

The cost of cancer care in India requires careful reporting and interpretation

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As the cancer burden continues to rise in India,¹ it is crucial to study the economic burden arising from the care. We congratulate Wadasadawala et al., on their study investigating the direct costs of breast cancer treatment at a publicly funded hospital in Mumbai.² Despite the prospective nature of the study, we believe these results need to be interpreted with caution keeping in mind the limitations of the study.

Breast cancer is a heterogeneous disease and treatment options and the cost of care are driven by molecular subtypes.³ Unfortunately despite this being a prospective study, this crucial information on the subtypes and treatment regimens used is missing. For instance, the cost of treatment for HER2-enriched breast cancer can be higher than other subtypes.⁴ As per the data presented by Wadasadawala et al., the median total cost of treatment was 0.12 million with a 3rd interquartile value of 0.26 million (Table S3). In contrast, we had reported the cost of delivering a standard dose-dense chemotherapy regimen where the cost of systemic therapy alone (excluding radiation therapy and surgery) for Triple Negative Breast Cancer (TNBC) to be Rs 0.17 million in another charitable institute in India.⁵ As this difference indicates, the costs of treatment at TMC are heavily subsidized and not representative of the true cost of treatment. It is also relevant to report the proportion of patients with adverse events during treatment as that can increase the cost of treatment.⁶

Given these limitations, we believe the results of this study should be interpreted in the context of the healthcare setting. The true cost of treatment in most centers that do not have generous funding support like TMC is likely to be orders of magnitude higher than what is reported presently. Both public and private insurance systems may be misguided by the low costs reported which as the authors mention are likely to represent an optimistic lower bound of the costs. Reporting such lower bound of costs does more harm than good as a

majority of the patients who are unable to seek care at charitable institutes would suffer from greater out-of-pocket expenditure due to lower reimbursement.

Therefore, there is an urgent need to conduct such studies across centers in the country to obtain a reliable estimate of the costs. Finally, the results of the study demonstrate the stark futility of relying on insurance-based healthcare services to provide healthcare services in lieu of a proper publicly funded universal healthcare system as highlighted by low reimbursements of total cost of care.

Contributors

PS—Conceptualization, Writing—original draft; SC—Conceptualization, Writing—review and editing of final draft.

Declaration of interests

Parth Sharma is the founding editor of Nivarana.org, a public health information and advocacy platform and has received honorarium for articles published in The Harvard Public Health Magazine, Think Global Health, The Hindu and The Wire.

Santam Chakraborty has received grants from ICMR, DBT, Lady Tata Trust, MHRD and WCI Nag foundation for other research projects and is the INTELHOPE trial DSMB chair.

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DOI of original article: <https://doi.org/10.1016/j.lansea.2023.100346>

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The Lancet Regional Health - Southeast Asia 2024;24: 100380

Published Online 1 March 2024

<https://doi.org/10.1016/j.lansea.2024.100380>