

Cancer specialist predicts changes in care philosophy

By Peter Pallot

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Cancers are set to become manageable long-term conditions "lived with" in a way similar to diabetes, according to a leading authority.

Improvements in cancer care would have a huge impact on health budgets because scores of very expensive life-prolonging drugs were due for launch, a recent conference of medical insurers was told.

Prof Karol Sikora, a London-based oncologist credited in the 1990s with bringing to light failings in Britain's cancer services, predicted an end to the "ridiculous pyjama model" of hospital care.

Rather than long hospital stays, patients would "pop in" for a quick treatment or check on their condition - a maintenance regime spreading over many years.

A former head of the World Health Organisation cancer programme, Prof Sikora said care would become an issue of long-term management.

He added: "It will be rather like diabetes - gadgetry, monitoring, sophisticated molecular diagnostics. The patient won't have to come into hospital. Even the surgery will be minimalised, robotic, minimally invasive, same-day service, then radiotherapy, chemotherapy done in an out-patient setting. There will be a lot more ambulatory care centres. That's going to be the future."

Tests would help doctors spot people prone to particular cancers, just as blood cholesterol tests currently monitor heart patients. These "bio-markers of risk" were coming in over the next five years, said Prof Sikora.

He told the meeting, in Barcelona, that care would increasingly come from specialist international companies, offering an all-encompassing service.

He said: "Clearly, providing good cancer care is the same in Barcelona, as in Bognor, as in Bombay."

The high prices linked to "super drugs" were beginning to surface, he added. The annual cost of breast-cancer drug Herceptin, often quoted at £40,000, was in fact £60,000 - while colon-cancer therapy Avastin was £70,000.

Such prices present such a challenge to taxpayer-funded health systems and private insurers alike that some additional contribution would be sought from the patient, he said.

While countries pursued very different ways of paying for healthcare, rising cancer costs would force state providers and insurers to a middle way.

Prof Sikora said: "What I think will happen is a blurring of the boundaries. There will be co-payments (in which the patient pays a proportion of the cost of treatment) coming in to predominantly state-provided services; there's a sort of inevitability [about it]."

Prof Sikora questioned the notion that medical intervention in terminal cancer was always desirable, even if it was "music" to drug company executives' ears.

Many of the expensive drugs currently available often prolonged life only by a few weeks.

Expenditure on cancer drugs rose dramatically at the very end of life. American data showed that in cancer patients, 80pc of drug expenditure occurred in the last three months of life.

"Drugs are the area where we see the most blatant commercial marketing," he told the meeting, organised by the International Federation of Health Plans, representing medical insurers worldwide.

Prof Sikora said patient advocacy groups, funded by manufacturers, were wonderful at stoking demand.

The campaign to get Herceptin on the NHS before it was approved by the assessment body Nice (National Institute for Health and Clinical Excellence) probably would not have succeeded so well had the medication been for prostate cancer, he said.

But he added that Nice performed an essential role in giving a "rational" verdict on new treatments, although its machinery was too slow.

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