Chemotherapy for cancer

Swedish Council on Technology Assessment in Health Care (SBU)

Record Status
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Citation

Authors' objectives
This report aims to determine whether the scientific literature supports the use of chemotherapy to treat several important cancer types and to assess the weight of the evidence. Another aim is to determine, through a survey of current practices, whether the use of chemotherapy complies with the scientific evidence presented in the literature.

Authors' conclusions
Chemotherapy plays a role in both curative and palliative treatment in patients with the types of cancer addressed in this report. For some types of cancers, chemotherapy alone is decisive for successful treatment having a high probability of cure. In many other cancers, chemotherapy in combination with other treatment strategies, mainly surgery but also radiotherapy, plays an essential role for enhancing the potential for cure. For most cancers at advanced stages and involving metastases to other organs there is currently no curative treatment. Chemotherapy in these situations can, to various degrees, alleviate symptoms and extend survival.

Side effects from chemotherapy are common. They may have substantial impact, e.g., on the number of blood cells, the gastrointestinal tract, liver, and kidneys and may cause hair loss and injury to the nervous system. The extent of side effects varies to a large degree among different individuals and treatments. This creates a difficult balance between the benefits and risks of treatment and is of particular concern in palliative treatment.

At the time of the survey, chemotherapy in Sweden was practiced generally in accordance with the evidence presented in the scientific literature. Overutilization and underutilization appeared to be marginal.

Since current cancer treatment is far from being totally successful, there is a great need for further research. Only about 10% of the treatments were given within the framework of clinical trials where an attempt was made to improve treatment effects. The percentage of patients included in such studies should be substantially increased, and the studies should also measure the effects on well being and quality of life.

Some well-documented scientific studies have shown relatively small palliative effects of treatment with newer drugs or with older drugs in new therapeutic situations. According to the survey on practice, chemotherapy was delivered in these cases to a small percentage of the patients. If such treatment would be offered to all patients, it would require either investing more resources in health care or redistributing resources within the healthcare sector. It is essential to openly discuss the consequences of such options. Drug costs for chemotherapy in Sweden are currently about 400 million SEK per year. The cost in relation to benefit from chemotherapy can be perceived as high, but it is not notably different than the cost of treating many other diseases. The problem is not limited to chemotherapy. Many new methods may offer important benefits to individual patients, but represent a substantial increase in costs. The issue of what is reasonable in the relationship between cost and benefits is ultimately a question of values.

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