

Bladder Cancer Economics

Although five times the amount of money is allocated for prostate cancer, bladder cancer is more costly to treat! News from the UK, see below

The health economics of bladder cancer: a comprehensive review of the published literature.

Botteman MF, Pashos CL, Redaelli A, Laskin B, Hauser R. Abt Associates Inc, Bethesda, Maryland 20814, USA. *Pharmacoeconomics*. 2003;21(18):1315-30.

Abstract:

The aim of this paper was to conduct a critical systematic review of the available literature on the clinical and economic burden of bladder cancer in developed countries, with a focus on the cost effectiveness of interventions aimed at reducing that burden. Forty-four economic studies were included in the review.

Because of long- term survival and the need for lifelong routine monitoring and treatment, the cost per patient of bladder cancer from diagnosis to death is the highest of all cancers, ranging from 96000-187000 US dollars (2001 values) in the US. Overall, bladder cancer is the fifth most expensive cancer in terms of total medical care expenditures, accounting for almost 3.7 billion US dollars (2001 values) in direct costs in the US. Screening for bladder cancer in the general population is currently not recommended.

The economic value of relatively new and less expensive urine assays and molecular urinary tumour markers has not been assessed. However, the literature suggests that screening patients suspected of having bladder cancer and using less invasive diagnostic procedures is cost effective.

Very few cost-effectiveness studies have evaluated intravesical therapies such as bacillus Calmette-Guerin and mitomycin in the management of superficial disease and no robust recommendations can be drawn. Economic analyses suggest that non-surgical treatment strategies for the management of invasive disease aiming at bladder preservation may not be cost effective, because they have not consistently demonstrated survival benefits and do not eliminate the need for subsequent radical cystectomy.

The literature suggests that the current conventional frequent follow-up and monitoring of patients can be cost effectively replaced by less frequent and less invasive monitoring, and should rely more heavily on intravesical chemotherapy to reduce the need for cystoscopies. Bladder cancer is a fairly common and costly malignancy. Nevertheless, the existing literature only contributes marginally to our knowledge concerning the burden of bladder cancer and the economic value of various interventions.

The limited value of the literature in this area may be attributed to (i) being published as abstracts rather than full peer-reviewed evaluations; (ii) employing questionable methodologies; and (iii) being in many cases nearly obsolete, rendering them less relevant to, if not in conflict with, current clinical practice. Consequently, opportunities exist to conduct meaningful economic research in all areas of the management of bladder cancer, including screening, diagnosis, follow-up and treatment, especially

with respect to new and innovative pharmaceutical and other technologies.

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The economic consequences of prostate and bladder cancer in the UK. Sangar VK, Ragavan N, Matanhelia SS, Watson MW, Blades RA. Department of Urology, Lancashire Teaching Hospitals NHS Trust, Royal Preston Hospital, Preston PR2 9HT, Lancashire, UK.

OBJECTIVE: To compare the costs of managing prostate and bladder cancer and relate them to current expenditure on research, as the increasing prevalence of both necessitates the adequate direction of resources.

METHODS: All new prostate and bladder cancers diagnosed in 2001-2002 were identified from British Association of Urological Surgeons Section of Oncology database (national and local). The total cost of diagnosing, treating and following patients for 5 years was estimated as the sum of direct costs (National Health Service) and indirect costs (loss of earnings). Annual research fund allocation (RFA) for each cancer were obtained from the National Cancer Research Institute UK.

RESULTS: There were 15 099 and 7703 patients with newly diagnosed prostate (mean age 72.3 years) and bladder cancers (mean age 71.3 years). The total cost for prostate cancer was estimated at 92.74 million UK pounds, with hormonal therapy alone costing 63.1 million UK pounds. The total cost for bladder cancer was 55.39 million UK pounds, of which superficial disease cost 35.25 million. The mean cost per patient was more for bladder than for prostate cancer (8349 UK pounds vs. 7294). The RFA allocation during this period was 20.56 million UK pounds and 4.62 million UK pounds for prostate and bladder cancer, respectively, and the respective RFA allotment per pound spent on the mean cost of disease management per patient was 2818 UK pounds and 553 UK pounds.

CONCLUSION: Individual patient management is more costly for bladder cancer but less is invested in research than for prostate cancer. This study suggests a need to re-evaluate future strategies.

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