ASCO Addresses the Rising Cost of Cancer Care

By Lowell E. Schnipper, MD, and Neal Meropol, MD

Cancer prevention and treatment strategies are improving population health. Current and future progress is clearly dependent on the translation of basic understanding of cancer to patient care. Cancer clinicians can be justifiably proud of the role they assume in delivering better treatment to patients. It is equally fair to say that there is far more to be done, and future improvements in cancer care will have to emerge in a rapidly changing financial environment. The cost of health care (including cancer care) in the United States is growing more rapidly than the overall economy and currently consumes 16% of the gross domestic product.¹

The rising cost of cancer care affects many stakeholders who play roles in a complex health care system. Our patients are the most vulnerable, because they often experience uneven insurance coverage leading to financial strain or even ruin. Other key groups include pharmaceutical and device manufacturers that bring innovation to the clinic and ultimately must pass on research, development, and marketing costs to the consumer; providers of cancer care, who dispense expensive drugs and diagnostics; and the insurance industry, faced with the increasing cost of care and high demand for the newest technologies. Increasingly, the economic burden of health care in general—and high-quality cancer care in particular—will be less and less affordable for many Americans unless steps are taken to curb dangerous trends in health care spending.

The ASCO Cost of Care Task Force has developed a guidance statement on the cost of cancer care, stressing:

- Patient-physician discussions on costs
- Provider support tools for communication about costs
- Educational resources for patients

Read the full statement in *Journal of Clinical Oncology*.

Meropol NJ, Schrag D, Smith TJ, et al: American Society of Clinical Oncology Guidance Statement: The cost of cancer care. *J Clin Oncol* doi:10.1200/JCO.2009.23.1183 [epub ahead of print on July 6, 2009]

ASCO is committed to improving cancer prevention, diagnosis, and treatment and eliminating disparities in cancer care through support of evidence-based and cost-effective practices. To address this goal, ASCO established the Cost of Care Task Force, which has considered many of the implications of rising costs and recently developed a guidance statement on the cost of cancer care.² The guidance statement

provides a concise overview of the economic issues facing stakeholders in the cancer community. It also recommends the following steps be taken to address immediate needs:

- Recognize that patient-physician discussions regarding cost of care are an important component of high-quality care. The physician must have a keen grasp of available evidence in support of the various treatment recommendations made to patients and be prepared to integrate their clinical effectiveness, toxicities, and relative costs to assist patients in making optimal decisions.
- Design educational and support tools for oncology providers to promote effective communication with patients about cost. The initial educational efforts of ASCO in this regard were reflected at the 2009 ASCO Annual Meeting, at which five sessions were devoted to this issue; an educational curriculum for cancer clinicians is in preparation.
- Develop resources to help educate patients about the high cost of cancer care to help guide their decision making regarding treatment options. ASCO has developed an online educational resource for patients to assist them and their families in raising this issue with their providers. Patients must understand direct and indirect costs of their care and the clinical effectiveness and cost implications of the therapies proposed.

Cancer care in the United States is delivered in the setting of a health care system that is not integrated. As a result, the components of the system (ie, providers, insurers, and pharmaceutical and device manufacturers) do not function in coordinated ways that would facilitate the greatest benefit for the largest number of people at the lowest cost. Because improving the well-being of cancer patients and facilitating the highest levels of practice and professionalism among cancer clinicians are central to its mission, ASCO is committed to contributing to the national discussion on how best to provide high-quality cancer care to all patients with and at risk for cancer. Doing so will require a clear understanding of the factors that drive cancer care costs as well as potential modifications to the current system to ensure that these goals are met. Research is needed in patient-physician communication to optimize information exchange and preference-sensitive decision making. In addition, we need to learn more about the comparative effectiveness of oncology therapies (eg, drugs, radiation, and surgical approaches) and diagnostics. Ultimately, we need to better understand the value of particular cancer treatments and

how different stakeholders approach such judgments. These data are needed to inform the decisions of individual patients, their physicians, and society at large.

With the publication of its guidance statement, the ASCO Task Force on the Cost of Cancer Care is poised to probe these issues more deeply by understanding the drivers of increasing costs, their impact, and approaches to modulating them in an effort to ensure continued progress against cancer and universal access to high-quality care.

Accepted for publication on April 30, 2009.

Authors' Disclosures of Potential Conflicts of Interest

Although all authors completed the disclosure declaration, the following author(s) indicated a financial or other interest that is relevant to the subject matter under consideration in this article. Certain relationships marked with a "U" are those for which no compensation was received; those relationships marked with a "C" were compensated. For a detailed description of the disclosure categories, or for more information about ASCO's conflict of interest policy, please refer to the Author

Disclosure Declaration and the Disclosures of Potential Conflicts of Interest section in Information for Contributors.

Employment or Leadership Position: None **Consultant or Advisory Role:** Neal J. Meropol, Saladax (C), sanofi-aventis (C), Helsinn (C), Pfizer (C), Genomic Health (C), Veridex (C), Genentech (C), Amgen (C), AstraZeneca (C) **Stock Ownership:** Neal J. Meropol, Saladax **Honoraria:** Neal J. Meropol, Biogen Idec (C) **Research Funding:** None **Expert Testimony:** None **Other Remuneration:** None

Lowell E. Schnipper, MD, is an oncologist with the Beth Israel Deaconess Medical Center and assistant professor of medicine at Harvard Medical School in Boston, MA. Contact him at lschnipp@bidmc.harvard.edu.

Neal J. Meropol, MD, is an oncologist in the Department of Medical Oncology of Fox Chase Cancer Center, and is senior fellow of the Center for Bioethics and adjunct senior fellow of the Leonard Davis Institute of Health Economics at the University of Pennsylvania in Philadelphia, PA. Contact him at neal.meropol@fccc.edu.

DOI: 10.1200/JOP.0941504

References

1. Keehan S, Sisko A, Truffer C, et al: Health spending projections through 2017: The baby-boom generation is coming to Medicare. *Health Aff (Millwood)* 27: w145-w155, 2008

2. Meropol NJ, Schrag D, Smith TJ, et al: American Society of Clinical Oncology Guidance Statement: The cost of cancer care. *J Clin Oncol* doi: 10.1200/JCO.2009.23.1183 [epub ahead of print on July 6, 2009]

ERRATUM ERRATUM ERRATUM ERRATUM ERRATUM

The May guideline summary by Gralla and Raftopoulos, entitled "Progress in the Control of Chemotherapy-Induced Emesis: New Agents and New Studies" (*J Oncol Pract* 5:130-133, 2009), contained errors.

The following disclosure information was inadvertently omitted:

Although all authors completed the disclosure declaration, the following author(s) indicated a financial or other interest that is relevant to the subject matter under consideration in this article. Certain relationships marked with a "U" are those for which no compensation was received; those relationships marked with a "C" were compensated. For a detailed description of the disclosure categories, or for more information about ASCO's conflict of interest policy, please refer to the Author Disclosure Declaration and the Disclosures of Potential Conflicts of Interest section in Information for Contributors.

Employment or Leadership Position: None **Consultant or Advisory Role:** Richard J. Gralla, Merck (C), GlaxoSmithKline (C), Helsinn (C), Eisai (C) **Stock Ownership:** None **Honoraria:** Richard J. Gralla, Merck, Helsinn; Haralamabas Raftopoulos, Merck **Research Funding:** Richard J. Gralla, Helsinn **Expert Testimony:** None **Other Remuneration:** None