

LETTERS TO THE EDITOR

JOYCE P. GRIFFIN-SOBEL, RN, PhD, AOCN®, APRN-BC—EDITOR

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Joyce P. Griffin-Sobel, RN, PhD, AOCN®, APRN-BC
Hunter-Bellevue School of Nursing
749 West End Ave., Apt. 9B, New York, NY 10025
CJONEditor@ons.org

Reader Comments on the Cost of Cancer Care

I would like to make a correction to the article, “Advanced Colorectal Cancer: Current Treatment and Nursing Management With Economic Considerations,” by Pamela Hallquist Viale, RN, MS, CS, ANP, AOCNP, Anita Fung, PharmD, and Laura Zitella, NP, AOCN®, in the October 2005 issue (Vol. 9, pp. 541–552). The sentence regarding bevacizumab (p. 550), “Adding bevacizumab to 5-FU [5-fluorouracil] and LV [leucovorin] or irinotecan for eight weeks of therapy totals about \$21,000,” is incorrectly quoted from the reference. The reference states that for a patient with colorectal cancer who is 170 cm tall and weighs 70 kg, the FOLFOX regimen (5-FU plus LV and oxaliplatin) costs \$11,889, and FOLFOX combined with bevacizumab costs \$21,033 (Schrage, 2004). Schrage did not comment on the cost of bevacizumab with 5-FU and LV or irinotecan, which, historically, are less expensive regimens. I strongly believe that the cost of cancer care and the impact of the financial consideration on the system, society, and, most importantly, the patient, should be an open and honest discourse in oncology. I also believe that it is important to represent the cost of treatments in a correct and fair manner as well, to be associated with the improvement in overall sur-

vival and cost of life-year saved by those treatments.

*Cherie Toftbagen, RN, MEd, BSN, OCN®
Clinical Oncology Specialist
Genentech BioOncology
Renton, WA*

Schrage, D. (2004). The price tag on progress—Chemotherapy for colorectal cancer. *New England Journal of Medicine*, 351, 317–319.

The Author Responds

You are right in pointing out that the sentence is incorrect as written; it should have said “5-FU plus LV and irinotecan, when given as the drug combination FOLFIRI. . . .” Schrage (2004) discussed costs in a table that indicates that the combination of FOLFIRI and bevacizumab was associated with 2004 drug costs of \$21,399 for an eight-week time period versus FOLFOX with bevacizumab at a cost of \$21,033 during the same time period. For patients receiving irinotecan with bolus 5-FU and LV (IFL) alone for eight weeks, the costs were estimated to be \$9,539. The addition of bevacizumab to FOLFIRI or FOLFOX essentially doubles the cost of therapy (Schrage). FOLFOX has been shown to be a more costly regimen than IFL; a recent publication explored the cost-effectiveness of the two therapies using a post-hoc, incremental cost-effectiveness projection that studied simulated cohorts

of patients receiving either therapy (Hillner, Schrage, Sargent, Fuchs, & Goldberg, 2005). The results showed that FOLFOX provided significant benefits, although substantial costs were associated with the therapy. The increasingly high expenditures for innovative therapies such as targeted agents and monoclonal antibody therapies will continue to be a subject for discussion in the future. The extension of life for patients with cancer may come at a significant cost; the decisions of how to pay for therapy and which treatments should be covered already are under debate. To increase the survival of patients with metastatic colorectal cancer from 8 months to more than 21 months is exciting. The cost of current and future cancer therapies will continue to be of increased interest for healthcare providers, the government, healthcare plans, and pharmaceutical companies.

*Pamela Hallquist Viale, RN, MS, CS,
ANP, AOCNP
Oncology Nurse Practitioner
Saratoga, CA*

Hillner, B.E., Schrage, D., Sargent, D.J., Fuchs, C.S., & Goldberg, R.M. (2005). Cost-effectiveness projections of oxaliplatin and infusional fluorouracil versus irinotecan and bolus fluorouracil in first-line therapy

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