EDITORIAL

Health economics of breast cancer management: An oversight

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Cancer is a global health problem with profound healthcare, social and economic consequences. Breast cancer tops the list of cancer cases in women and approximately 1 in 8 women is diagnosed with this disease[1]. In the past two decades, major breakthroughs have been achieved in the treatment of breast cancer. Every year, researchers explore newer therapeutics which pave the way towards better treatment outcomes. However, these new therapeutics pose an extra burden on the already compromised economies all over the world. Moreover, the implementation of properly qualified breast cancer centers, comprehensive multidisciplinary teams and the institution of quality assurance measures to help foster a standard of care for breast cancer management require considerable costs[2]. The proper assessment of aspects relevant to breast cancer health economics should be conducted after joint discussion between breast cancer physicians and experts in health economics and quality of medical care[3].

A frequently overlooked issue in measuring the advances in breast cancer management has been the impact of these advances on healthcare resource utilization. In the current issue of Advances in Modern Oncology Research, a population-based study evaluating the economic burden of patients with inoperable advanced breast cancer receiving early or late capecitabine or trastuzumab as second-line treatment, is being presented[4]. The authors found that early or late capecitabine or trastuzumab administration after first-line anthracycline or taxane-based treatments did not exhibit a change in healthcare resource utilization. In addition, the 1-year healthcare costs did not differ significantly for patients treated with early or late capecitabine. However, patients receiving trastuzumab continue to face an economic burden. Such findings are particularly relevant for the decision-making process in low- and middle-income countries when dealing with breast cancer treatment on a national basis. I believe that further health economics studies are eagerly needed to guide proper decisions in breast cancer management.

Conflict of interest

The author declared no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

References