Case Study:
PERSONALIZED TREATMENT VS. ONE-SIZE-FITS-ALL STANDARDS

NAME: Joyce

AGE: 62 years old

DIAGNOSIS: Stage IV metastatic breast cancer, HER2 negative

OTHER HEALTH CONDITIONS: Mild congestive heart failure (CHF) and diabetes

Every patient is different. That's why it is so important for individuals to decide – with their doctor – which care options are best for them. Differences in genetics, health conditions, family history, individual preferences and life circumstances all shape differences in patient treatment needs.

Because of this, personalized treatment plans keep the patient perspective front and center in care decisions. One-size-fits-all treatment protocols encouraged by payers – such as the government or insurance plans – may work for an average patient, but may not represent the best care for an individual. This case study looks at what that means for a patient like Joyce.

PERSONALIZED TREATMENT PLAN

Joyce and her oncologist have a range of options available for treating her breast cancer.

This includes newer treatment options (Medicine A) and some older generic chemotherapies (Medicine B).

Given Joyce's history of congestive heart failure (CHF), her oncologist believes Medicine A, one of the newer treatments, will be the most appropriate choice. Medicine A would likely have fewer side effects than other options in the same class and would be less toxic to her already-compromised condition.

ONE-SIZE-FITS-ALL TREATMENT PLAN

Joyce's insurance plan uses standardized treatment protocols to encourage her oncologist to prescribe the older treatment option. Medicine A is not preferred by the plan. Medicine B is in the same class and preferred by the payer.

Joyce's oncologist is concerned Medicine B could exacerbate Joyce's other health conditions, specifically her CHF, and result in serious adverse effects. Medicine B is known to have higher rates of heart toxicity with its use.

Joyce's oncologist chooses the medicine from the one-size-fits-all treatment plan concluding it is the best option on the plan to treat the cancer. The doctor will watch closely to ensure there are no complications due to Joyce's other health conditions.

PHYSICIAN-RECOMMENDED PERSONALIZED TREATMENT

Treatment Choice: Medicine A

Because of Joyce's other health conditions, including CHF, Medicine A offers the most appropriate personalized treatment for her.

As a result, Joyce's cancer responds to treatment with Medicine A without serious negative impact on her CHF or other health conditions.

PAYER-RECOMMENDED TREATMENT

Treatment Choice: Medicine B

Joyce is hospitalized when her CHF worsens. Her cancer treatment is discontinued.

Joyce is finally prescribed Medicine A after a one-month delay in treatment. She had to completely stabilize and go through steps to receive a special authorization for Medicine A.

Joyce's long-term prognosis is compromised.

CONCLUSION

While Joyce was eventually prescribed Medicine A, the delay in getting the most appropriate treatment resulted in a progression of her cancer. It also led to higher total treatment costs and out-of-pocket costs for Joyce. Her long-term prognosis is now compromised due to her further compromised heart condition and the progression of her cancer.

Keeping treatment decisions between patients and their physicians is important to ensure care is personalized for an individual, yielding the best result for the patient and the health care system at large. Misuse of standardized, one-size-fits-all treatment protocols can impede individual doctor-patient decision-making and lead to serious health consequences for patients.

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