## **Editorial**

The costs of new cancer treatments are often high and the additional burden that is placed on the hospital budget raises concerns. This special issue addresses the economics of cancer treatment by reviewing the literature on the contribution of new and existing drugs to cost-effective cancer treatment, and presents some new results. The first part describes the basic methods of economic evaluation. Next, methodological and practical issues concerning economic evaluation in general and in cancer treatment in particular are discussed. As cancer treatment itself may have an impact on quality of life, not only life length, but also quality of the years gained will be considered as outcome of treatment.

The second part presents the costs and effects of new and existing treatments in several patient groups. The state of the art in the following patient groups is reviewed: breast cancer (chemotherapy and endocrine therapy), ovarian cancer (curative and palliative chemotherapy), non-Hodgkin's lymphoma (standard chemotherapy and high-dose chemotherapy followed by bone marrow or stem cell rescue) and multiple myeloma (whole treatment process, including transplantation and follow-up).

The final part deals with the administration of new and expensive drugs in several patient groups. First, the use of taxanes both in breast cancer and in ovarian cancer is discussed. Then, the costs and effects of the administration of hematopoietic growth factors in high-dose chemotherapy is presented. The last paper focuses on the costs and effects of administering recombinant erythropoietin in cancer chemotherapy-induced anemia.

Note that economic evaluation is intended to supply health policy at different levels of decision making. Such information may assist policy makers in formulating regulatory policies and legislation, industry in developing products, health professionals in treating and serving patients, and consumers in making personal health decisions. However, decisions should not be based on the results of economic evaluation alone—economic evaluations are used to inform decision making, not to replace it. Therefore, results of economic evaluations should be used carefully.

Finally, I thank all authors for their contribution to this special issue.

## Carin A Uyl-de Groot

Institute for Medical Technology Assessment, Erasmus University Rotterdam, PO Box 1738, 3000 DR Rotterdam, The Netherlands. Tel: (+31) 10 408 8581; Fax (+31) 10 452 2511.