Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer Answers with your host, Doctor Anees Chagpar. Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer. This week, it’s a conversation about the cost of cancer care in the United States, with Doctor Cary Gross and MD PhD student Ryan Chow. Doctor Gross is a professor of medicine and of epidemiology.
00:00:30.526 –> 00:00:32.902 at the Yale School of Medicine,
NOTE Confidence: 0.790414710909091
00:00:32.910 –> 00:00:34.725 where Doctor Chagpar is a
NOTE Confidence: 0.790414710909091
00:00:34.725 –> 00:00:36.177 professor of surgical oncology.
NOTE Confidence: 0.810325841428571
00:00:37.270 –> 00:00:39.006 Cary, maybe we’ll start off with you.
NOTE Confidence: 0.810325841428571
00:00:39.010 –> 00:00:41.116 Why don’t you tell us a little bit more
NOTE Confidence: 0.810325841428571
00:00:41.116 –> 00:00:43.380 about yourself and what it is you do.
NOTE Confidence: 0.832231949411765
00:00:43.390 –> 00:00:46.204 I am a primary care doctor and a researcher
NOTE Confidence: 0.832231949411765
00:00:46.204 –> 00:00:49.322 in the area of cancer outcomes
NOTE Confidence: 0.832231949411765
00:00:49.322 –> 00:00:51.758 and cancer effectiveness research.
NOTE Confidence: 0.832231949411765
00:00:51.760 –> 00:00:54.802 So I was a chief resident at a major
NOTE Confidence: 0.832231949411765
00:00:54.802 –> 00:00:57.970 Cancer Center many years ago and was always,
NOTE Confidence: 0.832231949411765
00:00:57.970 –> 00:00:59.610 always interested in primary care,
NOTE Confidence: 0.832231949411765
00:00:59.610 –> 00:01:02.148 not necessarily in being an oncologist.
NOTE Confidence: 0.832231949411765
00:01:02.150 –> 00:01:05.282 But while I was there at the Cancer Center,
NOTE Confidence: 0.832231949411765
00:01:05.290 –> 00:01:06.942 I noticed that obviously
NOTE Confidence: 0.832231949411765
00:01:06.942 –> 00:01:09.420 all of the patients had cancer.
I knew where I was, but also many of the patients were being admitted in the context of a clinical trial, and I noticed that many of the patients did not have other health problems. Most of the patients had cancer, but as a primary care DOC, it just seemed as though many of the patients who are aside from their cancer are relatively healthy.
healthier and on the younger side,

you know, many of our patients were,

you know,

50-60 years old and bottom line

in the real world,

patients with cancer are are often older

and sicker than they are in in clinical

research studies and and that insight.

Which occurred to me over the

course of my clinical training

has really spurred the rest of my

research in the sense of trying

to understand what happens in the

real world when drugs or tests,

or, you know,

kind of imaging modalities such
00:02:14.576 –> 00:02:16.810 as new mammograms or CAT scans,
00:02:16.810 –> 00:02:18.150 or what have you.
00:02:18.150 –> 00:02:20.160 What happens when things that look
like they are really potentially groundbreaking and helpful in
the clinical trial setting?
00:02:24.052 –> 00:02:26.029 What happens when they’re actually
used in the real world?

00:02:29.370 –> 00:02:31.470 Great and you know, Carrie and I
have been working together for a
number of years now and I know Kerry.

