



Patient Power

Combatting Cost: How Can Clinical Trial Participation Help Patients Access Treatment?

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Andrew Schorr:

At the community level is there a trial I could be in that you think may be right for me where the cost of the care will be underwritten by the drug company, or whoever?

Dr. Toomey:

So, that's—a very good reason to consider a clinical trial is that if this is a drug that's not yet FDA-approved, you won't be paying for that on the clinical trial. So, the clinical trial is important because we wanna cure cancers, and we wanna take care of people. You would get the standard of care but you may get something better, and that something better you won't be paying for you, and you won't have to worry about co-pays, and any extra tests that you have outside of the standard of care will be covered under the clinical trial. So, that's a big motivator for me to offer my patients clinical trials, and especially people who don't have the resources to pay for the regular things.

So, clinical—I feel strongly clinical trials are really important. So, for patients getting the education about the disease considering a clinical trial for treatment, you know that you're going to get standard of care, and you're gonna be watched very closely. I was an IRB chair for 15 years and I have...

Andrew Schorr:

...Investigational Review Board.

Dr. Toomey:

Review Board, and I have a strong background in clinical trials; so for me, it's all about curing cancer, that's what it's about.

Andrew Schorr:

Amen. So, one other thing, Gwen, just so we understand how it works: if somebody's in a clinical trial and then the FDA says, "Voila! Like what's happened in AML, boom, boom, boom, it's approved," if you remain on that medicine, in many cases do you continue to get the drug for free?

Dr. Nichols:

The hope is that you do continue to get the drug for free. There are occasionally companies that say, "I'm sorry, that's it, you hit," but they have to have prespecified that, that if the drug gets approved, or you will only get it for two years.

If they haven't, then the drug should be made available and we certainly can help you with that if you're on a trial and you're afraid you're going to lose your ability to get the medication and it's approved.

Andrew Schorr:

So, Larry, did we frame this right that you walk the halls here at the convention center, you go in the sessions, that for us patients there's a lot to be hopeful about?

Dr. Saltzman:

Oh, yeah.

Andrew Schorr:

And now we have to really work with our resources and our physicians to try to get what's right for us.

Dr. Saltzman:

Well, exactly. And I will say that I live in a small community and I have a community oncologist, and from the beginning, I thought, "Well, I'm a physician," so I thought it was important that I plug myself into an academic medical center. Frankly, I think the more people who can do that not necessarily to get treated at the academic center but at least plugged-in with a consultation so when clinical trials come up, you the patient may be on the doctor's radar to say, "Well, here's something that might be applicable for you."

When I needed chemo—which was suggested by the academic center—I didn't go there to have the chemo because the drugs were the same whether I lived in my small community or not, so I was treated locally but managed or suggested academically. And I do think it's important to get plugged-in because—no offense to us who live in the community—but we are not as in-tuned to all the clinical trials that are going on.

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