

# Expanding the Scope of Evidence-Based Cancer Care

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## KEYWORDS

- Value-based cancer care • Cancer costs • Quality • Patient-centered outcomes
- Value framework • Health care disparities

## KEY POINTS

- Although value in cancer care has not been defined formally, the essential components of cancer care research to determine value include quality measures, patient-centered outcomes, and costs.
- Major disparities in cancer outcomes exist, and research to uncover where disparities exist, how they change over time, and what actions can successfully reduce disparities is critical.
- Expanding the scope of oncology research by defining and promoting high value cancer care has the potential to redefine cancer care in a way that is beneficial to patients and society.

## INTRODUCTION

The cost of cancer care in the United States is rising and is projected to reach \$173 billion yearly by 2020, a 39% increase from 2010 costs.<sup>1</sup> Although cancer care costs represent only about 5% of overall health care spending in the United States currently, the costs are increasing more quickly when compared with other areas of health care.<sup>2–4</sup> Despite increased spending on cancer diagnoses and treatments, the outcomes for patients with cancer have not kept pace with spending<sup>5</sup>; the United States lags behind other countries in health gains obtained per dollar spent on cancer drugs.<sup>6</sup> High drug costs paired with modest or uncertain survival benefits contribute to this gap, as do the high costs of nondrug aspects of cancer care (hospitalizations, physician fees, etc), overuse and underuse, cancer care disparities in the United States, and variable access to care.<sup>7</sup>

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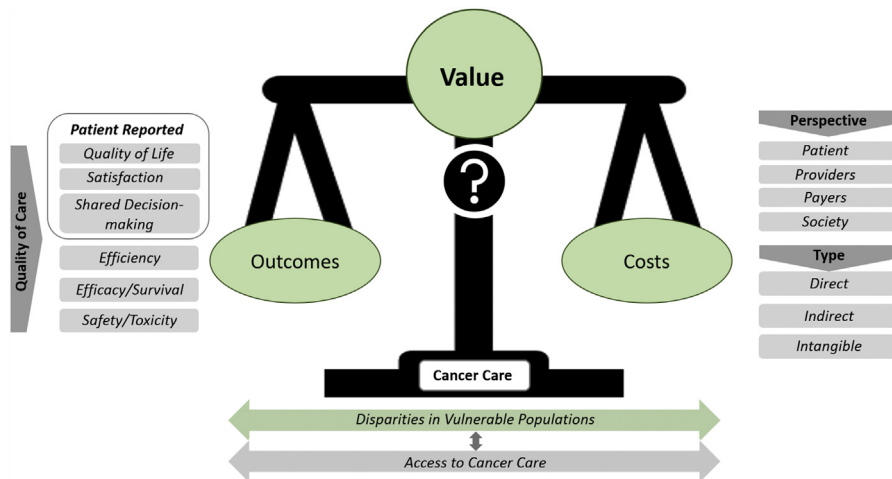
Although priorities for cancer research have resulted in the approval of many new cancer drugs and treatment regimens, the benefits of these advances have not been realized by the whole US population. Only 3% of adult patients with cancer enroll in clinical trials in the United States.<sup>8</sup> Although the reasons for this are multifactorial, a main contributing factor is narrowly defined eligibility criteria that result in younger, healthier, lower risk patients being enrolled. As a result, the drugs and treatments studied may not be generalizable, and providers often struggle to apply the available data from clinical trials to the real-world patients they are treating.<sup>7</sup>

This article explores how oncology research can be expanded to ensure that spending on cancer research results in maximum benefit for the broad, diverse population of patients with cancer. There has been a shift in recent years to focusing on the value of care and the quality of care, which view cancer care with the perspective of the patient at the center and cover the entire spectrum of cancer care. Because there is no agreed-upon definition for what defines value in cancer care, we provide an overview of the various contributions to defining value and quality in oncology (Fig. 1). We outline how cancer care costs are measured in the United States and explore the outcome measures that have been proposed and implemented to enable us to assess value in oncology.

## WHAT IS HIGH-VALUE CARE IN SURGICAL ONCOLOGY?

### Defining Value

Although there is a general desire to focus on value in health care, there has been difficulty achieving consensus on the definition of value. The 2010 Patient Protection and



**Fig. 1.** Conceptualizing value in cancer care. There is no currently accepted view of what defines value in cancer care. Broadly, the central component of value is the relationship of cost and outcomes where high value implies better outcomes at a lower cost). Quality of care is multifaceted and incorporates traditional outcomes such as survival, efficacy of treatment, and safety, as well as newer outcome measures that recognize the importance of patient preference and goals. Costs are varied and can be described from several perspectives. Direct costs and indirect costs can be assigned a dollar amount, whereas intangible, nonmonetary costs, such as suffering and emotional distress, are difficult to quantify. Additionally, disparities and varied access to care contribute to both cancer outcomes and costs to various degrees and are important to consider when assigning value to cancer care delivery. Ultimately, a central framework for which outcomes and costs are critical for value determination in cancer care can help to balance the scale for various treatment options.

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