00:02:33.245 –> 00:02:35.560 One of your particular interests
is in the value of cancer
00:02:38.300 –> 00:02:41.696 is in the value of cancer
00:02:41.696 –> 00:02:43.960 care and cost effectiveness.
00:02:43.960 –> 00:02:47.173 And are we really getting the bang
that we need for our buck and Ryan?
I guess this is where you come in.
Tell us a little bit more about yourself
and about how you met Carrie and
and a bit more about your research.
From MDP PhD student at Yale,
I actually did my PhD recently in
cancer genetics and tumor immunology,
but throughout the course of my
graduate education I kind of became
more interested in understanding
the economics of cancer care and
part of that stemmed from the
realization that a lot of these new
drugs that we're talking about,
like immunotherapies,
they have these incredibly large price tags, and so I just got interested in understanding we’re paying so much for these drugs. But how much benefit? Patients actually getting from loan. So I reached out to doctor Gross because I knew of his work, particularly with cancer outcome research and economics of cancer care. So yeah, I just reached out to him and we started working together on this project. So Carrie, tell us a little bit more about this recent project that just got published and that really made
quite a splash in terms of raising awareness about the cost of cancer care and the relative bang that you get for your buck. Looks a bit more about the project, sure, so you know, as Warren Buffett says, Price is what you pay. The value is what you get and you know it’s well known that the overall price we’re paying for healthcare in the United States is exorbitant. We’re spending this for all care, not just cancer care, but we’re spending over $4 trillion per year. And in fact, our health expenses are about 1/5 of our overall.
Gross domestic product. So you know there's the old saying that the what is it the business of America is business. You could almost say nowadays the business of America is healthcare. I mean it's our largest industry and some by some measures. So the question is when we want to focus on cancer for this particular study. First we reached out to a long term collaborator, Doctor Elizabeth Bradley, who is now actually President of Astra. Knowledge,
but also as a health economist and has a long interest and expertise in international comparisons and outcomes. But we wanted to really explore how much are we spending on cancer care in the United States? How does that compare to other countries? And then that’s the first half of the Warren Buffett part. How much are we spending? But then more importantly, the value aspect. What are we getting in return? What were the? How does. Our cancer mortality and the population level in the US compare to the cancer
mortality rates in other countries,

and so Ryan tell us a little bit more about the design of this study and and the sources of data that you used.

So we were primarily interested in comparing the US with other high income countries, so first talking about cost.

So it turns out there are quite a few organizations out there, such as the OCD. Which stands for Organization for Economic Cooperation and development, and so there are these organizations that track total healthcare spending for different countries.
But as Doctor Gross was mentioning, a lot of this data oftentimes isn’t cancer specific. So to get to that question of how much cancer care is, you know how much countries are spending on cancer care. And we took a look through the literature. We tried to find out in a given country what percentage of their total health spending goes towards cancer care. So in the US it turns out we spend around 5.3% of our total healthcare spending on cancer, but that varies quite a bit across country.

So in Japan that’s actually
NOTE Confidence: 0.7372441451875
00:06:45.970 –> 00:06:47.734 7.5% towards cancer care.
NOTE Confidence: 0.7372441451875
00:06:47.734 –> 00:06:49.939 So bringing those two numbers
NOTE Confidence: 0.7372441451875
00:06:49.939 –> 00:06:52.309 together that allows us to estimate,
NOTE Confidence: 0.7372441451875
00:06:52.310 –> 00:06:53.558 you know how many,
NOTE Confidence: 0.7372441451875
00:06:53.558 –> 00:06:56.196 how much of our healthcare spending in the
NOTE Confidence: 0.7372441451875
00:06:56.196 –> 00:06:58.320 given country is dedicated towards cancer.
NOTE Confidence: 0.7372441451875
00:06:58.320 –> 00:07:00.224 So that’s the cost part of it.
NOTE Confidence: 0.7372441451875
00:07:00.230 –> 00:07:01.702 On the mortality side,
NOTE Confidence: 0.7372441451875
00:07:01.702 –> 00:07:03.910 it’s a little bit more complicated,
NOTE Confidence: 0.7372441451875
00:07:03.910 –> 00:07:06.826 particularly because we’re trying to compare
NOTE Confidence: 0.7372441451875
00:07:06.826 –> 00:07:09.470 cancer outcomes across different countries.
NOTE Confidence: 0.7372441451875
00:07:09.470 –> 00:07:10.989 So what I mean by that is,
NOTE Confidence: 0.7372441451875
00:07:10.990 –> 00:07:12.494 clinicians will commonly refer
NOTE Confidence: 0.7372441451875
00:07:12.494 –> 00:07:14.374 to five year survival rates
NOTE Confidence: 0.7372441451875
00:07:14.374 –> 00:07:16.370 when their counseling patients.
That basically means the percentage of patients that will still be alive five years after an initial Diagnosis. And so that’s very useful, right? It’s great for informing patients of their prognosis. The problem, though, is that it’s really difficult to compare these five year survival rates across countries, and that’s because different countries have their own distinct approaches for cancer detection and for screening. So I guess it would be helpful to
give like an example for this,

but what I mean by this?

