

# An expert opinion on how to address the skyrocketing prices of cancer drug

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Many patients with cancer find themselves in great financial distress, in part because the costs of cancer-fighting drugs are skyrocketing. Is it possible to create public policy that will rein in these prices and cut patients' out-of-pocket costs?

Not without significant tradeoffs that could reduce patients' access to some cancer medications, says physician, cancer researcher and health economist Dr. Scott Ramsey in a *JAMA Oncology* editorial.

Ramsey, director of the Hutchinson Institute for Cancer Outcomes Research, and two colleagues propose three policy interventions: 1) public and private health insurers must have the ability to negotiate prices with manufacturers, 2) insurers need the ability to withhold products from formularies if drug prices do not represent good value, and 3) there must be greater transparency of cancer drug pricing and better information about treatment choices.

"The current model for cancer drug pricing is not sustainable and harms patients and families as well as our health care system," the authors said. "Solutions are possible that better balance access, affordability and incentives to innovate, but, by necessity, will create situations where low-value drugs are not available except outside of the insurance system. Whether society will accept that 'pain' for the gain of a more equitable and sustainable cancer drug market remains to be seen."

The editorial, "Pick Your Poison: Addressing Skyrocketing Cancer Drug

Prices Comes with Tradeoffs," is online Feb. 11, 2016.

Ramsey and his colleagues at the Fred Hutchinson Cancer Research Center, have extensively studied the financial impact of a cancer diagnosis. In 2013, they reported that [patients](#) diagnosed with cancer were 2.5 times more likely to file for bankruptcy than those not diagnosed with the disease. Last month, they published in the *Journal of Clinical Oncology* that [cancer patients](#) who file for bankruptcy have a significantly higher risk of dying than those in less financial distress. In some types of [cancer](#), the risk was more than doubled.

Provided by Fred Hutchinson Cancer Research Center

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