



Swallowing the Cost of Cancer Drugs

In a recent *Wall Street Journal* article, Evelyn Ellison Twitchell regards targeted cancer therapy drugs as one hot new place for investors to put their money. Because research has made possible “what was once a dream,” companies like GlaxoSmithKline and Onyx Pharmaceuticals stand to profit as “the total cancer-drug market is expected to nearly double to \$70 billion by 2009.” Fortunes made and jail time served, as in the Bristol-Myers Squibb case of Martha Stewart’s insider trading, all point to a stockbrokers’ paradise, as new and improved antiangiogenesis drugs, VEGF traps, and EGFR inhibitors continue to hit the market.

But in December I was experiencing night sweats, fluid on my lungs, weight loss and shortness of breath — symptoms of advanced lung cancer, so it was an oncologist, not a stockbroker, who introduced me to the high stakes world of targeted therapy cancer drugs. Instead of OSI Pharmaceutical stock options, I got handed a prescription for one of the many cancer therapy drugs, a specific EGFR inhibitor unable to cure but aimed at slowing down my brand of fast growing cancer cells.

Now, once a month I step up to a pharmacy window and exchange my insurance prescription co-pay for 30 targeted therapy cancer pills. These particular pills, fast tracked through FDA approval a little over a year ago, come with two-year studies showing only marginal increases in survival rates for stage IV non-small cell lung cancer participants. Recommended as follow-up treatment after chemotherapy fails, little is known about the impact of these drugs on people, like me, who skip chemotherapy and

head straight to EGFR inhibitor drugs. Long-term effects of EGFR inhibitor drugs, of course, are anyone's guess.

"Your friend with cancer has a definite glow about her," a neighborhood psychic tells a friend of mine after seeing me walk through the local park. "Great. Now I'm emitting radioactive auras as well!" I responded. Printed warnings about possible side effects of targeted therapy cancer drugs weigh in like a *Chilton's* auto repair manual. And like *Chilton's Auto Repair Manual*, drug companies scrupulously list all that can break, leak, and malfunction when the human engine starts to fail. At best 30% to 50% of people taking these drugs get the benefits of added road time. I'm one of the lucky ones, but that said, I haven't a clue about what is really happening inside my own body.

External changes, on the other hand, are easy to spot. One of my sons noticed the For Sale sign at the local Norwegian barber's building, site of my \$13 haircuts, and teased, "I think you've gone and put him out of business!" I haven't been back for a haircut since starting on the EGFR inhibitor drug. The hair on my head stopped growing. What few leg hairs I once had flew off one day when I wasn't looking. Several months ago my straight brown eyebrows mutated into short fat gray stubbles staring each other down like two burly hedgehogs. My pubic hair rearrangement is best left undefined. Rashes, skin burns, and weight gain add to my ever-increasing dented look.

None of these external changes is reason enough to stop swallowing one EGFR inhibitor pill every day at precisely 4 p.m. But every day as this EGFR inhibitor slips down my throat, I think about the economic implications of what I am swallowing. Targeted cancer therapy drugs supply promising investments on the stock exchange, for sure. But the day to day dollar cost of the cancer drug I'm taking leaves me with plenty of troubling questions.

One day, while heading out the back door of my house, I started laughing out loud at the absurdity of what these little white pills cost. I asked the surrounding air, "Is there an economist alive who in good conscience would defend spending thousands of dollars a year, not to cure,

but to keep someone like me alive a few extra months?” The air was quick to answer, “Of course not.” At the market price of \$2,800 for a monthly supply of this new cancer drug, I send to my stomach more money than many of my neighbors bring home after a month of hard work. As this drug forestalls my own dying for a few more months, I can’t help but look beyond drug companies’ receipts and wonder about my own part in economic injustice.

Years ago, I was into engineering simple-minded means to redistribute wealth. Whenever there was a question of who should pay a restaurant bill, I suggested we decide the matter based on our personal financial resources. When I’d ask a former student still clerking at Kmart “Which of us earns more money?” I’d pay. If my eating partner snickered at the notion that my teaching salary was anywhere near the pay received for being a lawyer or business owner, I’d give the higher salaried person the chance to turn things right. And, if only for that moment in time, I felt hopeful that some margin of fairness and equity was possible.

But now economic justice seems to just get further and further away. Promising therapies like EGFR inhibitors sell drugs and provide huge drug company profits, but why are they so expensive to the people whose lives are on the line? How do these drug prices impact ordinary people’s insurance premiums? What happens to people with too little or no drug prescription coverage? How many people diagnosed with aggressive breast cancer, pancreatic cancer, or kidney cancer now face the decision to bankrupt their family for these not quite miraculous drugs or lose their chance to see a daughter graduate from college or light another Christmas candle? When I told the oncologist I had a fantasy about being able to turn my little white pills into cash and give the money to someone in need, he smiled and said, “Well, that would be nice — but it’s not the way the system works.”

But how does the system really work these days, and who does or doesn’t get the chance to live a few months longer thanks to the most recent cancer therapy discoveries? Time, aging, and travel have done nothing but make me firmer in the conviction that no one human has

greater value than another. The life of a young man in a Ghanaian village has as much value as that of a rock star in New York City. The children on one side of a war are just as valuable as those on the other side. A cancer patient at a private clinic is worth every bit as much as someone across town in the community health care center.

And, closer to home, what is the economic value of the few extra months this costly prescription might give me? I could now be useful for collecting ransom, depending on the value family and friends put on keeping me around. I'm too young for regular Social Security to kick in, but if I live long enough, I just might see some payback for all the years of those long-term disability insurance deductions. My contribution to the overall economic health of the nation is managing to hold steady. I've simply replaced my outlays at the gas pump and used bookstore with prescription expenditures and raw food purchases.

I am humbled knowing that, but for the place and time of my birth, I could well be the one making the hard cancer drug choices—or having no choice at all. And, while I may wish to, I know I can't turn around the economics of prescription drugs by passing along these little white pills. But just once in awhile, as I'm taking my EGFR inhibitor drug at precisely 4 p.m. every day, I'd like to think some economic justice is possible in the world of pharmaceuticals. While swallowing the cost of the cancer drug, I like to think that some day everyone who could benefit from targeted cancer therapy drugs will get the chance.