So let's say there's this rare hypothetical disease that is untreatable and all patients with this disease will die when they turn 50 years old.

If a patient is diagnosed when they turn 40,

then we would look at that and say, oh the survival time is 10 years.

But let's say we diagnose this disease as a kid,

then the survival might look something like 30 years instead.

But the key here is that the underlying disease really hasn’t changed.
All the only differences when we diagnosed it. So when we look at 5 year survival rates across different countries, a country that screens more aggressively is going to detect cancers earlier and that’ll lead us to artificially have higher five year survival rates even though the underlying disease is unchanged. So instead of that in our study we are looking at population level cancer mortality rates and that basically answers the question in a given year how many people are dying from cancer.
In a particular country, so doctor Gross and I discussed this quite extensively and we came to the conclusion that this metric of population level, cancer mortality is much better at sort of encapsulating the effectiveness of all these different cancer related interventions that we have. So you know, that would include prevention, screening, and of course, treatment. And so setting up now we have the costs. How much do different countries spend on cancer care now we're looking at mortality. What is the population level?
Cancer mortality rate that gave us all the data that we needed to start crunching the numbers and taking a look at that relationship. If there is any relationship between those two numbers? Very, you know, just digging into that a little bit more deeply. It’s clear, right that the US spends more on healthcare than any other country, not only in the industrialized world, but in the world period by period by several. By quite a magnitude. And so it’s not surprising to see that they spend more on cancer care, but the one thing that was interesting
in what Ryan was saying is that the percentage of that total expenditure of on healthcare that given countries spend on cancer care may be different.

Can you talk a little bit about how that fell when you compared the US to other countries?

Interesting question, and certainly something we want to explore more and further research because there was some variation in how much of the overall health is being spent on cancer care across countries, but overall it was relatively stable so there was some variation.
and we expected to see some variation, for instance because it’s well known that in the US we approve new cancer therapies more quickly than in other countries. Actually, there was just a study published a couple of weeks ago comparing the US and Europe and looking at how quickly a new drugs were approved here as opposed to in Europe, and there’s actually about a nine month delay, so they’re approved after FDA approval of a new cancer therapy in the US, average delay was about nine months before typical European country had it approved. But so they’re so good,
but at least you know me so well,

but they’re.

Isn’t necessarily a cause for a victory lap,

but only if the only evidence

of our systems efficacy is that

we’re approving drugs more quickly.

So the real question is,

is whether patients are benefiting.

So we we expected there would be some

variation in the percent of overall

healthcare being spent on cancer,

primarily because we know that there’s

variation across countries and how

quickly new drugs are being approved.

There’s also variation in how
the different companies help us.

Sorry, different Freudian slip.

How different countries health systems are established in the sense of allowing them to negotiate with pharmaceutical companies in the sense that in the US there’s not really room for negotiation with pharma as opposed to in other countries.

Coverage of new cancer therapies is not necessarily mandated, for instance.

Certain National Health systems could just say no.

If a new therapy is not thought to be producing high value for its population, they may not cover it and that leverage
which does not exist in the US.

The leverage can allow for lower prices in other countries.

So yeah,

that there’s plenty of reasons for variation in how much is being spent on cancer.

But at the end of the day, we’re actually a little surprised that there wasn’t as much variation in the percent of healthcare on cancer as we thought.

and I think most of the variation that we’ve seen in the overall cancer spending probably relates strongly to
simply to the overall health spending.

And did you control for Ryan?

Did you control for the fact that different countries may have a different cancer burden?

In other words, you would expect that countries that have a higher cancer burden who are diagnosing patients more frequently with cancer for whatever reason? Whether it’s you know.

Levels of obesity or smoking or alcohol or other risk factors, or whether there are particular genetic predispositions in a given population.
00:13:37.090 –> 00:13:38.820 of cancer across these countries?

00:13:39.500 –> 00:13:40.820 Yeah, that’s a great question.

00:13:40.820 –> 00:13:42.518 Umm, that’s also something Doctor Gross,

00:13:42.520 –> 00:13:43.972 and I debated quite a bit

00:13:43.972 –> 00:13:45.200 when we were starting out.

