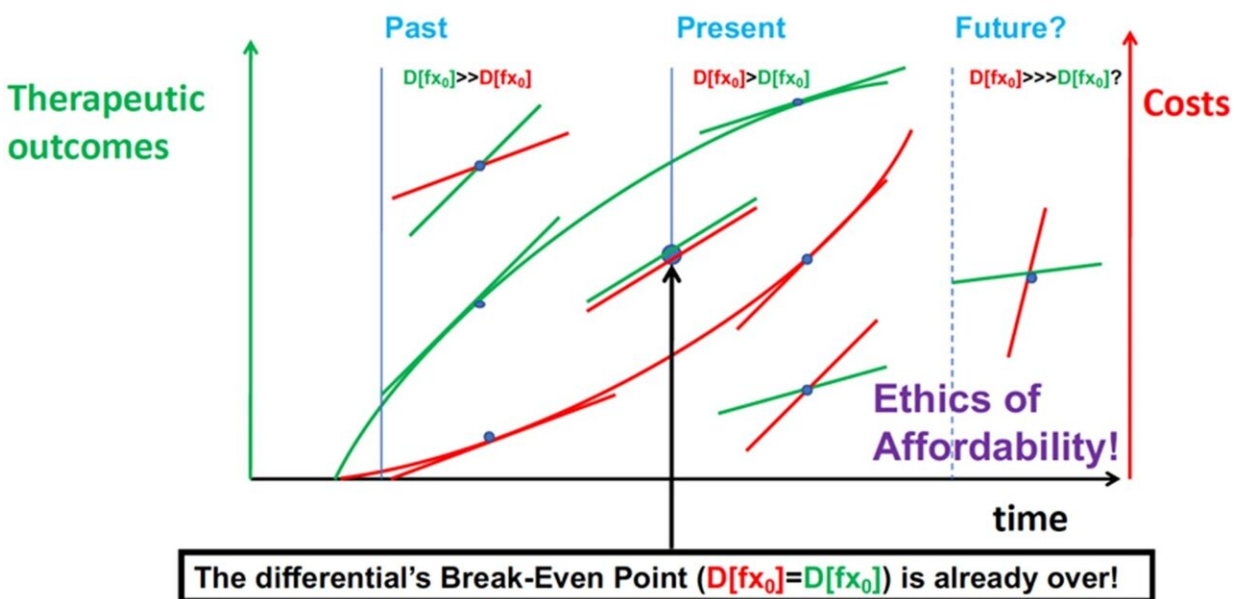


Are the benefits of new cancer drugs worth the cost?

December 21 2022

L. Pirtoli, 6th Organization Conference of the Tuscany Cancer Institute, 2011.



The rate of growth in costs (red) vs. outcomes (green) of cancer care, is here expressed as the derivative $D[f_{x_0}]$ of both functions (i.e.: the angular coefficient at any specific point of each field). Credit: *Journal of Translational Medicine* (2022). DOI: 10.1186/s12967-022-03744-6

An international research group including scientists from Italy, the United States, Ireland, and Israel have published a three-year analysis of the Mesothelioma (Me) drug trial, Check-Mate 743 (CM-743). The trial

studied the use of the combination therapy with Nivolumab and Ipilimumab to treat this stubborn cancer arising from pleural linens and mostly related to exposure to asbestos fibers.

Although CM-743 has prompted some [regulatory bodies](#) to approve this treatment as a front line therapy for Me, the authors had already raised serious concerns over the actual efficacy in an analysis published on *JAMA Network Open* in March 2022.

In this current article, published in the *Journal of Translational Medicine*, the authors go further and not only provide the evidence that the same biases pointed out earlier still affect the three-years results of CM-743 but also scrutinize all the most recent trials conducted on Me remarking how these trials should also be considered with great caution.

"All these other trials show one or more of the biases noted in CM-743," the authors remark, "in particular, patient selection and the sub-optimal control arm are worrisome and determine conditions that are really too far away from the clinical reality to allow any conclusions of the treatments proposed. In Italy, Ipilimumab/Nivolumab received the registration only in very [select] cases, and on the basis of our analysis we are convinced that none of these treatments show any significant step forward in the fight against this tumor."

The authors also provide evidence that not only the new treatments proposed for Me but, more generally, those proposed for many other tumors have put health systems world wide under a huge financial stress without demonstrating a comparable impact on patients' survival.

"This evidence should be carefully considered. The cost of a treatment should be gauged on the actual benefit to patients. If a drug is approved on the basis of improved progression-free survival, [it] cannot cost as much as another one that confers better survival when compared with

the more effective standard [treatment](#)," the authors conclude.

More information: Tomer Meirson et al, Analysis of new treatments proposed for malignant pleural mesothelioma raises concerns about the conduction of clinical trials in oncology, *Journal of Translational Medicine* (2022). [DOI: 10.1186/s12967-022-03744-6](https://doi.org/10.1186/s12967-022-03744-6)

Provided by Sbarro Health Research Organization (SHRO)

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