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FROM THE EDITOR

Straight from the Source

BY JENNIE R. CREWS, MD, MMM, FACP

In a survey on direct-to-consumer (DTC) advertising highlighted in "Fast Facts" on pages 4-5, the majority of physicians surveyed believe that this type of advertising increases confusion and misunderstanding by patients. Still, most physicians advocated for reforming rather than banning DTC advertising. This "don't throw the baby out with the bath water" response raises important questions about the available data we have on the benefits and risks of DTC advertising and what role the multidisciplinary cancer care team can play to ensure that those benefits outweigh the risks.

Some of the controversy surrounding DTC advertising is due to the rising costs of drugs and the criticism that spending for advertisement contributes to this cost. After loosening of regulations in 1996, pharmaceutical media spending peaked in 2006 at $5.41 billion but has declined slightly to $4.34 billion as of 2010.[1] Yet for every 10 percent increase in DTC advertising, there is a 1 percent increase in prescription drug spending.[2]

Arguments in favor of DTC advertising for patients include patient empowerment, improved communication between patient and provider, and increased appropriate use of medications. Some advocate that DTC advertising particularly benefits those with healthcare disparities who can use the information to initiate a conversation they may not otherwise have with their healthcare team. Though these arguments sound reasonable, there is little data to support these claims.

Arguments against the use of DTC advertising include added costs to healthcare, detriment to the physician–patient relationship, time management burden to the healthcare team, and inappropriate prescription recommendations. The latter seems to be more of an issue in non-oncology prescribing, but there are data to suggest that DTC advertising can impair the provider–patient relationship. One survey showed that patients who were provided information via DTC advertising rather than from their provider were 11.3 percent less confident in their provider.[3] Oncology care teams are also concerned about patients misinterpreting benefits and risks.

We are all familiar with DTC advertising campaigns for checkpoint inhibitors, which raise patient hopes and expectations for very expensive therapies that have very real toxicities. How do we apply lessons learned from previous experience to these newer agents? What are the ways in which we can maximize benefit and reduce risk to patients and to our teams?

One way is through advocating for regulation of DTC advertising, focusing on the type of advertisement used. DTC advertising as a means of patient education and empowerment can be achieved by primarily using a help-seeking form of DTC advertising, which provides information about a condition or treatment but does not include specific drug information. Companies could still promote brand awareness through sponsorship but may be inclined to invest less in this form of DTC advertising, which would address the cost issue. Social media is another area of opportunity for reform. Oncology teams have an opportunity to be active on social media and drive patients toward the unbranded information we can provide.

Finally, we can continue to do what we do best—have conversations with patients so that they can make an informed decision that is right for them. OI

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