00:13:45.200 –> 00:13:50.001 So in short, we looked at population

00:13:47.986 –> 00:13:50.001 level cancer mortality rates rather

00:13:47.986 –> 00:13:51.886 than adjusting for the incidence

00:13:50.001 –> 00:13:51.886 of a given cancer because of that

00:13:51.886 –> 00:13:54.709 reason I was discussing earlier

00:13:54.709 –> 00:14:00.812 where countries that screen more

00:13:56.729 –> 00:13:58.772 aggressively may be detecting cancers

00:13:58.772 –> 00:14:00.812 that are indolent or not so aggressive.

00:14:00.812 –> 00:14:03.296 So purely taking or adjusting for

00:14:03.300 –> 00:14:05.406 the incidence of cancer across

00:14:05.406 –> 00:14:07.264 the incidence of cancer across
countries was something that we felt. That would introduce more bias than we wanted, and so we ultimately decided to purely look at cancer mortality rates. I will say, though, that we did adjust for smoking rates across different countries, so countries that smoke less will have lower cancer incidence and mortality and so that it is something that we try to adjust for within our study. The thing that I was getting at was really in terms of the cost. The higher the incidence you would expect that the higher the
NOTE Confidence: 0.909672573571429
00:14:38.811 –> 00:14:40.521 proportion of the healthcare budget
NOTE Confidence: 0.909672573571429
00:14:40.521 –> 00:14:42.330 would be going towards cancer.
NOTE Confidence: 0.909672573571429
00:14:42.330 –> 00:14:44.458 We’re going to have to pick up on
NOTE Confidence: 0.909672573571429
00:14:44.458 –> 00:14:46.022 this conversation right after we take
NOTE Confidence: 0.909672573571429
00:14:46.022 –> 00:14:47.910 a short break for a medical minute.
NOTE Confidence: 0.909672573571429
00:14:47.910 –> 00:14:49.618 Please stay tuned to learn more about
NOTE Confidence: 0.909672573571429
00:14:49.618 –> 00:14:51.696 the cost of cancer care and how that
NOTE Confidence: 0.909672573571429
00:14:51.696 –> 00:14:53.390 relates to outcomes with my guests.
NOTE Confidence: 0.909672573571429
00:14:53.390 –> 00:14:55.226 Doctor Terry Gross and Ryan Chow.
NOTE Confidence: 0.768329041272727
00:14:56.010 –> 00:14:58.176 Funding for Yale Cancer Answers is
NOTE Confidence: 0.768329041272727
00:14:58.176 –> 00:15:00.230 provided by Smilow Cancer Hospital,
NOTE Confidence: 0.768329041272727
00:15:00.230 –> 00:15:03.240 where you can view videos from their
NOTE Confidence: 0.768329041272727
00:15:03.240 –> 00:15:05.615 integrative medicine team by searching
NOTE Confidence: 0.768329041272727
00:15:05.615 –> 00:15:07.639 Yale Cancer Center Integrative
NOTE Confidence: 0.768329041272727
00:15:07.639 –> 00:15:09.663 Medicine playlist on YouTube.
NOTE Confidence: 0.768329041272727
There are over 16.9 million cancer survivors in the US and over 240,000 here in Connecticut. Completing treatment for cancer is a very exciting milestone, but cancer and its treatment can be a life changing experience. The return to normal activities and relationships may be difficult and cancer survivors may face other long term side effects of cancer, including heart problems, osteoporosis, fertility issues and an increased risk of second cancers. Resources for cancer survivors are
available at federally designated

Comprehensive cancer centers
such as the Yale Cancer Center
and Smilow Cancer Hospital
to keep cancer survivors well
and focused on healthy living,
the Smilow Cancer Hospital
Survivorship clinic focuses on
providing guidance and direction
to empower survivors to take
steps to maximize their health,
quality of life and longevity.
More information is available
at yalecancercenter.org. You’re
listening to Connecticut.
Public radio.

Welcome back to Yale Cancer Answers.

This is doctor Anees Chagpar and I’m joined tonight by my guests doctor Cary Gross and Ryan Chow. We’re talking about the cost of cancer care in the US and so right before the break we were talking about the study that Cary and Ryan just published recently looking at the US healthcare system compared to other high income countries and the cost of care, particularly the cost of cancer care and how that really relates to mortality.

