Market and patient access to new oncology products in Europe: a current, multidisciplinary perspective

McCabe et al. [1] in their recent review on market and patient access to new oncology products in Europe, in their conclusions, state that "agencies must take into account opportunity cost, morbidity, and the marginal benefits associated with new therapies to discern which drugs truly make a difference – the 'real winners'."

We believe to give the right answer to both politicians and patients with a simple proposal of a classification of molecularly targeted anticancer agents into different groups based on their impact on survival in patients with different tumors and on their relative costs. For example, the first group, group A, should include 'imatinib-like drugs', i.e. agents like imatinib that are employed successfully against chronic myeloid leukemia and gastrointestinal stromal cancer and that have highly improved survival. The second group, group B, should comprise rituximab- and trastuzumab-like drugs used for the treatment of lymphomas and breast cancer that have a rather good impact on survival. Lastly, the third group, group C, should include erlotinib, gefitinib, and cetuximab- and bevacizumab-like drugs used, for example, against lung and gastrointestinal tumors that have a little impact on survival (a few months). Consequently, the cost for drugs in group C should be low because of their poor impact on cancer survival, whereas the cost for drugs in group A could be high as a result of their high impact on survival and the cost for drugs in group B in between.

We indicate that activity and treatment cost could be reevaluated every 2 years in order to confirm or not the group assignment of each drug.

In our opinion, this theoretical approach would be beneficial for the following reasons: it would allow a higher number of European patients to be treated with the same drugs. At present, access to treatment is not equally distributed across the European Union (EU), and some European citizens are prevented from receiving a new antineoplastic agent only because of different local policies. This means that costs are discriminating patients within the EU creating geographic disparities; moreover, it would prevent hospitals and health care systems from going bankrupt.

Finally, such an approach would stimulate drug companies to concentrate their efforts to develop new drugs, the real winners as defined by McCabe et al., with a high impact and not just drugs with a little impact on survival of patients with cancer.

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