cancer care</u> in the United States and in 10 <u>European countries</u> from 1983 to 1999.

The investigators found that for most cancers, U.S. patients lived longer than Europeans. Americans lived an average of 11.1 years after diagnosis, compared with 9.3 years for <u>Europeans</u>, they said.

When the authors translated survival data to dollars, they found those extra years were worth \$598 billion, which is an average of \$61,000 per cancer patient.

The value of these survival gains was highest for prostate cancer (\$627 billion) and breast cancer (\$173 billion), the findings indicated.

To put a monetary value on survival, the researchers used a "statistical-



life concept." In many such studies, they said, estimates are based on how much income a person would exchange for a lower risk of mortality.

"Our findings bear on the larger question of whether higher U.S. health care spending is worth it, suggesting -- although not confirming -- that it is," the researchers wrote.

"Further research is required to examine the drivers of spending and their effects on outcomes, including assessing the relative contributions of treatments, screening, the skill of health care personnel and other factors in improving patient outcomes," they concluded.

On the larger issue of the costs of cancer treatment, Brawley said that "we spend money in an irrational way. We harm people by over-treating them and over-treatment costs money."

Many patients are getting treatments that cause harm, but don't really prolong life, Brawley said. It's hard for a doctor to tell a patient there is nothing that can be done.

"That is the kind of thing doctors need to be developing skills in -- it's an emotional hurdle to say 'I can't stop this,'" he said.

Many patients think that giving up is admitting defeat, and want to be treated even if the treatment will do more harm than good, Brawley said.

"We all need to take a step back and take a look at reality and ask whether the patient stands a good chance of benefiting from a particular treatment. If there aren't benefits, then we ought to, perhaps, stop," he said.

"Instead of talking about rationing care, we need to talk about the



rational use of care," Brawley added.

More information: For more about cancer, visit the <u>American Cancer</u> <u>Society</u>.

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