New Study Validates Payer/Physician Use of AI to Cut Wasteful Spending on High-Cost, Low-Value Cancer Drugs

Healthcare AI can guide drug selection to improve effectiveness, avoid waste and drive value for payers and patients.

TPA Network Research Consortium

SAN DIEGO, CA, UNITED STATES, March 28, 2022 /EINPresswire.com/ -- The Research Consortium announced the release of a new study today that challenges common misconceptions about combination cancer therapies, their cost and value. It provides payers, physicians and patients with insight as to how they can avoid wasteful spending on high-cost, low-clinical-value cancer drugs.

> The study shows that the advent of Healthcare AI can guide drug selection to improve effectiveness, avoid waste and drive value for payers and patients."
>
> *Richard Nicholas*

The concurrent (on- and off-label) use of multiple FDA-approved drugs to treat advanced cancer is now commonplace; however, there are 4.5+ million possible 1-, 2- and 3-drug combinations of the ~300 available cancer drugs. As a result, the task of identifying which drug combination will work best on a tumor's unique genomics is beyond human cognitive capacity — without the aid of artificial intelligence (AI), supercomputers and complex algorithms.

The study, "Gaining Control of Combination Cancer Treatment Risk by Incorporating Cost and Value Data into the Drug Selection Process at the Point-of-Care," was conducted using clinical case study data provided by world-renown cancer doctors and research scientists. This data was processed by an AI-supported decision support tool that helps oncologists create customized cancer therapy options that are based on a patient's unique molecular profile. Some 90 customized combination therapies were evaluated based on the degree to which they address a patient's actionable cancer markers. A cost/value index was used to assess the financial value of each treatment option. The study's findings are of keen interest to cancer patients, clinicians, payers and manufacturers:

- It is intuitive to believe that the cost of a treatment which involves the use of multiple high-cost drugs would be far more than a regimen that involves only one expensive drug. Interestingly, this study found that multi-drug therapies were often far less costly than commonly prescribed monotherapies. While instructive, this is also lamentable, as it is likely that the mistaken presumption that combination therapies would be excessively expensive could have dissuaded some from pursuing a multi-drug option that may have been effective.

- Some 70% of the therapies that were most often determined to be a best value were 3-drug combinations. In many cases, they were not only the best value but also among the least costly of the top-ranked treatments.

- The study showed how having comparative treatment cost/value data at the point of care helps clinicians and payers identify safe, high-value therapy options and avoid selecting toxic or high-cost, low clinical value drugs.

According to Richard Nicholas, the study's author:

"Few doctors are aware of the cost of the drugs they prescribe; others have misconceptions about them. This often results in high-cost, low-value treatment. Our study shows why there is no reason to continue the practice of uninformed, high-stakes oncology prescribing with the advent of Healthcare AI that can guide drug selection to improve effectiveness, avoid waste and drive value for payers and patients. It has broad implications for the concept of "medical necessity" and the practice of medical care management."

The concise, plain language study contains several illustrations and case examples. It is archived and indexed on and may be download at medRxiv.

You can also access it at the TPA Network Research Consortium.

For more information about its methodology, the data used or enabling technology, contact Mr. Nicholas directly.

About TPA Network Research Consortium
Led by Richard L. Nicholas, a healthcare industry veteran, the TPA Network Research Consortium is a healthcare-focused non-profit enterprise, to help payers evaluate new medical technologies and healthcare innovations. Mr. Nicholas has testified as an expert at hearings before the US Congress, is the author of a book on healthcare cost containment, and he has produced and published many papers and related studies. He recently served on the CDC/ASTM International Committee that created the new Barrier Face Covering standard that has been adopted by organizations including the FDA, NIOSH, and others. Mr. Nicholas earned a BA degree with distinction from Boston College and an MBA from the Duke University Graduate School of Business. Visit www.ResearchConsortium.org

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