

MORE DIALOGUE NEEDED ABOUT THE COSTS OF CANCER DRUG TREATMENTS: *Survey finds Canadian and US doctors' similar views despite different health care systems; patient out-of-pocket expenses influences treatment recommendations; less than half have frequent discussions with patients.*

Toronto (August 24, 2010) – Despite substantial differences in health care systems, Canadian and US physicians have surprisingly similar views on cancer drug costs and cost-effectiveness, reveals the first comprehensive survey of medical oncologists' attitudes, led by Sunnybrook researchers and published in the *Journal of Clinical Oncology*.

Medical oncologists are physicians who specialize in the care and treatment of cancer patients using drug therapies such as chemotherapy. Physicians in both countries face the challenges posed by the rising costs of cancer drugs.

"We strive to offer the best possible care for our patients but increasingly we are challenged by restrictions on what we can provide or what our patients are able to afford," said Dr. Scott Berry, the study's author and a medical oncologist at Sunnybrook's Odette Cancer Centre. "Given all the discussion about the differences in the US and Canadian health care systems, we were surprised that medical oncologists in both countries generally shared similar views on the costs, cost-effectiveness and health policies associated with expensive new cancer drugs."

The US system is a non-universal, multi-payer system that rarely uses comparative effectiveness in coverage decisions. In contrast in Canada, there is universal access to intravenous cancer medications on provincial formularies which are constructed using comparative and cost-effectiveness data.

Survey findings indicate most oncologists in both countries (80 per cent of Canadians and 84 per cent of Americans) felt their treatment recommendations were influenced by a patient's anticipated out-of-pocket drug costs.

Despite this substantial impact of a patient's drug costs on treatment recommendations, the survey also finds only less than half of medical oncologists or 42 per cent in both countries always or frequently discussed the costs of cancer treatments with their patients.

"It is always a difficult discussion when you think that a patient may benefit from a treatment but it is not funded by the government," says Dr. Scott Berry, an assistant professor of Medicine and the director of the Medical Oncology Training Program at the University of Toronto. "Our survey identifies a gap in this dialogue which may be improved through training on how to better approach these types of discussions with patients."

Though Canadian funding bodies use cost-effectiveness data more often than their American counterparts in weighing drug funding decisions, less than half the oncologists in both countries felt well prepared to interpret and use cost-effectiveness information in their treatment decisions. Most oncologists in Canada – and in the US, despite the traditional reluctance of Americans to consider cost-effectiveness in drug funding decisions – also supported increased use of cost-effectiveness data in coverage and payment decisions.

The survey reported on the responses of a random sample of US oncologists and all medical oncologists in Canada outside of Quebec.