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In the News

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ANALYSIS OF CLINICAL TRIALS AND COST OF CARE

In a study analysis printed in the September 6, 2000, *Journal of the National Cancer Institute* (Vol. 92, No. 17), Cary A. Presant, M.D., F.A.C.P., concludes that the cost of care on a clinical chemotherapy trial is 4.7 percent to 13.1 percent less than the cost of standard chemotherapy. His conclusions, however, were not fully accepted by study authors.

To adjust for this possible bias, Presant recalculated the one-year cost of care for clinical trial patients and control patients. He subtracted the care costs during the last six months of life for those patients who died during the first year of follow-up. When the final six months of care are excluded, he found an increased mean cost of care in control patients compared with clinical trial patients (a net saving on clinical trials of 4.7 percent).

Study authors Judith L. Wagner, Ph.D., and Steven R. Alberts, M.D., questioned Presant's conclusion and attempt to net out the costs of care in the last six months of life from the one-year costs of care. Presant "made strong assumptions about the distribution of end-of-life care costs in our sample…More important, he drew conclusions from a very small sample of patients…"

As for the Kaiser Permanente article, Presant notes that the use of chemotherapy on a clinical trial within the Kaiser Permanente system costs less than the use of standard chemotherapy off trial (a cost saving for patients treated with experimental therapy of 13.1 percent). Also, the cost of using BMT on a clinical trial ($54,657) was 32.6 percent less than the standard cost of caring for patients with the use of BMT off a clinical trial ($80,657). "This finding further substantiates the potential cost saving by treating patients on a clinical trial," he wrote.

Bruce Fireman responded that although total medical costs in the trials were indeed 13 percent lower among enrollees than among control subjects, this difference could be due to chance alone. He added: "Chemotherapy costs in these trials were actually higher among enrollees than among control subjects." Furthermore, Fireman noted that "the 22 trials in our data are not a representative sample of all cancer trials."

Presant also concluded that "the addition of new modalities of therapy in a clinical trial often increases the cost of care but increases the length of life at an acceptable cost/benefit ratio. Physicians and insurers should encourage treatment of eligible, consenting patients on clinical trials."

HCFA BACKS OFF CAMPAIGN TO CUT DRUG MARGINS

Nancy-Ann Min DeParle, former administrator of the Health Care Financing Administration (HCFA), announced that the agency will *not* reduce its payments for 14 cancer drugs anytime soon (until it analyzes pricing "over the next few months") and instead will study the issue further. (See page 34 for details.) The 14 exempted cancer or supportive care drugs include: bleomycin sulfate, cisplatin, cyclophosphamide, cytarabine, dolasetron mesylate (Anzemet), doxorubicin hydrochloride, etoposide, fluorouracil, granisetron hydrochloride (Kytril), leucovorin calcium, methotrexate sodium, ondansetron hydrochloride (Zofran), vinblastine sulfate, and vincristine sulfate. Of note, HCFA did not exempt mitomycin, leuprolide, or immune globulin.

CRITICAL PERSONNEL SHORTAGES, DESPITE HIGHER SALARIES

An annual report on salaries and benefits offered to allied health professionals nationwide was released by Martin, Fletcher & Associates, a health care staffing firm based in Irving, Tex. The report shows that early retirements, steady declines in the number of health care graduates, and competition inside and outside of the health care industry are creating serious personnel shortages in hospitals nationwide. More than 3,500 hospitals in 49 states provided information for the report in 1999.

To compete for employees, the report showed that 98 percent of all hospitals pay relocation fees of up to $10,000 to recruit workers. And 67 percent of all hospitals pay signing bonuses, as much as $14,000 for some professions, up from $10,000 in 1998. The report reflects the following salary ranges for selected health care professions:

The demand for radiologic technicians will increase significantly this decade, but the number of graduates has decreased for the past four years. The average salary for a radiologic technologist is $44,737, up just 4 percent since 1998. The average salary for a radiation therapist is $46,995, up just 2 percent since 1998.

Many nurses are leaving the hospital environment for less stressful, non-clinical positions that pay more, such as product marketing or managed care firms. Average salary: $43,968, a 4 percent change since 1998.

The boom in higher paying retail pharmacy opportunities is pulling debt-laden, pharmacy school graduates away from the hospital market. The number of graduating pharmacists has slowed, and it takes longer nowadays to obtain a degree. Some

hospitals are offering loan forgiveness as a way to attract candidates. Average salary: $68,640, a 14 percent change from 1998.

NCI BOOKLETS ON OVARIAN CANCER AND RADIATION THERAPY AVAILABLE

The National Cancer Institute has published two new patient information cancer booklets—"What You Need to Know About Ovarian Cancer" and "Radiation Therapy and You: A Guide to Self-Help during Cancer Treatment." To order free copies, call the NCI's Cancer Information Service, 1-800-4-CANCER.

DRUG BRIEFS

- The Food and Drug Administration (FDA) recently started a web site exclusively for oncology. Called Oncology Tools, it can be reached at *www.fda.gov/cder/cancer*. The site is designed to provide cancer drug information, including approval summaries that can be alphabetized by brand or generic name.
- Coulter Pharmaceutical, Inc., and Smith Kline Beecham have been issued a method-of-use patent relating to the administration of CD20 antibody therapy for the treatment of lymphoma. The patent relates to the use of the antibody in combination with a chemotherapy drug or drugs, an antibody-radioisotope conjugate, or external beam radiation. The companies are jointly developing Bexxar™ (tositumomab, iodine I 131 tositumomab) a radioimmunotherapy not yet approved for the treatment of relapsed or refractory, low-grade or transformed low-grade B-cell non-Hodgkin's lymphoma (NHL). A Biologics License Application has been resubmitted by the companies in order to obtain marketing approval of Bexxar from the FDA for use as a single agent in treating relapsed or refractory NHL.
- Barr Laboratories, Inc., received FDA approval for its hydroxyurea capsules, USP 250 mg.

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–Oncology Week In Review

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