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# PATRICK MALONE ASSOCIATES

## Better Healthcare Newsletter from Patrick Malone



Whatever your political leanings, you have to appreciate President Biden's deep personal and tragic connection to the No. 2 killer of Americans, cancer. The disease killed his oldest adult son in the prime of his life, right before Biden's eyes. So the President's new call for a "moonshot" to cut in half the death toll of cancer over the next two decades is beyond admirable.

But, as the President himself might say, "Here's the deal." There are significant issues that are making the long war on cancer a grueling campaign. Savvy patients need to know about five key problems. The goal is simple: Let's stay happy and healthy in '22 and beyond!

### 1. A cancer 'moonshot'? It's good. But let's look at progress to date first.

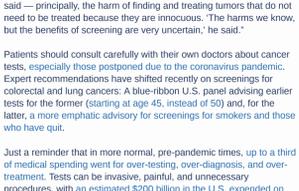
Progress is occurring in the battle against cancer. As CNN recently reported, based on an annual research report from the American Cancer Society:

"The overall cancer death rate dropped by about a third (32%) from its peak in 1991 to 2019, from about 215 deaths for every 100,000 people to about 146, averting about 3.5 million deaths during that time ... The [society] projects that there will be about 1.9 million new cancer diagnoses and more than 609,000 cancer deaths in the United States in 2022, including about 350 deaths per day from lung cancer, the leading cause of cancer death."

The society also reported this:

"Cancer survival is typically described in terms of relative survival, which is a measure of life expectancy among cancer patients compared to that among the general population of the same age, race, and sex. The 5-year relative survival rate for all cancers combined has increased substantially since the early 1980s, from 29% to 69% among white people and from 27% to 63% among black people. Improvements in survival reflect advances in treatment, as well as earlier diagnosis for some cancers. Survival varies greatly by cancer type and stage, as well as age at diagnosis."

### 2. Screenings can help — and harm



So why are we already doing a lot better than a few decades ago? Is it cancer screening? Yes, and no.

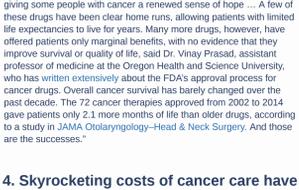
Advocates heavily promote cancer screenings — and for some types of cancer, there are big benefits. Here's the big but: patients need to be wary of excess exuberance about testing. As the New York Times reported of Biden's call, for example, for increased cancer screening:

"More screenings are not the answer — the only cancers for which screening has indisputably lowered the death rate are colon and cervical. Death rates for other cancers, like breast, have fallen, but a large part of the drop, if not all of it, is because of improved treatment, said Donald A. Berry, a biostatistician at the University of Texas M.D. Anderson Cancer Center who has spent decades studying these issues. 'Everybody loves early detection, but it comes with harms,' he said — principally, the harm of finding and treating tumors that do not need to be treated because they are innocuous. 'The harms we know, but the benefits of screening are very uncertain,' he said."

Patients should consult carefully with their own doctors about cancer tests, especially those postponed due to the coronavirus pandemic. Expert recommendations have shifted recently on screenings for colorectal and lung cancers: A blue-ribbon U.S. panel advising earlier tests for the former (starting at age 45, instead of 50) and, for the latter, a more emphatic advisory for screenings for smokers and those who have quit.

Just a reminder that in more normal, pre-pandemic times, up to a third of medical spending went for over-testing, over-diagnosis, and over-treatment. Tests can be invasive, painful, and unnecessary procedures, with an estimated \$200 billion in the U.S. expended on medical services that little benefited patients.

### 3. For patients, daunting struggles with complexity and uncertainty in care



As medical science makes advances in cancer diagnosis and treatment, patients increasingly must grapple with agonizing choices. They're complex, and there are no certainties. And frankly, there are some reports ready to take advantage of desperate people.

The psychological burdens — and harms — of the disease can be profound, especially for patients with aggressive or advanced cancers. Big Pharma, drug industry regulators, and the news media don't make the situation easier, as they can dangle unreal hopes about novel therapies that may be impossible for patients to access and may not offer the hyped outcomes.

