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Are Value Models in Cancer Missing the Mark?

By Lynne Peeples

San Francisco—The full worth of cancer treatment may not be fully captured in current value models or clinical research, according to a poster presented at the 2016 annual meeting of the Academy of Managed Care Pharmacy (AMCP).

Critically missing, the researchers noted, are societal considerations and patient preferences, such as work productivity.

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“A lot of studies out there may not be evaluating the true potential of these treatments,” said Khalid M. Kamal, MPharm, PhD, an associate professor in the Mylan School of Pharmacy at Duquesne University, in Pittsburgh, and lead author of the AMCP abstract (C02). “In our review of studies on oncology treatments, we had difficulty separating out the effects of treatments,” he added. “Patients seemed to have decreased productivity while on treatment. The question, thus, is whether the literature can start assessing these [regimens] proactively to help patients make more informed choices and to gain knowledge about what treatment might involve.”

Cancer is the leading cause of death in developed nations and poses a substantial economic burden on society. In fact, oncology was the leading therapeutic class among global pharmaceutical sales in 2014 at an estimated $79.2 billion. With the growing cost of these drugs, Dr. Kamal and his Mylan School of Pharmacy colleague, Jordan Covvey, PharmD, PhD, BCPS, decided to take a closer look at

how well current value models and studies assess the true value of cancer treatment. They began by identifying five pertinent value-based models—published by the American Society of Clinical Oncology, the European Society for Medical Oncology, Memorial Sloan Kettering Cancer Center, the National Comprehensive Cancer Network, and the Institute for Clinical and Economic Review (ICER).

Only the ICER model, they concluded, took a macro view and presented data from a societal perspective. Still, no single model encompassed all the components needed for a full societal assessment, according to the researchers. They further proposed a conceptual model that incorporates various equity, caregiver and patient-related factors, in addition to the more common clinical and economic outcomes.

The researchers then chose work productivity as one example of an overlooked value and searched the existing literature for relevant studies. Dr. Kamal noted that he and Dr. Covvey were surprised to find nearly 60 papers from the United States, the United Kingdom and Australia. “Even though we found a lot of articles, there is a big gap in the literature,” said Dr. Kamal, noting that studies to date provide little data on therapy-specific outcomes.

Clinical trials of new drugs should include outcomes such as work productivity and patient preferences “to capture metrics beyond clinical efficacy,” Dr. Kamal suggested. Including what patients think about the up-front cost of drugs, for example, might enhance a cost analysis. “That should be a key focus going forward—engaging patients and making them part of the process,” he added.

‘A Huge Undertaking’

Jennifer Chang, PharmD, MPH, BCPS, a formulary supervisor and pharmacy and therapeutics coordinator at Kaiser Permanente in Los Angeles, agreed and praised the research. “This is a huge undertaking that’s been needed,” she said. “It’s about time.”

With new cancer drug costs at $10,000 per month, and with out-of-pocket costs around 20%, many cancer patients simply can’t afford their treatment. “That’s the reality,” Dr. Chang said.

Bringing in the patient's perspective, she noted, really is key. In many cases, a patient's thoughts may go well beyond drug efficacy or even cost. Some of the newer agents are significantly less toxic than older drugs—thus posing more tolerable side effects—and that can translate into less work time lost. Dr. Chang further highlighted another often overlooked consideration: infusion clinics versus oral drugs. "If we can save three hours of a patient's time," she said, "that can be a huge deal."

Dr. Chang added, "While people aren't necessarily comfortable yet talking about such societal and patient values, we're going to start hearing more and more about it. Someone is going to go bankrupt if we don't talk about it."

The effects of various drug regimens on caregivers is another critical component of developing a more comprehensive model of care, Dr. Kamal noted. If patients respond more favorably to newer drugs, for example, then what are the productivity gains for caregivers?

He also noted that most studies to date have focused on breast cancer, which prompted his recommendation that researchers consider other cancers as well—even those for which the prevalence might be low. "Patients are patients," he said.

Drs. Kamal and Covvey are currently writing up their research on work productivity issues related to oncology treatment for journal publication. They also have plans for a paper on the conceptual model presented at AMCP.

Dr. Kamal lamented that the mainstream pharmacy curriculum is still weak on issues such as patient preferences, satisfaction, quality of life and economic outcomes. "The curriculum is still focused on training pharmacists to look at clinical outcomes, managing conditions and treatments," he said. "But our roles are changing."

He suggested that pharmacists expand their sights beyond simply managing a patient's drug. "They need to manage a patient as a whole—bringing in economic and humanistic outcomes, including quality of life," Dr. Kamal said, emphasizing the importance of following up with patients and ensuring that they stay adherent to their treatment. "To show that it prolongs life for six months is clearly not sufficient."

Dr. Kamal reported receiving funding for his research from Novartis Pharmaceuticals. Dr. Chang reported no relevant financial relationships.