

US spends more on cancer care, saves fewer lives than Western Europe

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Despite sharp increases in spending on cancer treatment, cancer mortality rates in the United States have decreased only modestly since 1970, Samir Soneji, PhD of Dartmouth's Norris Cotton Cancer Center and The Dartmouth Institute for Health Policy & Clinical Practice has found. Refuting previous studies, Soneji [published his paper](#) "New Analysis Reexamines the Value of Cancer Care in the United States Compared to Western Europe," today in the March issue of *Health Affairs*.

"Our results suggest that cancer care in the U.S. did not always avert deaths compared to Western Europe and, when it did avert deaths, it often did so at substantial cost," explained Soneji. "The greatest number of deaths averted occurred in cancers for which decreasing mortality rates were more likely to be the result of successful prevention and screening rather than advancements in treatment."

U.S. [cancer mortality rates](#) decreased by 12 percent since 1970, compared to a 62 percent decrease for heart disease. Such findings have raised questions about the additional value of U.S. cancer care derived from the additional spending, in comparison to the situation in other high-income countries. This study compared U.S. and Western European spending between 1982 and 2010 for 12 of the most common cancers.

Compared to Western Europe, the U.S averted 67,000 breast cancer deaths, 265,000 colorectal cancer deaths, and 60,000 [prostate cancer](#) deaths between 1982 and 2010. The U.S. experienced 1,120,000 excess

lung cancer deaths in this study period compared to Western Europe. The ratio of incremental cost to quality-adjusted-life-years saved equaled \$402,000 for breast cancer, \$110,000 for colorectal cancer, and \$1,979,000 for prostate cancer. These amounts exceed most accepted thresholds for cost-effective medical care. The U.S. lost quality-adjusted-life-years despite additional [spending](#) for lung cancer where the cost was negative \$19,000 per quality-adjusted-life-year saved.

Soneji reports that his group was unable to replicate the findings of a [previous study](#) also published in *Health Affairs*, and cited in the 2013 Economic Report of the President. Soneji describes the new results as, "substantially contrary to previous findings, especially for breast and prostate cancer, despite using the same data." Non-replicability is a serious problem throughout academia; to promote open discussion, Soneji makes his data and procedures available in perpetuity to all scholars on an open-access repository called Dataverse.

The focus of Soneji's next work will be significant for policy makers. He will assess whether greater access to preventive services created by the Affordable Care Act translates to greater use of those types of medical care. If so, health care reform may lead to more cancer deaths being averted, potentially in a cost-effective manner.

Provided by The Geisel School of Medicine at Dartmouth

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