

# Cancer's Longterm Costs

by Brenda Denzler

There are any number of things that happen in the days and weeks after getting a cancer diagnosis. The frightened and bewildered cancer patient is informed about all of them at great length, fully understands the real and potential impact (short- and long-term) of every action their medical team wants to take, and gives their informed consent for treatment.

OK. If you've had cancer before, you should be laughing your head off right about now—perhaps a laugh tinged with a bit of hysteria. Or maybe you find yourself very angry, instead. The first part, above, is true. The second is almost criminally untrue. The truth is more like this:

“The frightened and bewildered cancer patient is provided with information about their condition in terms that they can barely understand—if they can truly hear them at all. They are told what the treatment plan is, focusing on the immediate goal of ridding them of cancer. There is little to no mention whatsoever of the potential impact of these treatments on their lives in the years to come, should they be lucky enough to survive. In this fear-laced daze, having been swamped with info they were ill-prepared to understand before diagnosis and in no shape to evaluate after diagnosis, they give their ‘informed consent’ for treatment.”

Wanna cut to the chase? Cancer treatment requires the patient to strike a Faustian bargain: they must be willing to sacrifice anything—knowingly or unknowingly—in order to try not to die. And we do.

As of January 2016, the U.S. Office of Cancer Survivorship says there were 15.5 million of us who had done so. That's 4.8 percent of the entire population of this country who are counted as cancer survivors. According to the government's cancer-incidence database, SEER, only .5 percent of those 15.5 million are recently diagnosed—thus presumably with active cancer and still undergoing treatment. That leaves 4.3 percent of the US population (15.4M) with a longer cancer history.

Some of those long-timers may be counted

as “survivors” but still be battling the disease as terminal, Stage IV patients. Interestingly, there seem to be no statistics on the burden of metastatic disease in general in the U.S., but based on the average Stage IV prevalence in six major types of cancer, we can estimate that about 20 percent of the remaining 4.3 percent of us (or 3.1M) are terminal.

That means about 12.3 million people in the US are long-term cancer survivors—no longer in active treatment like the recently diagnosed or the terminally ill, but living with the consequences of having had cancer treatment.

That's 12 million people who signed off on medical care that would save their lives if they were lucky, without fully realizing the extent to which it would change the quality of those

started by focusing on the minority of cancer survivors who are in active treatment—the newly diagnosed and those who are fighting against a terminal diagnosis.

It's hard to tune into the health-related media today, whether the popular health press or peer-reviewed, academic journals, without running into some kind of study/lament about the cost of cancer treatment. Used to be that cancer didn't cost that much because there wasn't much that could be done. You got cancer; you died quickly. That kept costs to a minimum.

Today, thanks to decades of research, much of it government-funded, what we know about cancer and our armamentarium against it have increased exponentially—along with the cost

of having the disease. Because in cancer, as in war, armamentaria don't come cheap.

According to the Agency for Healthcare Research Quality, the average cost of cancer treatment in 2010-2011 was more than \$85,000

DEBATE CONTINUED, PAGE 6

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lives forever. Many of us find ourselves very much surprised—and not in a good way.

In their lifetime, 38.5 percent of the US population will be diagnosed with some form of cancer and thus face making that same Faustian bargain: anything, anything at all, in exchange for life. Just like the rest of us survivors, most of them will make the bargain and sign consent forms without full awareness of exactly what they getting themselves into. And when all is said and done, most of them who are lucky enough to be “cured” will be so grateful to be alive that they will not feel right if they fuss about the long-term consequences of their treatments.

But a fuss will be made—if not by tired and frustrated survivors, then sooner or later by the policymakers and fiscal wonks who look out for the national interest. Indeed, in the last decade or so, the fussing has already begun. It's

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