Cary, in terms of the cost of care you
you’re finding really was that the US spends more per capita than any other country on the face of the planet. And when you multiply the proportion of that overall healthcare budget at times the proportion spent on cancer care which was relatively equal amongst all of the countries that you compared the US still spends more. Is that right? Yeah, and quite a bit more so. we’re spending about $200 billion per year on cancer care in the US and on the average per person. That’s not per person with cancer,
but just per person in the US.

You know that comes out to around $600.00 per person.

We're spending on cancer care and this compares to the average amongst the other wealthy, these are all wealthy, industrialized countries in the global global north.

In our sample the average was about $300.00 per person being spent on cancer care, and some of these countries were down to 200 per person.

So when we're thinking about the $200 billion per year being
NOTE Confidence: 0.8200174525
00:18:02.218 –> 00:18:04.894 spent on cancer in the US,
NOTE Confidence: 0.8200174525
00:18:04.900 –> 00:18:07.068 and the fact that that's you know three
times per capita seen in other countries,
NOTE Confidence: 0.8200174525
00:18:09.380 –> 00:18:10.840 it's also really important to
NOTE Confidence: 0.8200174525
00:18:10.840 –> 00:18:12.300 think about the experience of
NOTE Confidence: 0.8200174525
00:18:12.353 –> 00:18:13.788 patients with cancer and how.
NOTE Confidence: 0.8200174525
00:18:13.790 –> 00:18:15.094 For many of them,
NOTE Confidence: 0.8200174525
00:18:15.094 –> 00:18:15.746 they're struggling,
NOTE Confidence: 0.8200174525
00:18:15.750 –> 00:18:17.815 struggling to pay for these new therapies.
NOTE Confidence: 0.8200174525
00:18:17.820 –> 00:18:18.728 You know,
NOTE Confidence: 0.8200174525
00:18:18.728 –> 00:18:22.004 in some studies you know up to 1/4 of
NOTE Confidence: 0.8200174525
00:18:22.004 –> 00:18:24.460 patients with cancer are going into debt,
NOTE Confidence: 0.772522478
00:18:24.530 –> 00:18:27.498 so but just to clarify that when
NOTE Confidence: 0.772522478
00:18:27.498 –> 00:18:31.026 you talk about $600.00 per capita,
NOTE Confidence: 0.772522478
00:18:31.026 –> 00:18:33.610 2 questions, first of all,
that’s an annual expense.

Correct? And 2nd, is that $600?

Borne by the healthcare system,

in other words,

is that the amount that the government

is paying out as part of Medicare,

or is that the total amount

in terms of what industry,

is paying what pharma is paying,

what hospitals are paying?

Or is it?

What individuals are paying,

and if it is the latter,

does it include all of the

ancillary costs so you know when

you think about healthcare costs?
Certainly there are the costs of your copays. When you’re deductibles, but then there’s also the other cost right? The time off of work, the childcare and and everything else. So what really were the costs that were looked at? Yeah, that’s a great question. So for this study we focused on the big picture of global cost of basically all interactions with the healthcare system. Whether somebody was Medicare, Medicaid, private insurance. But when somebody went and received some form of care that relates to cancer.
What did the costs come out to?

And just to be clear, that $600.00 per person that’s not $600.00 per patient with cancer.

That’s $600.00 for each and every one of the 300 million people in the US.

So everyone if you if you were to spread out the investment in cancer across the entire population, that’s what it comes out to.

And as far as the yeah, the time costs the out of pocket costs.

Saw one study that just published a couple of years ago.

