

Cancer 'breakthroughs' cost too much, do too little

By Laura Beil, Newsweek

In his more than 35 years of practice, Dr. Lowell Schnipper has seen a lot of women die from breast cancer. A patient's options start to dwindle by the time tumor cells set up outposts in the bones, lungs, and other organs, defying all attempts to keep them under control.

But in June, when the government approved Perjeta, Schnipper had something new to offer. The drug is one of an innovative class of drugs known as "targeted therapies."

As the chief of oncology at Beth Israel Deaconess Medical Center in Boston, Schnipper knew Perjeta was not a cure: added to a standard treatment with Herceptin—another targeted therapy that was hailed as a breakthrough in 1998—Perjeta gives the average woman only about six months more of calm before her disease starts to stir again.

Given the limited benefit, the price was startling. For most women, a full course of the drug combination will cost \$188,000—enough, he says, "to give anybody a cold sweat."

Americans spent more than \$23 billion last year for cancer drugs, more than we paid for prescriptions to treat anything else. But many oncologists are starting to question what we are getting in return for that bill, whether the war on cancer has become too much of a race to produce the next blockbuster.

"In general, progress for cancer has been halting and slow," says David Howard of the Department of Health Policy and Management at Emory University. So far, most new drugs offer only marginal extensions of life and few cures. Howard says new so-called breakthroughs "overpromise and underdeliver."

Consider the popularity of Avastin, a targeted drug approved for metastatic colon cancer in 2004. A recent study found that almost 70 percent of patients on chemotherapy were receiving Avastin within a year of its release. In clinical trials, the drug increased survival by about five months. The cost? About \$10,000 a month.

Treating cancer has never been cheap, but today, the price of each new treatment seems to outpace the one before, with little bearing on its efficacy.

According to figures from insurer United Healthcare, a standard cocktail of drugs for treating lung cancer used to run about \$1,000 a month. Today's regimens cost from more than \$6,000 to almost \$10,000—for about two more months of life.

"There is no such thing as a cancer drug coming on the market that is some sort of regular drug price," says Dr. Peter Bach of Memorial Sloan-Kettering Cancer Center in New York, who studies the impact of cancer costs on U.S. health care. "They're all priced at spectacularly high levels."

Which leads to an unsettling question: how much is a little more time worth? Would you spend \$50,000 for four more months? How about \$15,000 for two weeks?

Of three frontiers in cancer treatment, targeted therapies like Perjeta are widely seen as the best hope for a cure. Traditional chemotherapy is notorious for side effects because it wields destruction indiscriminately throughout the body. Targeted therapies are designed to hit cancer cells only. Perjeta, for example, targets a protein produced in excess amounts in some breast cancers; Avastin hinders the ability of a tumor to form new blood vessels to feed itself.

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