

Stepped care likely to be cost-effective in head and neck, lung CA

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(HealthDay)—A stepped care (SC) program is likely to be cost-effective

for patients with head and neck cancer or lung cancer who have psychological distress, according to a study published online Dec. 5 in the *Journal of Clinical Oncology*.

Femke Jansen, from the VU Medical Center in Amsterdam, and colleagues randomized 156 patients with head and [neck cancer](#) or [lung cancer](#) who had [psychological distress](#) to receive SC or care-as-usual (CAU). During the intervention or control period and 12 months of follow-up, the authors calculated intervention costs, direct medical costs, direct nonmedical costs, productivity losses, and health-related quality of life.

The researchers found that, compared with the control group, the mean cumulative costs were €3,950 lower and the mean number of quality-adjusted life-years (QALYs) was 0.116 higher in the [intervention group](#). The probability of the intervention group having cumulative QALYs that were higher and cumulative costs that were lower than the control group was 96 percent. In four additional analyses, compared with the [control group](#), the intervention group had a probability of 84 to 98 percent that cumulative QALYs were higher, and a probability of 91 to 99 percent that costs were lower.

"SC is highly likely to be cost-effective; the number of QALYs was higher and cumulative costs were lower for SC compared with CAU," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry; one author disclosed ties to several institutions, including Oncokompas 2.0, a self-management portal for cancer patients targeting quality of life.

More information: [Full Text](#)

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