They estimated that the out of pocket costs.
After insurance and everything, was covering as much as it could, or over $16 billion per year for patients with cancer and the same study estimated the time cost with cancer, meaning the cost of actually going to and from treatments. Cost of missed work, etcetera. We’re about 5 billion. I think that’s a gross underestimate to be honest with you, I think what we’re not properly understanding or measuring. The the time cost that that takes to deal with cancer.
And so you know, Ryan, when we think about cost and we'll, we'll get to benefits in a minute. But I, I really want to dig into the cost side of things because I, you know, there's a difference between Kerry when you quoted, I think you quoted it was $200 billion, right? $600.00 per person spread out over the population so you can imagine for each cancer patient, given the fact that cancer doesn't affect every single individual for a given cancer patient. That $600.00 is probably more like you know 2 grand.
When we think about the number of people who get cancer in this country, uh, individually, but so. So the cost Ryan. Just to clarify that is not just the out of pocket cost for these individuals, but it also includes the costs that are borne by other sectors of the healthcare system. Is that right? Or is it only the out of pocket cost for individuals, right? So it. It does reflect the total healthcare spending, not just out of pocket costs,
so that would include a lot of these drugs do have some degree of insurance coverage, and so the total cost of those drugs is factored into our cost estimates, not just what the patient pays out of pocket. Yeah, because certainly you know the insurance company has a cost and the patient not only has their out of pocket costs, but they also have their deductibles. And so on and so forth, and so Carrie before we transition back to Ryan. Talk more about the benefits, just to clarify as well,
00:22:33.590 –> 00:22:35.540 this was not just about medications.
NOTE Confidence: 0.762933818695652
00:22:35.540 –> 00:22:37.950 This was about hospital stays.
NOTE Confidence: 0.762933818695652
00:22:37.950 –> 00:22:40.054 It was about surgeries.
NOTE Confidence: 0.762933818695652
00:22:40.054 –> 00:22:42.684 It was about radiation treatments.
NOTE Confidence: 0.762933818695652
00:22:42.690 –> 00:22:45.366 It was about was it about
NOTE Confidence: 0.762933818695652
00:22:45.366 –> 00:22:47.150 things like physical therapy,
NOTE Confidence: 0.762933818695652
00:22:47.150 –> 00:22:48.114 occupational therapy,
NOTE Confidence: 0.762933818695652
00:22:48.114 –> 00:22:51.488 which are also often part of that
NOTE Confidence: 0.762933818695652
NOTE Confidence: 0.91194515
00:22:54.040 –> 00:22:56.330 Yeah, that’s the key question
NOTE Confidence: 0.91194515
00:22:56.330 –> 00:22:58.617 is what is the what are the
NOTE Confidence: 0.91194515
00:22:58.612 –> 00:23:00.617 contributors to the overall cost
NOTE Confidence: 0.91194515
00:23:00.617 –> 00:23:02.997 and the variation across countries?
NOTE Confidence: 0.91194515
00:23:03.000 –> 00:23:04.666 And we’re not able to answer that
NOTE Confidence: 0.91194515
00:23:04.666 –> 00:23:06.468 in this study because we we focused
NOTE Confidence: 0.91194515
00:23:06.468 –> 00:23:07.956 on the big picture. Overall,
NOTE Confidence: 0.91194515
00:23:07.956 –> 00:23:11.524 how much is being spent on cancer care?
NOTE Confidence: 0.91194515
00:23:11.530 –> 00:23:13.654 And one thing I’ve noticed over
NOTE Confidence: 0.91194515
00:23:13.654 –> 00:23:15.670 the course of my career.
NOTE Confidence: 0.91194515
00:23:15.670 –> 00:23:17.455 Well, a lot of finger pointing happens.
NOTE Confidence: 0.91194515
00:23:17.460 –> 00:23:19.145 I’ve noticed that the Pharmaceutical
NOTE Confidence: 0.91194515
00:23:19.145 –> 00:23:21.199 industry loves to point out that
NOTE Confidence: 0.91194515
00:23:21.199 –> 00:23:22.779 how expensive hospitals are and
NOTE Confidence: 0.91194515
00:23:22.779 –> 00:23:24.779 hospitals love to point out how much,
NOTE Confidence: 0.91194515
00:23:24.780 –> 00:23:26.690 how expensive the drugs are
NOTE Confidence: 0.91194515
00:23:26.690 –> 00:23:28.218 and then radiation oncologists.
NOTE Confidence: 0.91194515
00:23:28.220 –> 00:23:30.894 They they compare their their cost to.
NOTE Confidence: 0.91194515
00:23:30.900 –> 00:23:32.760 You know other non radiation treatments.
NOTE Confidence: 0.91194515
00:23:32.760 –> 00:23:35.994 So I mean all of these different
NOTE Confidence: 0.91194515
00:23:35.994 –> 00:23:38.420 components add up substantially and
NOTE Confidence: 0.91194515
00:23:38.420 –> 00:23:40.380 they’re each important contributors.
One thing I’m hoping is to further clarify how these vary across countries. The different contributors to cancer costs, but B. Hopefully we’ll one day be able to get away from their finger pointing idea because it’s very easy to point out how important it is to look for cost savings elsewhere, and we could encourage more of the different sectors to roll up their sleeves and try to dial down costs in their own areas. And so Ryan, you know.
Transitioning now to really thinking about the benefits, we know that the US spends. An inordinate amount of money on health care and proportionately an inordinate amount on cancer care. So what did you find in terms of the actual benefit our, substantially better than other high income countries? The short answer is no, the US is not necessarily doing that much better than other high income countries. So to give you more of the data behind that, so across these.
Income countries that we looked at, the median mortality rate is about 91 deaths from cancer per 100,000 people in a year, and so in the US, that was 86 deaths from cancer per 100,000, and so that put the US at about seventh lowest out of 22 countries. So it’s doing better than the median country. But there is a caveat here and that has to do with smoking. So as I mentioned, smoking is a major risk factor for cancer mortality, and this is an area that the US has actually done a really good job.
And historically, historically, where the US smoking rate is much lower than a lot of other industrialized nations, and so if we account for that variation in smoking rates across countries, we actually find that the US cancer mortality rate is then only tenth lowest, and it’s actually pretty much comparable to the median high high income country. So bringing together what we are talking about with costs and now thinking about mortality, US spending twice as much on cancer care as the average high income country. But you know, cancer mortality rates in the US are
00:25:50.887 –> 00:25:53.437 pretty basically comparable to the average,