Many people hear news reports about promising cancer drugs. Researchers say that makers and regulators, indeed, have allowed rising numbers of such prescription medications to pour on to the market, many on an expedient basis. But critics say too many of these meds win federal Food and Drug Administration approval not based on whether they improve the quality or duration of patients' lives. Instead, doctors may be permitted to prescribe them because of the drugs' effect on "surrogate endpoints." This means they may shrink tumors for a time or reduce certain substances or "biomarkers" linked to cancers. How can already serious ill patients and their families sort out the nuances of these drugs and whether they should take them? Some specialists refer to doctor-patient discussions about late-stage, experimental treatment as "desperation oncology."

As the independent Kaiser Health News Service has reported:

"Pushed by patient advocates who want earlier access to medications, the FDA has approved a flurry of oncology drugs in recent years, giving some people with cancer a renewed sense of hope ... A few of these drugs have been clear home runs, allowing patients with limited life expectancies to live for years. Many more drugs, however, have offered patients only marginal benefits, with no evidence that they improve survival or quality of life, said Dr. Vinay Prasad, assistant professor of medicine at the Oregon Health and Science University, who has written extensively about the FDA's approval process for cancer drugs. Overall cancer survival has barely changed over the past decade. The 72 cancer therapies approved from 2002 to 2014 gave patients only 2.1 more months of life than older drugs, according to a study in JAMA Oncology—Head & Neck Surgery. And those are the successes."

### 4. Skyrocketing costs of cancer care have a name: 'financial toxicity'



Just how grim have the soaring costs of cancer care become? Specialists call it the financial toxicity of cancer care. As the cancer society describes this giant issue:

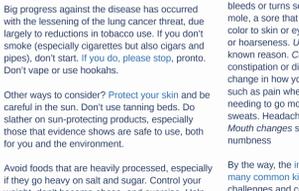
"Cancer is one of the most expensive medical conditions to treat in the United States. Cancer patients may receive multiple types of treatments, including surgery, radiation therapy, and systemic treatment, and may be hospitalized. Cancer patients with health insurance are paying higher premiums than in the past. They are also paying more for copayments, deductibles, and coinsurance. Compared to 10 years ago, patients receive more expensive chemotherapy, immunotherapy, and other new types of treatments.

"Copayments for prescription drugs covered by health insurance may be more for higher priced drugs or brand name drugs (versus generic drugs) and may increase over time. These copayments and coinsurance for drugs may cause financial toxicity even for cancer patients who have health insurance. Cancer survivors may have financial problems many years after they are diagnosed. This is because they may be paying for ongoing cancer treatment or care for late effects from their treatment."

A recent Associated Press report, which was highly positive about an emerging cancer treatment involving the novel use of a gene therapy known as CAR T, epitomized the less-emphasized but huge financial hit that cancer patients and their loved ones can experience. It is not until deep in the article that the reporter discloses that the treatment costs hundreds of thousands of dollars, just for the cancer drug. Readers of the New York Times article on the same subject also will find that patients treated with this therapy see infection-fighting cells in their bodies wiped out and thereafter must receive pricey infusions of protective antibodies.

In 2016, researchers estimated, the cancer drugs approved each cost an average of \$171,000 a year. Researchers for a well-known health and insurance consulting firm found that patients with three common kinds of cancer (breast, lung, and colorectal) had out-of-pocket medical costs ranging from \$100,000 to \$300,000 four years after their initial diagnosis. Cancer patients, AARP has reported, are 2½ times more likely to declare bankruptcy than healthy people, but those patients who go bankrupt are 80% more likely to die from the disease than other cancer patients.

### 5. As survival increases, new insights emerge on patients' long-term health



It's such great news when the doctor says — often five years or so after diagnosis — that you have "beat" cancer. To be clear, though, this message comes with important distinctions. Clinicians may advise patients there are no traces of their cancer, and it will not return. Or they may decide the signs and symptoms of the disease have diminished, so the patient is in remission — partial or complete (with all signs and symptoms of a cancer gone).

