Reply to: Gilligan T. Is There Such a Thing as Cancer Treatment That Isn't Worth Its Cost? *The Oncologist* 2012;17:3–4

DONNA MARIE GRAHAM,^a SEAMUS O'REILLY^b

^aDepartment of Medical Oncology, St James's Hospital, Dublin, Ireland; ^bDepartment of Medical Oncology, Cork University Hospital, Wilton, Cork, Ireland

TO THE EDITOR,

"The doctor shot him a worried look. 'I have to assume that money is a secondary issue at best, if it's an issue at all.'" [1].

In his thoughtful commentary, Dr. Gilligan [2] explored the issue of cost in newer anticancer therapies, many of which are orally administered. Evidence suggests that physicians are not aware of cost and tend to underestimate the cost of these and other expensive medications [3].

We administered a cross-sectional survey to all medical oncology physicians in Ireland to assess oral anticancer medication prescribing practices. Forty-one physicians were surveyed. Responses were received from 23 physicians (56%), representing all of the eight National Cancer Control Programme designated Cancer Centres. As part of this survey, physicians were asked to estimate the costs of 4 weeks of sorafenib, lapatinib, and imatinib therapy. The price of each drug was correctly selected by 17%, 30%, and 35% of physicians, respectively. In addition, 57% stated that cost had no impact on their prescribing of oral anticancer medications [4].

Dr. Gilligan emphasizes the potential role of guidelines in the appropriate use of expensive anticancer therapies. We also observed the importance of nurse specialists in adherence to anticancer therapy in a survey of patients receiving these agents [5]. Dispensing these expensive agents in weekly rather than monthly aliquots would also reduce waste.

Additional strategies to potentially increase the cost-effectiveness of care include greater drug bioavailability. The bioavailability of lapatinib is known to be fourfold higher when taken following a fatty meal, yet it is licensed for use when

fasting only [6]. This issue also pertains to abiraterone acetate, a prodrug of abiraterone, an inhibitor of cytochrome P450 17 enzymes that decreases extratesticular formation of androgens. Again, this drug is licensed for use under fasting conditions yet bioavailability may be five- to tenfold greater after eating, depending on the fat content of the meal [7]. Finally intermittent versus continuous dosing strategies of these orally administered anticancer agents warrant greater evaluation.

As clinicians, we, and others [8], are concerned that the growing costs of cancer care will limit the potential of novel treatment advances for our patients. Articles such as those of Dr. Gilligan [2] and others [9, 10, 11] are welcome and needed. Modern fiction, such as Lionel Shriver's novel *So Much for That*, has also added to the debate and provides a thoughtful insight into the financial dilemmas associated with cancer care at this time [1].

The currently available oral anticancer agents have transformed the lives of many of our patients. A research focus on achieving the same results with less therapy [10] will ensure that other patients will enjoy similar benefits in the future.

AUTHOR CONTRIBUTIONS

Conception/Design: Donna M. Graham, Seamus O'Reilly
Collection and/or assembly of data: Donna M. Graham, Seamus O'Reilly
Manuscript writing: Donna M. Graham, Seamus O'Reilly
Final approval of manuscript: Donna M. Graham, Seamus O'Reilly

DISCLOSURES

Seamus O'Reilly: Roche, Celgene (IP).

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Correspondence: Donna Marie Graham, B.Sc., M.B. B.Ch. B.A.O. M.R.C.P.U.K. Department of Medical Oncology, St James's Hospital, James's Street, Dublin 8, Ireland. Telephone: 353-862361330; Fax: 353-1-4103428; e-mail: drdonnagraham@gmail.com Received July 11, 2012; accepted for publication October 19, 2012. ©AlphaMed Press 1083-7159/2013/\$20.00/0 <http://dx.doi.org/10.1634/theoncologist.2012-0245>