

ADVANCES IN DRUG DEVELOPMENT

Current Developments in Oncology Drug Research

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Discussing Drug Costs With Patients

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H&O What issues do the high cost of new agents raise for physicians?

DS Physicians want to give their patients the best medicines available, and to focus on providing treatments that can help patients live longer and better. Physicians want to give medical, not financial, advice and typically prefer to avoid discussing the costs of care. Cancer patients confront life-threatening illness and as physicians we want to do everything that we can to help. When we sit with a patient our moral obligation is to do what is best for that individual and in that moment; it is not our mandate to make decisions about how society should allocate its resources, however scarce. This obligation is mirrored by physicians' perception that patients prefer for their doctors to focus on therapeutic considerations, rather than on economic issues.

However, the reality is that economic considerations do invade the clinic, making already complicated discussions even more difficult. The availability of an increasingly large group of very expensive medications for patients with debilitating or life-threatening illnesses such as cancer challenges physicians to develop strategies for discussing these delicate issues with patients. This issue is not new, but it is encountered more frequently as new, often biologic, agents priced in the stratosphere become available. While physicians want to give patients every available option, when decisions have the potential to affect finances in dramatic and profound ways that may impact their patients' ability to do other things in their lives, the issue of cost needs to be raised.

The challenge that physicians face is in finding ways to inform patients about the cost of treatment in a sensitive manner, before costs have been incurred, so that

patients can have real choice. In order to avoid "sticker shock" and attendant anxiety, patients need to be made aware of medications whose copays may amount to thousands of dollars. Physicians are often unfamiliar with these costs and indeed they may vary based on patients' insurance plans.

H&O How does insurance coverage factor into these discussions?

DS Insurance programs vary widely, and many but not all insurers cover the most expensive drugs, with Medicare having led the way in covering many new agents. However, even among plans that do cover expensive treatments, many require a 10–20% copayment. If the drug cost is thousands of dollars per month, such a copayment can prove to be a hardship, particularly for someone on a fixed income.

H&O What kinds of questions would a physician ask a patient regarding cost considerations?

DS As the necessity of a doctor presenting financial considerations associated with high-cost therapies becomes more recognized and accepted, physicians may start having conversations with patients about whether the benefits of a given therapy merit the cost, or whether that money would be better spent on something else. What will this medicine do for the patient? How much will it affect their finances? Are they willing to forego other activities that they will not be able to afford? If physicians do not discuss some of these consequences, patients will not have the opportunity to make considered and informed choices.

H&O Are generalized studies about cost effectiveness helpful to physicians and patients addressing expensive cancer therapy?

DS Researchers may address questions regarding cost effectiveness in large patient populations, but the findings are not always applicable to individual decisions. Cancer patients span the economic spectrum, and there are numerous factors to consider, including the side effects of a given therapeutic option, alongside of cost. So-called "willingness to pay" studies provide information regard-

ing how much the average person with some given type of cancer and some given level of economic resources is willing to pay for a certain benefit. However, these decisions are highly personal and have to be made by each individual facing this situation.

H&O Are oncologists generally willing to incorporate financial considerations into their discussions with patients, or is there resistance to discussing money?

DS I think that there is both willingness and resistance. Most clinicians do not want to discuss money, but at the same time recognize the need to do so, particularly as patients encounter hardship and physicians become sensitized to this hardship.

H&O In what types of cancer are these considerations most relevant?

DS There are many diseases—not just cancer—for which cost considerations are increasingly necessary because the price of medications may be thousands of dollars per month. Some recent examples in oncology include monoclonal antibodies approved for the treatment of lymphoma and colorectal cancer, but the list includes many others including chemotherapy, supportive medications, and growth factors used to treat a wide variety of tumors.

H&O Is there also a need for government regulation of drug prices?

DS The issue of government regulation is very complicated. On the one hand, a free market economy serves as an inducement to innovation. On the other hand, there is a need to look at how the prices of new drugs are established. No one wants to advocate price controls that could be antagonistic to innovation, but at the same time it can be difficult to determine where to draw the line. If life-saving drugs are developed based on scientific insights made possible on the basis of federally funded research but industry spearheads product development, clinical trials, and manufacture, how should the original public investment be honored? There are some peculiar aspects to the system, such as the fact that Medicare, the largest government payer, is prohibited from negotiating with manufacturers over drug pricing. We also don't understand well enough how much of a profit margin is really necessary

in order to drive innovation and sustained investment in research and development of new and better drugs.

The issue of drug pricing is a major public concern and needs to be addressed by policy makers, including Congress. The question of regulating drug prices is not in the realm of individual physicians. Oncologists and their patients are the ones in the trenches confronting individual specific choices day in and day out; that is very different than making public policy decisions about allocation of resources at the societal level.

H&O Are there any proposed ideas about how to accomplish this balance?

DS Some ideas have been proposed, but none that are yet concrete.

H&O Are oncologists being trained in handling economic considerations?

DS No, nor do they necessarily want to be. Oncologists want to focus on making clinical recommendations. Issues of resource allocation that involve society as a whole are best made by society as a whole as part of a transparent process. For oncologists just starting their professional careers, training increasingly involves learning how to have conversations about patients' priorities and how to tailor the available treatment options to patients according to their needs, priorities, and desires. Currently, it is well accepted that oncology is oriented toward a culture of shared decision making, with the physician informing his or her patient about a range of options and their ramifications. Given how expensive new cancer drugs are, oncologists will need to gain experience helping individuals decide whether the financial hardship they will incur is "worth it" given the anticipated clinical advantages of a particular treatment. These conversations require great sensitivity. Some oncologists are resistant simply because we feel that our professional obligations are to recommend the best treatment irrespective of cost considerations.

Suggested Reading

Schrag D. The price tag on progress—chemotherapy for colorectal cancer. *N Engl J Med.* 2004;351:317-318.

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