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Editorial

Cancer Control and Cost: A Constant Challenge

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Introduction

Today, medical knowledge about cancer is the best in history. In the post-pandemic period, the incidence grows and a higher percentage of patients consult in advanced stages of their tumour disease, which leads to more expensive treatments with little chance of cure, unlike intervention with timely diagnosis in earlier stages, and multimodal treatments ensure high cure rates at low cost. Some therapeutic costs are not easy to face, despite the guidelines of public technology evaluation agencies, centralised purchases of drugs by the state, or private health networks. A marginal benefit with a low impact on the patient's life cannot have a high cost. New drugs should be priced according to the clinical benefit obtained [1]. The discrepancy in access is evident. Some patients receive very expensive therapy, and others do not. Different countries with different levels of per capita income make varying decisions based on dissimilar payment and reimbursement grounds. The out-of-pocket expenses of patients are a factor in personal bankruptcy. Regulatory approvals somewhat threaten access; payers must cover approved antitumor drugs that do not always match benefits. New drugs are approved based on overall survival achieved, progression-free period, or surrogate targets. The average monthly cost of these therapies differs based on approval. We are talking about small molecules, biologicals, biosimilars, hormones, cytotoxics, oncolytics, genetic profiling, and "me too". Examples such as BC Cancer in Canada [2], NICE in the United Kingdom [3], and many other recent bibliographical sources [3] highlight the problem of cancer control. Is it time to incorporate a cost-effectiveness index to authorise cancer treatment? [4-6] Disruptive technological innovation is undeniable. But at an annual average of USD 260,000 per year for a new approved therapy (4 times more

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than 10 years ago), the value of efficacy in the real world, without the bias of clinical trials with a super-selection of patients, control arms with drugs known to have poor efficacy, or placebo, requires investigation of cost and efficacy by independent groups and not by the pharmaceutical industry [7]. The results do not seem to be the same depending on who conducts the review of costs and results. Physicians and payers need to discuss and generate a new consensus to clarify the use of new drugs, evaluate the cost-benefit-efficacy factor, and develop a detailed study and analysis of the use of economic and financial resources by each health network. Some drugs are achieving successive new approvals in the first or subsequent lines of therapy, and the results and therefore their cost-effectiveness are not the same. The cost of Haematology is one of the fastest-rising among all cancer therapies. If medical care is centred on the patient and medical evidence is the basis of our decisions, in times of crisis, the evaluation of cost and effectiveness is a key element when an indication for treatment is given. How to reduce hidden expenses such as hospitalisations due to toxicity, complications of the disease, transfers, infusions, etc.The annual cost of the calculated life year gained is not accessible or applicable in all markets. The G 7 [8] does not evaluate the new approvals in the same way. 21% of 272 indications and 63% of 144 drugs were not recommended for reimbursement. Argentina [9] has a limited list of products for state purchase and use in public hospitals, out of agreement with medical societies. The per capita income of each nation is a factor influencing the annual budget for the purchase of cancer drugs. The expense for medical intervention by country reflects the different lists of included drugs. In parallel, the re-engineering of primary care, prevention plans, and early detection is mandatory [10]; inform and educate the population about the negative impact of bad habits and lifestyles as well. Those involved should better inform us about how much antitumor therapy costs. Curing childhood leukaemia will never be expensive; prolonging life for a few weeks with the same quality and comfort as other already-known therapies does seem expensive. The challenge is there to be solved.

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