

# Counting the cost of cancer

Despite advances in treatment, cancer currently remains a significant health and economic burden worldwide. According to the American Society of Clinical Oncology (ASCO), "it is projected that by 2030, the number of new cancer cases in the United States will increase by 45%". In South Africa, breast cancer is the second most prevalent cancer in women after cervical cancer.



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## The costs of treating specific cancers

The cost of treating cancer is also increasing rapidly, primarily driven by the introduction of specialised medicines. Designed to target specific cancer cells, these medicines are entering the market at very high prices, making them largely unaffordable to the general public.

"Understandably patients therefore look to their medical aids for assistance in funding these treatments. With the number of new cases of cancer on the increase however, together with the rapid development of new medicines and technologies, even medical aids cannot cover all possible treatments without themselves becoming unaffordable to members," says Dr Bobby Ramasia, principal officer of Bonitas Medical Fund

"Like any other funder, we have finite financial resources which must be used in a way that best serves its entire membership. Potential benefits of therapies and their associated risks and costs must be weighed up at all times."

"Exorbitantly priced medications command a disproportionate share of resources that could potentially be directed towards many other equally deserving members. The principle behind our fund is to provide healthcare to all members equally. Our objective is to ensure more affordable access to expensive therapies and it is only through a concerted action industry-wide that this can be achieved," he says.

## Why is Herceptin so expensive?

Pharmaceutical companies spend millions, often billions developing a new drug. In order to recoup these costs, they take out a patent on the drug so they remain the sole distributor for a period of time. Pharmaceutical company, Roche, holds multiple patents on Trastuzumab (Herceptin) in South Africa, which could guarantee it a monopoly on the medicine's sales until 2033. Herceptin, known as a HER2 targeted-therapy, acts as an antibody that interferes with the HER2 receptor.

## **Patent law**

South Africa's patents office currently does not examine patent applications and has therefore granted a number of patents on Trastuzumab that have been rejected in other countries. Only when the patent expires can a generic be developed, the price of the medication be reduced and reach the general population at affordable prices. Fixing South Africa's patent laws will enable women living with HER2 positive breast cancer and other diseases to have access to the medicines they need at affordable prices.

## **Is Herceptin a miracle cure?**

Whereas it is accepted that Herceptin offers some benefits to patients with early HER2 positive breast cancer, it is important to note that the drug is not a miracle cure which prevents all HER2 positive breast cancer from recurring or progressing further.

There is also no evidence showing that Herceptin (Trastuzumab) provides protection against cancer spreading to the brain. In one study, more patients on Trastuzumab treatment experienced brain involvement than those on chemotherapy alone. This apparent lack of protection against the spread of cancer to the brain may be explained by the big size of the Trastuzumab molecule which stops it from entering the central nervous system.

## **What is the optimum length of treatment?**

Dr Ramasia says, "Private medical insurers in South Africa are not required to pay for Trastuzumab in full as it is excluded from prescribed minimum benefits (PMBs) due to its high cost. The optimal manner in which to administer Herceptin has not yet been determined and is currently being investigated. In 2014, subsequent to the changes in recommendations by international bodies, Bonitas acknowledged that adjuvant Herceptin for one year (in early breast cancer) is considered standard of care.

## **What do the trials show?**

Trials show that if 100 women were to use a year of Herceptin – compared to 100 women using standard chemotherapy without Herceptin - then after eight years, 15 women in the Herceptin group would have died compared to 21 in the group who did not get Herceptin.

## **The challenge for medical schemes**

In general, a course of Herceptin for one year costs around R500,000. Based on previous studies, one would need to treat 16 patients with early breast cancer for 12 months to prevent one death – at a cost of R7m. Although can be no value placed on a life, this cost would be a prohibitive to the scheme and consequently the premium costs to other members.

Whilst Herceptin definitely has benefits it is not the panacea for HER2 positive breast cancer and many questions remain

as to how these can be optimised. More importantly ongoing efforts to reduce the drug's price are imperative.

Cancer is a devastating diagnosis and any treatment that lessens the chance of the disease spreading is important to patients and their caregivers.

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