

## How to Calculate Better Our Financial Risk in Oncology?

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### Editorial

In the United States, drugs are approved based on criteria of the Food and Drug Administration (FDA). Those criteria are frequently based on the derived survival benefit. However, there is no doubt that our economy is exerting an increasingly greater role in the management of our health care system and the clinical decision making. While the main endpoints of late phase oncology trials are often survivals however drug costs are implicitly vital. Therefore, our vision to achieve an efficient healthcare system must consider combining the results of survival as well as the cost of the drugs in determining whether or not to adopt a therapeutic modality. Such a goal may become feasible if our American health care system explores venues of adopting and adjusting our policies to incorporate positive experiences of certain western European countries.

In our modern circumstances of healthcare changes and unsolved 'Obamacare', the concept of cost-effectiveness is gaining even more ground in evaluating plausibly on how to utilize one drug versus another in a particular malignancy. The concept of cost-effectiveness is mathematically derived from a ratio where the numerator is the difference of cost between two treatments and the denominator is the difference of benefit between these two modalities. However, the cost data are not solely the driving theme; but compiling survival probabilities remain the determining factor to adopt a therapeutic modality. Therefore, clinicians ought to be prepared to apprehend and pan this type of clinical trials that are more and more used by diverse sponsors in everyday search for getting the maximum clinical benefit at an affordable price.

Therefore, it is imperative to review what criteria have been utilized to determine the validity of a cost-effectiveness study, for example the Drummond criteria as well as considering of the health care system of a particular country [1,2]. A flagrant example on how such criteria may affect the outcome with respect to adopting a therapy or not is the approval of abiraterone in prostate cancer by the US FDA versus the reluctance by the National Institute for Health and Care Excellence (NICE) in the United Kingdom. Therefore, if a drug is not approved by a drug regulatory board of a health care system, then its use may be not justified outside of a clinical trial. For example, we have witnessed several Canadian patients with metastatic renal cell cancer seeking treatment with interleukin 2 in New York, US while this therapy is actually approved in Canada; however its use was sporadic and limited over there. Hence, our research team of cost-effectiveness analysis was

able to appreciate how one drug may be considered as cost-effective in one country while it may not be recommended in another country.

Having performed an economic theoretical model, we were apt to discern that copious published economic evaluations have not considered the indirect cost but rather limited their analyses to direct costs of the drug [2,3]. The indirect costs may include expenses that are implicated by the society or spouse etc. It is judicious to note that such a therapy may or may not be considered cost-effective depend on the health-care system for example the USA versus Canada, the European Union or East Asia.

When considering constructing such models in oncology, it is of a great merit to include Academician Economists in the research team. This may render vigorous and practicable such analyses. If at all possible, cost-effectiveness analyses must also be based on clinical trials to deduct firm conclusions. However, in the paucity of patients in certain rare tumors researchers may consider speculative models to wisely pilot our allocation of our scarcely earned dollar on a specific treatment. The advantage of such models in rare tumors may ensue from considering a significant large patient population in each arm of the analysis while adopting real-time survival probabilities and cost data [4].

Based on our findings, review of the literature and experience of conducting economic evaluation in oncology, it is crucial to rethink what's important to rebuild a healthy American society of clinical oncology. This may help shape our future. It would also assist to revamp clinicians, economists, lobbyists, pharmaceutical companies and legislators to carry on contouring our outlook in oncology.

### References

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