With increasing numbers of patients surviving cancer for longer periods, medical science is getting a clearer picture of the disease's longer-term effects and what they may mean for individuals' health. As one study published in a medical journal reported:

"Adverse effects of cancer treatment are well documented. Cardiac toxicities are a known complication of specific chemotherapeutic used in breast and other solid tumors, leaving many cancer survivors with degrees of heart failure. Radiotherapy in patients with breast cancer has been linked to an increased risk of coronary events. Impairment of renal function is a complication of certain cancer treatment regimens, often resulting in acute damage and chronic kidney disease. Patients with cancer also face an increased risk of second primary malignancies. For example, a meta-analysis found that patients treated for Hodgkin's lymphoma are at increased risk of developing second primary lung cancer. A study of testicular cancer survivors found that, compared with surgery only, radiotherapy below the diaphragm significantly increased the risk of second primary cancers of cardiovascular diseases."

Other sources, including online information provided by academic medical centers respected for their cancer care, say surviving patients may struggle with disfigurement from radiation or surgery. They may have sustained pain, lasting cognitive harms, and sexual dysfunction. But there also is this from that published research from experts on managing patient care:

"Our study results show a marked improvement in cancer survivors' well-being in the long term compared with the first 4 years after diagnosis. Moreover, long-term cancer survivors fared at least as well as average U.S. residents across a variety of well-being measures, controlling for demographics and the number of comorbidities."

### IN THIS ISSUE

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Prevention is simply the optimal way to go

Watch out for these key warning signs

### BY THE NUMBERS

#### \$208.9 billion

Estimated 2020 national costs of cancer care, which increased 10% due to graying and growing U.S. population. Compare that latest figure with the \$190.2 billion cost of cancer care in 2015.

#### \$16.2 billion

Estimated out-of-pocket costs: patients paid in 2019 alone for their cancer care. Researchers estimated the value of the time patients spent on treatment at \$5 billion.

#### 800,000+

Estimated number of preventable cancer cases in 2022, a year in which experts forecast 1.9 patients will be diagnosed with the disease.

#### ~17 million

Number of Americans alive on Jan. 1, 2019, after diagnosis and history of invasive cancer. Many were diagnosed years earlier and no longer showed evidence of the illness.

### QUICK LINKS

Our firm's website

Read an excerpt from Patrick Malone's book:

[The life you save](#)

**Nine Steps to Finding the Best Medical Care and Avoiding the Worst**



Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



### LEARN MORE



Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



### PAST ISSUES

Love may be eternal, but human sexuality is seeing some trends worth healthy notice. Five top tips for New Year's health, diet, and fitness resolutions that really work.

How you can be a medical Covid Samaritan — it's easy and (almost) pain-free, and you get benefits too

Good news in health care helps balance out the bad

A new generation is getting addicted to a false promise that vaping is less poisonous than smoking. And regulators are out to lunch.

You Can Eat This ... But Why Would You?

Looking Ahead: Preparing for Long-Term Care

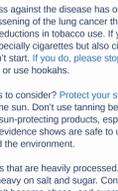
Managing Chronic Pain: It's Complicated

Secure Health Records: A Matter of Privacy and Safety

Standing Tall Against a Fall

More...

### Prevention is simply the optimal way to go



It may just be the best way to beat cancer, look for all the ways we can prevent it in our own lives. There is a lot to consider. As the American Cancer Society advises:

"A substantial proportion of cancers could be prevented, including all cancers caused by tobacco use and other unhealthy behaviors."

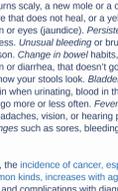
The group estimates that just under half of the new cases that will be diagnosed in 2022 — more than 800,000 of them — are preventable.

Big progress against the disease has occurred with the lessening of lung cancer threat, due largely to reductions in tobacco use. If you don't smoke (especially cigarettes but also cigars and pipes), don't start. If you do, please stop, pronto. Don't vape or use hookahs.

Other ways to consider? Protect your skin and be careful in the sun. Don't use tanning beds. Do steeper on sun-protecting products, especially those that the evidence shows are safe to use, both for you and the environment.

Avoid foods that are heavily processed, especially if they go heavy on salt and sugar. Control your weight, don't become obese, and exercise. Help the young protect themselves against cancers tied to infections, such as human papillomavirus (HPV), via early vaccination. HPV-related cancers affect the reproductive organs of women and men, as well the throat and anus. Patients may wish to protect against liver cancer by moderating their alcohol consumption and getting checked, vaccinated, and, if needed, treated for viral infections of hepatitis B and C.

