

# New York Times questions spending on “Extremely Expensive Cancer Drugs”

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Barely a week goes by that the *New York Times* does not present another argument for cutting “wasteful” Medicare spending on drugs and medical procedures. The latest note in this constant drumbeat comes in the form of an editorial published Wednesday entitled, “Extremely Expensive Cancer Drugs,” which questions the use of Provenge to treat prostate cancer and Avastin for breast cancer.

The editorial begins by pointing to a recent decision by Medicare to pay for these two drugs under conditions where they “provide limited medical benefits.” The authors then adopt an air of sympathy for the beneficiaries of these “limited” benefits, writing, “For these patients, even a few more months of life is beyond price.” In fact, the piece goes on to argue that every treatment has its price and is a valid candidate for the chopping block.

The *Times* has been a faithful campaigner for the Obama administration’s health care legislation as the first step in an overhaul promoting deep cuts to health care spending, particularly to the Medicare program for seniors. Opinion pieces in the *Times* have targeted pacemaker “overtreatment,” statin drug therapy and lung cancer tests, to name just a few. In each case, the reader is asked to take a “realistic” look at outrageous sums that are being squandered on an aging population with limited results.

The latest piece continues on this theme—and is no less disingenuous and cynical in the process. First noted is the recent decision of the Centers for Medicare and Medicaid Services that Medicare pay for the use of Provenge. The drug is prescribed for men whose advanced prostate cancer has spread beyond the prostate gland and is no longer responding to hormone therapy.

The *Times* notes that the drug is tailor-made for each

patient by manufacturer Dendreon “to spur his immune system to attack the tumor.” What is particularly worrisome, in the authors’ opinion, however, is the cost of treatment and the limited results achieved. Each course of treatment costs \$93,000, and in clinical trials the drug “extended median survival time by only four months compared with a placebo.”

Of course, under any health care scenario—including a system of socialized medicine—cost-benefit analysis cannot be completely discounted. The resources required to produce a drug or carry out a procedure need to be assessed, and measured up against a treatment’s potential to save lives and improve quality of life. While the editorial’s authors would like us to believe this is their approach, in reality something more sinister is at work.

They note in passing that the \$93,000 per treatment of Provenge is “far more than most patients can pay.” In other words, the vast majority of men would be unable to obtain the drug if Medicare didn’t cover it. For the super-rich and more well-off sections of society, treatment could be paid for out-of-pocket. But since it “only” extends survival time by four months, the *Times* advises it should be cut from Medicare coverage.

The second drug addressed in the editorial is Avastin, a drug for advanced breast cancer produced by Genentech. The *Times* begins by making the sweeping statement that the drug “provides almost no benefit for the typical woman with advanced breast cancer.” They write that when combined with other drugs in clinical trials, Avastin “delayed the median time at which tumors started to grow worse from one to 5.5 months. But it failed to extend the lives of patients or improve their quality of life, and in some patients it caused severe side effects.”

It is not within the scope of this article to make an in-

depth analysis of the data gathered from clinical studies on the efficacy of Avastin. One of the difficulties in gauging the effectiveness of any drug, particularly one for the treatment of advanced-stage cancer, lies in the fact that a potentially life-saving drug is tested alongside a placebo. If the study follows patients to the end of life, patients receiving the placebo may drop out of the study if they do not see improvement. They may then go on to use the drug being tested, and their favorable results may not be included in the study results.

Suffice it to say that the *Times*' blanket statement that Avastin "provides almost no benefit" is at odds with many respected oncologists and their patients who have seen results in a group of advanced breast cancer sufferers who are "super-responders" to the drug. And again, what is of real concern to the editorial's authors is the cost. The \$88,000 a year price tag is just too steep a price for Medicare to pay for the "average" advanced breast cancer patient.

This brings us to another question. The entire discussion on the pages of the *Times* on what they describe as the outrageous amounts of money being squandered on Medicare is framed within the following argument: The government simply cannot afford this wasteful spending and all Americans must begin to live within their means and share in the sacrifice. The obvious choices for cutbacks are pricey drugs and treatments that really do very little, and "only" prolong life a few months at best for those who are going to die soon anyway.

Totally left out this equation are the trillions of dollars in taxpayers' money that have been spent to bail out the banks, and to finance a growing list of imperialist wars. Another untouchable topic for the *Times* is the billions of dollars in profits being hauled in by the health care industry, including the insurance companies, the giant hospital chains and the pharmaceuticals.

These corporate interests stand to profit handsomely as a consequence of the Obama administration's health care "reform"—while working class families and retirees will suffer as a result of the hundreds of billions of dollars cut from Medicare, Medicaid and other vital social programs.

In relation to the drugs discussed in the July 6 editorial, Provenge and Avastin, the *Times* also chooses

not to address another inconvenient fact: the large sums of money being made by their manufacturers.

Genentech, maker of Avastin, brings in about \$500 million to \$1 billion in revenue annually through sales of the drug. If Provenge is approved for use in treatment of early-stage prostate cancer in addition to the advanced state of the disease, manufacturer Dendreon could be looking at a \$10 billion annual market for the drug.

Under the current set-up, however, where the lives and health of the population are subordinated to corporate profits, the crisis in the health-care system is likened to a natural disaster that can only be dealt with by slashing medical services and spreading misery for the vast majority of the population. The parasitic profit making of the health care industry goes unchallenged.



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