00:25:53.440 –> 00:25:55.416 so that tells us that you know there

00:25:55.416 –> 00:25:57.372 are still a lot of opportunities in

00:25:57.372 –> 00:25:59.166 areas for improving the US cancer

00:25:59.166 –> 00:26:01.200 care ecosystem that can really help

00:26:01.200 –> 00:26:02.890 patients live longer and better,

00:26:02.890 –> 00:26:04.900 and ideally at a more affordable

00:26:04.900 –> 00:26:05.950 price as well.

00:26:06.820 –> 00:26:09.118 Cary, then the obvious question,

00:26:09.120 –> 00:26:13.314 right is who was the winner in terms of

00:26:13.320 –> 00:26:14.370 outcomes versus cost?

00:26:16.270 –> 00:26:19.966 So yeah, there are several in that domain.

00:26:19.966 –> 00:26:22.414 Korea, Finland, Iceland,

00:26:22.414 –> 00:26:24.610 Spain, Sweden. You know,

00:26:24.610 –> 00:26:26.910 countries with National Health systems,
countries that have good, prevention and screening efforts, but also some of these countries that they might have had. Some of them have higher smoking rates than the US, and you know, many of these countries benefited from the fact that the US has such a robust research, infrastructure and many of the new cancer treatments used across the world are generated in the US. So you know by these important metrics. Looking at cost and survival, there are several countries that are doing better, but also it’s important to
understand what we’re doing so well.

Here you know what we are.

We have a low smoking rates.

We have excellent Cancer Research.

We have good cancer screening rates,

so I think we can all learn from.

Well, each other countries are doing and you know I’m just concerned that some to be honest and I haven’t said this yet.

The the origin of this particular study is from dates back to a different study that was roughly 10 years ago that was just a very Pollyannaish study that looked at
survival after a cancer diagnosis

and Ryan described earlier why that can be problematic that you know, some countries have higher cancer screening rates than others. That, uh, it could be deceptive. It could make it look like maybe you have better cancer outcomes, but this old study looked at cancer survival rates and and said that the US was doing better than everybody else. So the higher costs are worth it. And as you know, they all this data kept coming in about financial toxicity and concerns about whether drugs are effective in
the real world as they were in the initial studies and other studies coming in, showing that maybe other countries are doing better. With their population level, mortality really just kept driving home this question that we have to really learn from different national approaches to to healthcare, to Wellness and to, you know, payment reform.

Doctor Cary Gross is a professor of medicine and of epidemiology, and Ryan Chow is an MD PhD student at the Yale School of Medicine.
If you have questions, the address is canceranswers@yale.edu.

and past editions of the program are available in audio and written form at yalecancercenter.org.

We hope you’ll join us next week to learn more about the fight against cancer here on Connecticut Public.

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