BMJ 2015;351:h4063 doi: 10.1136/bmj.h4063 (Published 24 July 2015)

NEWS

US oncologists call for government regulation to curb drug price rises

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The US government must act to curb the soaring cost of anticancer drugs, 118 US oncologists have argued in a commentary published on 23 July in *Mayo Clinic Proceedings*.[1]

The authors include leading oncologists from such institutions as the University of Texas MD Anderson Cancer Center in Houston, Memorial Sloan Kettering Cancer Center in New York City, and Dana-Farber Cancer Institute and Harvard Medical School in Boston, Massachusetts.

"High cancer drug prices are affecting the care of patients with cancer and our healthcare system," said the lead author, Ayalew Tefferi, a hematologist at the Mayo Clinic in Rochester, Minnesota. "The average gross household income in the US is about $52 000 [£33 000; €47 000] per year. For an insured patient with cancer who needs a drug that costs $120 000 per year, the out-of-pocket expenses could be as much as $25 000 to $30 000—more than half their average household income."

The average price of new cancer drugs has risen between fivefold and 10-fold over 15 years to more than $100 000 a year in 2012, the oncologists wrote, and last year all new cancer drugs approved by the Food and Drug Administration were priced above $120 000 for a year of use. As a result of these rising prices, the cost of drugs for each additional year lived rose from $54 000 in 1995 to $207 000 in 2013, they wrote.

They added, "The good news is that effective new cancer therapies are being developed by pharmaceutical and biotechnology companies at a faster rate than ever before. More than 900 new drugs are under development, many for rare cancers. Drug companies should be rewarded with reasonable profits for these efforts. The unfortunate news, also acknowledged by some of the pharmaceutical leadership, is that the current pricing system is unsustainable and not affordable for many patients."

The authors called for:

- The creation of a post-FDA drug approval review mechanism to propose a "fair price for new treatments, based on the value to patients and health care"
- Legislation to allow Medicare to negotiate drug prices, something that current law prohibits
- The Patient-Centered Outcomes Research Institute, which conducts research into comparative clinical effectiveness, to be allowed to include drug prices in its assessments of the value of new treatments
- Patients to be allowed to import cancer drugs for personal use from such countries as Canada, where government negotiated drug prices are about half those seen in the US
- Patent reform to prevent drug companies from delaying access to generic drugs, such as by making "pay to delay" deals,[2] and to make it more difficult for them to prolong product exclusivity through so called "patent evergreening," and
- Professional society guidelines to include a consideration of the overall value of drugs and treatments.

To advance this agenda, the oncologists called for a "cancer-patient-based grassroots movement" to advocate against high prices of cancer drugs and urged patients and their families to sign an online petition asking the president, the secretary of health and human services, and all members of the US Congress to take action.[3]

They wrote, "With proper support of these grassroots efforts, and proper use of that support downstream, it should be possible to focus the attention of pharmaceutical companies on this problem and to encourage our elected representatives to more effectively advocate for the interests of their most important constituents among the stakeholders in cancer—American cancer patients."

In a response posted on the website of the drug industry group PhRMA, its spokesman Robert Zirkelbach argued that the authors were wrong to focus on the cost of cancer drugs, which, he wrote, accounted for only a fifth of total spending on cancer treatment and only 1% of overall healthcare spending. "The policy proposals they recommend would, if adopted, send a chilling signal to the marketplace that risk-taking will no longer be rewarded, stopping innovation in its tracks and halting decades of progress in cancer care," he wrote.[4]

1 Tefferi A, Kantarjian H, Rajkumar SV, et al. In support of a patient-driven initiative and petition to lower the high price of cancer drugs. *Mayo Clin Proc* 23 Jul 2015, doi:10.1016/j.mayocp.2015.06.001.
2 McCarthy M. Regulators can challenge deals that delay generic competition, says US Supreme Court. *BMJ* 2013;346:f3964.
3 Change.org. Protest high cancer drug prices so all patients with cancer have access to affordable drugs to save their lives. https://www.change.org/p/secretary-of-health-and-human-services-protest-high-cancer-drug-prices-so-all-patients-with-cancer-have-access-to-affordable-drugs-to-save-their-lives.
4 Zirkelbach R. Focusing on only 1% of spending will not solve nation's health care challenges. Catalyst/phrma, 23 Jul 2015. http://catalyst.phrma.org/focusing-on-only-1-of-spending-will-not-solve-nations-health-care-challenges.

Cite this as: *BMJ* 2015;351:h4063