

Are cancer drugs too expensive? Maybe.

By ACSH Staff — October 8, 2014



The Biotechnology Industry Organization (BIO) has [taken issue](#) ^[1] with a

recent 60 Minutes piece about the high price of new oncology drugs.

The BIO response was "It is unfortunate that [CBS](#) ^[2] has chosen to attack the price of specialty cancer medications while ignoring the value created by these drugs for patients and the health care system. Cancer patients today are able to live longer and enjoy a higher quality of life than ever before thanks to medicines made by biopharmaceutical research companies."

But is this true?

ACSH's Dr. Josh Bloom, whose 2013 [op-ed](#) ^[3] in the *New York Post* discussed expensive, marginally useful cancer drugs, says that this issue is more complex than either side claims: "Yes, there are clearly cases where high priced cancer drugs provide minimal benefit. And there are cases where they are useful. But it is important to keep in mind that these drugs are often designed for cancers with the worst prognosis, and that most of them operate by new mechanisms, both of which makes this a much harder problem."

From his 2013 op-ed: "For example, when Sanofi's Zaltrap (which originally cost \$130,000 per year, but is now discounted to about half that) plus standard chemotherapy was given to patients with metastatic colon cancer they lived an average of 13.5 months. Those getting chemotherapy alone lived 12 months."

And: "Likewise, Pfizer's Inlyta, which was approved to treat advanced kidney cancer, provides patients with 6.7 months of progression-free survival time, as opposed to 4.7 months for those on conventional chemotherapy."

And there are more. Nine new oncology drugs were approved in 2013, and some of them would seem to be less than great:

- Gilotrif, Boehringer Ingelheim's therapy for metastatic lung cancer had a delay in tumor growth (progression-free survival) that was 4.2 months later than those receiving chemotherapy. There was no statistically significant difference in overall survival. ([FDA press release](#) ^[4]). The drug costs \$66,000 per year rather modest for new oncology drugs,
- [Xofigo](#) ^[5], Bayer's drug for advanced prostate cancer looks even worse: "[Those who took the drug] lived a median of 14 months compared to a median of 11.2 months for men receiving

placebo. Cost: \$69,000 for six injections.

- [Kadcyla](#) [6] (genentech) Women with a certain type of breast cancer who took [the drug] had a median progression-free survival of 9.6 months compared to 6.4 months in patients treated with lapatinib plus capecitabine [another regimen]. Cost: \$94,000 for a 9.6 month course.

Dr. Bloom comments, It is hard to argue that any of these drugs are worth taking at all, let alone for a high price. Although there will be individuals who will benefit more than average, these data are far from impressive.

On the other hand, some work better than others. According to the FDA, Participants receiving Gazyva in combination with chlorambucil demonstrated a significant improvement in progression free survival: an average of 23 months compared with 11.1 months with chlorambucil alone. Cost: About \$40,000 for a six-month course.

There is another component to this story that is not well known the difficulty in discovering drugs that do even this well.

Uber-blogger Derek Lowe, himself an oncology researcher, said last year, We try all these mechanisms that look, biologically, like they might really work. It s just that cancers are too heterogeneous and unstable they mutate their way around a lot of our good ideas, and the cells that remain roar back in an untreatable form.

In other words, this is a very difficult problem. If companies could advance more effective drugs they would be doing so.

So, who is right?

Dr. Bloom says, Gilead s Sovaldi, at \$84,000 for one course, cures most cases of hepatitis C. This is a revolutionary treatment. Gilead has taken a lot of heat for the price, but it is defensible because of its immense benefit. I consider it to be appropriately expensive. For these marginally useful new cancer drugs, not so much.

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[1] <http://www.bizjournals.com/washington/blog/techflash/2014/10/bio-pushes-back-on-60-minutes-report-on-cancer.html>

[2]

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[3] <http://nypost.com/2013/05/03/searching-for-the-wrong-miracles/>

[4] <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm360499.htm>

[5] <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm352363.htm>

[6] <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm340704.htm>