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Editorial

Economics in Cancer Care

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THIS ISSUE of the Journal contains two papers that discuss different aspects of the economics of cancer care. First, Kesteloot [1] (pp. 1406–1409), points to the changing environment in health care, whereby new technologies may not be reimbursed unless there is evidence of value for money. Secondly, the *European School of Oncology Advisory Report on Cost-effectiveness in Cancer Care* reviews the existing literature [2] (pp. 1410–1424) and finds it to be deficient in a number of areas, despite recent important contributions [3, 4].

This suggests that it is time to set in motion a series of activities that will generate better evidence on the cost-effectiveness of cancer treatments and programmes in the future. In particular, attention needs to be paid to the following issues.

First, economic evaluations should use effectiveness data from randomised controlled trials, either a single trial or a systematic overview of a number of trials. Secondly, clinical trials forming a basis for economic evaluation should include measurement of relevant endpoints, such as survival and quality of life. Thirdly, for cost-utility analysis, where health improvement is expressed in quality-adjusted life-years (QALYs), a recognised health state preference ('utility') measure should be included in the clinical trial. Fourthly, economic evaluations should include a relevant

range of costs. These will include not only the costs of the therapies concerned, but also the costs of treating side effects and the costs of follow-up. Fifthly, the quantities of resources used in treatment, and the prices used to value them, should be reported separately. Unthinking use of charges should be discouraged.

Finally, the uncertainty in cost or cost-effectiveness estimates should be clearly displayed, and care should be exercised when making comparisons of the relative cost-effectiveness of health care interventions in rankings or 'league tables'.

This should be a multidisciplinary effort, involving clinical researchers, epidemiologists, social scientists and health economists. Hopefully, those reading the two articles in this issue will be motivated to play their part in generating better evidence on the cost-effectiveness of cancer therapies in the future.

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1. Kesteloot K. The economics of reimbursement and technological change in cancer care. *Eur J Cancer* 1995, 31A, 1406–1409.
 2. Williams C, Coyle D, Uyl-de Groot C, *et al.* European School of Oncology Advisory Report to the Commission of the European Communities for the "Europe Against Cancer Programme". Cost-effectiveness in cancer care. *Eur J Cancer* 1995, 31A, 1410–1424.
 3. Smith TJ, Hillner BE, Desch CE. Efficacy and cost-effectiveness of cancer treatment: rational allocation of resources based on decision analysis. *J Natl Cancer Inst* 1993, 85, 1460–1474.
 4. Yardley PA. The challenges in studying the socioeconomic dimensions of cancer therapy. In Champey Y, Hillman AH, eds. *The Medicine Group for the Rhône-Poulenc-Rorer Foundation*, 1995.