



Three stories to remind you of the power of prevention (Back to Top)

RJD

We're in the middle of summer, which officially began a little over a month ago. Some of us are still in vacation mode, and some of us are already in the back-to-school mode as we watch the days get shorter. In this newsletter I'm providing you with three recent news stories, perfect for reading while lounging at the pool or on the beach. All three of them should inspire you to know that progress is being made in fighting colorectal cancer through better treatments for those afflicted by this terrible disease. However, these three stories were also chosen to make you think about the costs of treatment. For every new clinical breakthrough there are untold hours of required basic, translational, and clinical research, including valid research which does not directly result in successful new therapies. Then there is the tremendous financial cost of new therapies. While each and every human life is priceless, must we continually put cancer patients and their families to the test by asking them to give up all that they own for new and improved therapies?

We need prevention. We need better and more effective therapies. And we need all of you to be fully committed to the fight against colorectal cancers.

New data on right-sided vs. left-sided colon cancers (Back to Top)

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On July 23, 2018 the American College of Surgeons announced the first evidence that increasing the number of lymph nodes harvested during surgery on right-sided colon cancers may lead to improved survival rates for these patients. Many of you are already aware that patients with right-sided colon cancers have poorer five-year survival rates than patients with left-sided colon cancers. You may also be aware that the American College of Surgeons has long recommended that at least twelve (12) lymph nodes be removed during surgical removal of colorectal cancers. A major reason for this is that if cancerous cells are found in these lymph nodes, this can justify more aggressive treatment such as more extensive resection of the colon and/or the addition of chemotherapy to the treatment regimen. What the researchers found was that "among [the 273,200] patients with right-sided cancer, the survival rate improved by approximately 20 percent when 22 or more lymph nodes were harvested during patients' operations."

If future studies confirm and extend these findings, this study may have a significant impact on the standard of quality care for colorectal cancer treatments. Click on "READ MORE" below to see the press release.

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FDA grants new approvals for immunotherapies to treat metastatic CRC (Back to Top)

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On July 10, 2018, the U.S. FDA approved the use of ipilimumab (also known as Yervoy) in combination with nivolumab (also known as Opdivo) for the treatment of patients with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer (mCRC). This accelerated approval was based on evidence from the CHECKMATE 142 clinical trial, and highlights the ongoing impact of revolutionary new immunotherapy drugs on cancers that were once nearly impossible to treat.

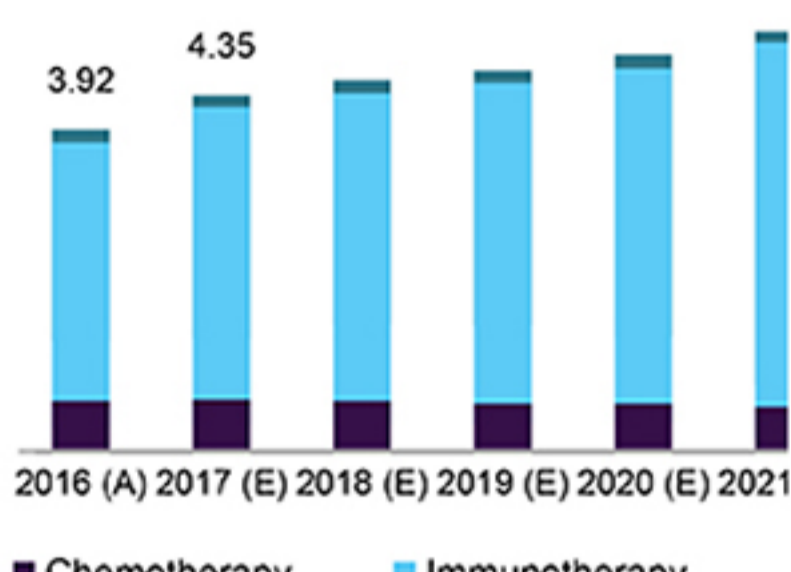
Click on "READ MORE" below to see the FDA's press release.

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The costs of CRC drugs continues to climb (Back to Top)

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U.S. colorectal cancer drugs market size, by drug class



On July 31, 2018 PR Newswire issued a press release provided by Grand View Research, Inc. (see "READ MORE" link below).

FULL DISCLOSURE: I am not about to spend \$4,450 to read a market report on the cost of colorectal cancer drugs. To the best of my knowledge, no single person knows the true amount spent annually on these drugs. Years ago I read a peer-reviewed article titled "Cost of Cancer Care: Issues and Implications" by Neal J. Meropol and Kevin A. Schulman. It was published in the Journal of Clinical Oncology (2007; volume 25, pages 180-186) and I was so struck by figure 3 ("Cost effectiveness of colon cancer treatment") that I incorporated it into my pharmacology lectures for several years.

The take-home message of that figure was that, although new biological agents were greatly extending lives of individuals with colorectal cancers, the costs of these drugs were causing treatment CRC costs to skyrocket. If you looked at the image above, you'll see that the actual costs, and the estimated costs continue to be dominated by immunotherapeutic drugs. These include drugs like bevacizumab (Avastin) which have been used for years, and it apparently includes estimates of the impact of newer immune checkpoint inhibitor (ICI) immunotherapeutics such as ipilimumab (Yervoy) and nivolumab (Opdivo). I doubt it would include emerging engineered T-cell therapies such as CAR-T, because these have not yet been developed and approved for colorectal cancers.

All of the signs indicate that the costs of treating late-stage colorectal cancer will continue to increase. I have never seen any data demonstrating an actual or estimated decrease in treatment costs for CRC. While I'm certainly not opposed to advanced biomedical research to address the unmet needs of patients with colorectal cancers, I do believe that it's in our best economic interests to avoid the situation where people are only diagnosed with late stage disease.

Colorectal cancer screening saves lives. If that doesn't motivate you, then here's another message: Colorectal cancer screening saves money. In my humble opinion, \$10.8 billion is a lot of money that we could save and put to other uses.

Click on "READ MORE" to see the PR Newswire story; this will also provide you with a link to the Grand View Research Market Report Summary.

READ MORE

In this Newsletter:

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80% by 2018 Pledge update

70x2020 Annual Conference Needs Volunteers

Contact Details

Subscription Details

80% by 2018 Pledge update

Fifteen (15) Mississippi organizations have now signed the National Colorectal Cancer Roundtable's 80% by 2018 Pledge. They are: Anderson Regional Health System, Central MS Health Services Inc., Digestive Health Specialist, PA - MS, East Central MS Health Care, Inc., GI Associates, KidsCAN, Magnolia Health Plan, Mallory Community Health Center, Mississippi Baptist Medical Center, Mississippi Primary Health Care Association, Mississippi State Department of Health, North Mississippi Medical Clinics, Inc., Sanderson Farms Inc., St. Dominic - Jackson Memorial Hospital, and University of Mississippi Medical Center.

The race is on! Which one of these will be the first Mississippi organization to reach the 80% goal before the year runs out? If you represent one of these organizations, please share your strategy for success in an upcoming 70x2020 newsletter.

70x2020 Annual Conference Needs Volunteers

There is a greater need for Annual 70x2020 Conference volunteers than in any previous year. If you are willing to invest volunteer time and effort to make this year's conference a successful event, please contact RJD as soon as possible.

Contact Details

c/o Dr. Roy J. Duhe
UMMC Cancer Institute
2500 North State Street
Jackson, MS 39216

1-601-984-1625
rduhe@umc.edu;
@70x2020Guy (Twitter);
70x2020 Guy (YouTube Channel)
https://www.umc.edu/cancerinstitute/For-Students-and-Trainees/70x2020/Overview.html

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