McDonald Minute

Spending a little time on big ideas

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BACK TO THE FUTURE: The Ever-Recurring Shortage of Critical Generic Cancer Drugs

(and how survey research has helped illuminate it)

DEJA-VU ALL OVER AGAIN

It is exasperating to see us running short, once again, of old drugs that – despite an expanding armamentarium of exciting, advanced therapies – continue to be backbone treatment for many types of cancers. There is no small irony to be found in the fact that the world's richest economy cannot figure out a way to supply (at any price) nominally cheap, life-extending drugs to all the people who need them – an incontestable truth that should make all of us wince.

On a personal level, I feel a real sense of disappointment because independent work conducted by NAXION (then National Analysts) was part of the data package that went to Capitol Hill in 2012, documenting oncologists' grave concerns about morbidity and potential mortality as a consequence of rationing. (The survey was part of a series of NA studies published over a period of five years, called "Oncologists Look at Oncology," that gave voice to clinicians' hopes and concerns about issues shaping the broad landscape of a dynamic clinical environment.) Producing data in support of public policy is a long and proud tradition for us, beginning with the invention of probability sampling to predict "dust bowl" crop yields in the late 1930's, and continuing today with our involvement in developing data for regulatory guidance on public health matters.

WE KNOW WHAT'S WRONG, WHY CAN'T WE FIX IT?

It is frustratingly clear in hindsight that the legislation and policies drafted back then in response to generic shortages turned the firehose just briefly on a smoldering, structural problem and then installed a few smoke detectors to sound the alarm about future flareups. An advance warning system that alerts everyone to an ongoing problem does not qualify as prevention or resolution.

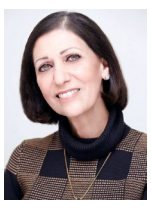
As it happens, this is one of those rare topics that inspires genuine bipartisan attention, and the good news is that even in these fractious political times, we are seeing agreement on the seriousness of the problem. But in otherwise bad news, there is little reason to believe we will see much happen beyond root-cause analysis confirming what was apparent more than a decade ago. In a nutshell, the pricing and reimbursement system remain structured to dis-incent the manufacture of low (or zero) margin generics, and the FDA has been unsuccessful in addressing the manufacturing challenges that intermittently clog the pipeline. If anything, HHS has arguably made things worse with its approach to manufacturing oversight and its drug reimbursement policies. As we've seen, these are not the best of times for reform, even when both parties agree on the problem, including its causes.

In the long term, newer, more powerful – and potentially less cytotoxic – therapies will replace some of the drugs in short supply today. But the problem that faces us is lodged squarely in the present, and long-term solutions do not help address urgent, recurrent problems that affect public health. The generic drug shortage is only one example of the many frustrations we all feel about our powerlessness to achieve policy reforms (or, in some cases, restore policies) that we are confident would have prompt and important consequences for public health.

THE ROLE OF SURVEYS IN CURING WHAT AILS US

An interesting coda to all this is the role played by survey data in persuading Congress to act in 2012, a contribution to governance we can trace back at least 1,000 years. long before we put surveys to use in the service of marketing. Going forward, claims data and RWE will be enormously helpful in discerning the effects of policy on health decisions and health outcomes – but surveys will continue to play the sort of critical policy support role they established for themselves with England's historic Domesday Book in the 12th century. Even as we rely on secondary data for clinical trend analysis, we will always need primary data to fully elucidate the full set of considerations that drive therapy decisions at the grass roots level – and help us overhear the conversations that oncologists are having with patients when critical choices are being made in times of scarcity. Secondary data gives us the picture. Surveys give us the sound.

About the Author



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Susan's career focus has been on the development and protection of robust brands, and the research methodologies needed to support them. Much of her career has been spent consulting to clients on the development of life science commercialization strategy. She has contributed to the evolution of many standard research techniques, and she writes frequently on industry topics and issues of broader interest. In deference to changing times, the snappier-paced McDonald Minute replaces Susan's long-form Smartmouth blog, but with the same goal of connecting cultural themes to business challenges. She holds MA and PhD degrees from UPenn's Annenberg School of Communication.

About NAXION

NAXION is a nimble, broadly resourced boutique that relies on advanced research methods, data integration, and sector-focused experience to guide strategic business decisions that shape the destiny of brands. Our century-long history of innovation has helped to propel the insights discipline and continues to inspire contributions to the development and effective application of emerging data science techniques. For information on what's new at NAXION and how we might help you with your marketing challenges, please visit https://www.naxionthinking.com/

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