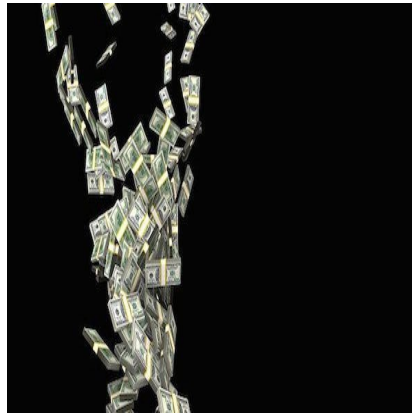




US Outspends Europe On Cancer Care But Mortality Remains High



A report that presents results “substantially contrary to previous findings” suggests that cancer mortality rates in the United States have only modestly decreased since 1970, even with significant spending on cancer treatment. Compared to Western European countries, the US spent more money, but did not save more lives. Furthermore, the cancer deaths which were prevented were more likely to be related to improvements in screening, rather than treatment breakthroughs.

The investigation was conducted by Samir Soneji, PhD, of the Norris Cotton Cancer Center and the Dartmouth Institute for Health Policy & Clinical Practice. The paper, “New Analysis Reexamines the Value of Cancer Care in the United States Compared to Western Europe”, appears in the March issue of *Health Affairs*.

Cost-Effective Cancer Death Prevention

The study compared spending in the US and Western Europe on 12 of the most common types of cancer, between 1982 and 2010. Cancer mortality rates declined by 12 percent since 1970, while heart disease deaths decreased by 62 percent. The discrepancy caused some to question the value of cancer care in the US, and whether the substantial expenditures result in a proportional improvement in survival.

Between 1982 and 2010, the US averted 67,000 deaths from breast cancer, 265,000 deaths from colorectal cancer, and 60,000 deaths from prostate cancer. The incremental cost to quality-adjusted-life years saved amounted to \$402,000 for breast cancer, \$110,000 for colorectal cancer and a whopping \$1,979,000 for prostate cancer. These figures are beyond the typically accepted thresholds for cost-effective care.

Same Data, Different Results

The findings contradict a previous report that was published in the same journal and cited in the Economic

Report of the President in 2013. That study used the same data as those used by Soneji and his group, but the findings differed substantially, particularly for breast cancer and prostate cancer. To promote transparent discussion and encourage replication of his results, Soneji has made the data and his procedures available to other scholars via the Dataverse open-access repository.

Soneji will now turn his attention to whether improved access to preventive care services, as provided by the Affordable Care Act, is translating to better use of those services. Positive findings would indicate that the health care reform underway in the US will lead to more averted cancer deaths, and in a manner that is more cost-effective than total reliance on treatment.

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Source: [Dartmouth-Hitchcock Norris Cotton Cancer Center](#)

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