U.S. offers patients faster, greater access to cancer drugs than Europe

Whether better access leads to better health outcomes is still not determined

- Between 2000 and 2011, new oncology drug approvals in the U.S. outpaced European approvals by 33%.
- Regulatory approval in Europe does not imply reimbursement, as the evidence threshold for reimbursement is higher than in the U.S.
- Patient cost sharing is significantly lower in Europe than in the U.S.
- Oncology drug prices in Europe, on average, are 9% lower than in the U.S.
- Multiple systems of evaluation within Europe lead to widely varying periods of time required by reimbursement authorities to make reimbursement decisions.

Comparative effectiveness research (CER), which provides information on the relative strengths and weaknesses of different medical technologies, is gaining ground in the United States through an influx of federal funding. Eventually, CER could help close the gap between what is known and what is done in pharmaceutical care. A new Tufts CSDD study, summarized here, points to a possible trade-off in patient access to oncology drugs.

On one hand, use of CER by reimbursement authorities in health care systems outside the U.S. may restrict access to drugs deemed not clinically- and cost-effective. For example, CER informs reimbursement decisions on cancer drugs by European authorities. On the other hand, CER creates conditions for a more affordable and equitable system of access. Although more oncology drugs are available in the U.S., and the costs for a higher share of them are reimbursed, the evidence-based approach adopted by European systems together with each system's monopsony power have led to lower prices, improving the affordability of drugs considered cost-effective by the reimbursement authorities.