Progress in Cancer Care: Challenges and Opportunities

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Researchers have made great strides in unlocking the biology of cancer, especially on the molecular and immunologic levels, and this is rapidly being translated into new therapies. With more than 900 oncology compounds currently in development,1 advancements in molecular sequencing, and new diagnostic modalities, cancer care has become a major focus for investment and research, and with it come challenges and opportunities.

New therapies and novel diagnostics for cancer are coming to the market at a greater rate than for other clinical categories, and this trend is reflected in increased rates of survival and lower cancer-related US mortality since the 1990s.2 Cancer care is changing, as evident in new payer–provider collaboration efforts and new approaches to cancer drug management that are described by James T. Kenney, Jr, RPh, MBA, and by Michael Kolodziej, MD, FACP, in their editorials in this theme issue of American Health & Drug Benefits.

However, such rapid development and growth come with a high price tag, raising the question of how to pay for these expensive therapies. Indeed, cost in oncology has become a top concern not only for patients, but also for oncologists and, increasingly, for payers. Recent estimates put the cost of cancer care at $100 billion annually, and this is projected to rise to $200 billion by 2020.3 The growing cost of treating cancer has contributed to a heightened focus on evidence-based treatment and pathways to ensure appropriate use of therapies, minimize waste, and control costs. Thus enters “value” into the conversation at all oncology settings.

A unique attempt at defining value in oncology is presented in this issue in the report from the Steering Committee of the Third Annual Conference of the Association for Value-Based Cancer Care, which was held on May 2-5, 2013, and addressed “value” from the point of view of different stakeholders in oncology. The need for change in oncology reimbursement is a repeated theme in this discussion and has recently been echoed in the medical literature.4 Erin Zagadalov, PharmD, MS, and colleagues make an important contribution to the literature by highlighting the growing importance of patient-reported outcomes (PROs) in oncology drug management. The authors review cancer drugs that were approved with PRO information as a significant measure that may need to be taken into account by payer decisions. This important article brings to the fore the challenges and the opportunities of incorporating oncology-related PRO data into payer decision-making.

Rhonda Greenapple, MSPH, focuses on the introduction of new care delivery models in oncology and emerging payment models, based on results of a new payer survey. Anticipating a rapid expansion of innovative approaches to cancer management over the next 2 years, health plans are supporting new delivery models, such as pathways and palliative care, as well as new payment models, focusing on pay for performance as a cost-effective way to enhance outcomes.

Finally, Michael M. Wong, MD, PhD, and colleagues evaluate the increase in the economic burden of metastatic renal cell carcinoma (mRCC), looking for the most cost-effective way to control the cost of this tumor type and to guide treatment and policy decisions. Their analysis shows that targeted therapies are cost-effective in the setting of refractory mRCC, and that oral therapies have an economic advantage over intravenous agents. However, comparative effectiveness research is lacking and is sorely needed in this area.

Oncology continues to be an area with unique opportunities for reducing waste, cost-savings, and improving quality of care and outcomes. This theme issue provides a sample of key topics facing patients with cancer, oncologists, payers, and other stakeholders in the care continuum. The challenges are many, and yet they also present many opportunities for innovation and change.

References

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