### Watch out for these key warning signs



The American Cancer Society says patients should seek medical care quickly if experiencing these symptoms:

Fatigue or extreme tiredness that doesn't get better with rest. Weight loss or gain of 10 pounds-plus for no known reason. Eating problems such as not feeling hungry, trouble swallowing, belly pain, or nausea and vomiting. Swelling or lumps anywhere in the body. Thickening or bump in the breast or other parts. Pain, especially new or with no known reason, that doesn't go away or worsens. Skin changes, such as a lump that bleeds or turns scaly, a new mole or a change in a mole, a sore that does not heal, or a yellowish color to skin or eyes (jaundice). Persistent cough or hoarseness. Unusual bleeding or bruising for no known reason. Change in bowel habits, such as constipation or diarrhea, that doesn't go away or a change in how your stools look. Bladder changes such as pain when urinating, blood in the urine or needing to go more or less often. Fever or night sweats. Headaches, vision, or hearing problems. Mouth changes such as sores, bleeding, pain, or numbness

By the way, the incidence of cancer, especially many common kinds, increases with age, creating challenges and complications with diagnosis and treatment. Patients should discuss carefully with their doctors their options, their lives, and their overall health in determining the best tests and procedures they may wish to undergo.

Photo and illustration credits: NASA, American Cancer Society, National Cancer Institute, Massachusetts General, Unsplash.

### Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you:

- Big Pharma is blazing a legal trail that wealthy corporations are racing to follow. The corporatists are using a new approach to crush patients and other consumers who seek justice in the civil system with claims that drug makers and other big businesses harmed them with defective and dangerous products or demonstrable misbehavior. The U.S. Constitution recognizes the fundamental right of claimants to have their cases heard in trial courts. But drug makers and other corporations hope to upend accepted norms, by showing large-scale liability cases into federal bankruptcy courts that legal scholars say were never intended to hear such matters.
- What do big wave surfing and the National Football League ... Super Bowl have in common? They share the challenges of confronting the significant health harms that can occur with head trauma, especially repeated impacts and outright concussions.
- While the folks who toil in the front lines of U.S. health care deserve the highest praise and support in the continuing battle against the coronavirus pandemic, those who run care systems deserve a Bronx cheer and worse for their rapacious pursuit of profits — at the expense of patients. Just consider how health systems push doctors in their employ to emphasize the volume of tests and procedures they order, not the value of their medical care. Or look at how a big Boston hospital with a great reputation pushed its revenue-seeking expansion plans so far that state officials cried, "enough." Or see how Big Pharma, just like clockwork, jacked up prices on its already highly profitable products for the New Year — because drug makers could, not because they had apparent, pressing need to do so.
- Patients, for their own protection, long have needed to secure copies of their medical records and correct inaccuracies they find — a safeguard that has grown even more vital as research builds about unacceptable biases that doctors and others may show in their recorded observations about those in their care. In two separate, published dives into tens of thousands of medical records, researchers found that black patients were 2½ times more likely than their white counterparts to be labeled with at least one negative description, and African-Americans with diabetes were more likely than whites to be labeled with medically disapproving terms including nonadherence, noncompliance, failed or failure, refuses or refused, and, even combative or argumentative, the New York Times reported.
- No matter how times-headed critics may assail the civil justice system, Native Americans have clear evidence that liability lawsuits really do work. For hundreds of tribes and their members, the pursuit of justice in the courts soon will help remedy the disproportionate damage they suffered at Big Pharma's hands in the still-raging opioid abuse and drug overdose crisis. As major media organizations have reported, indigenous communities reached a tentative \$590 million settlement with Johnson & Johnson and the nation's three largest drug distributors: McKesson, Cardinal Health and AmerisourceBergens. J&J denied any wrongdoing, while the others either declined to comment or emphasized that the settlement — atop an earlier deal by the companies with the Cherokee Nation for \$75 million — will provide big urgently needed sums to help Native people and communities struggling with the drug addicted and debilitated.

HERE'S TO A HEALTHY 2022!

Sincerely,

*Patrick Malone*

Patrick Malone & Associates

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