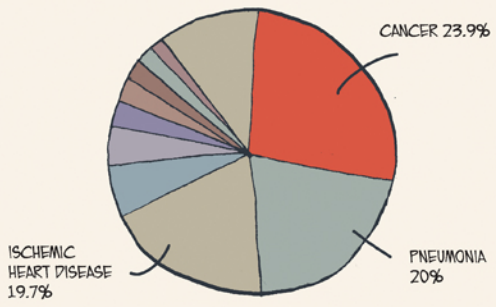
CANCER IS THE LEADING CAUSE OF DEATH IN SINGAPORE TODAY.



ONE IN FOUR PEOPLE HERE WILL GET IT IN THEIR LIFETIME.

TREATMENT CAN BE *EXPENSIVE* – COSTS FOR LATE-STAGE CANCERS MAY RANGE FROM $100,000 TO $200,000 A YEAR.

I CAN'T AFFORD THAT!

MOST OF US WOULD NEED SUBSIDIES AND/OR INSURANCE TO HELP COVER COSTS...

BUT *SOCIETY* CAN!

INSURANCE

...AND WANT TO HAVE ACCESS TO THE LATEST CANCER TREATMENTS.

BUT THIS CAN PUSH COSTS EVEN HIGHER...

CANCER DRUG SPENDING MORE THAN *DOUBLED* FROM $110 MILLION TO $275 MILLION BETWEEN 2017 AND 2021!

THIS GROWTH WAS *THREE TIMES* THE RATES OF NON-CANCER DRUGS!

FOR ONE THING, MANY APPROVED NEW CANCER DRUGS MAY NOT CONFER SIGNIFICANT BENEFITS COMPARED TO EXISTING ONES – BUT THEY CAN BE MUCH *PRICIER*.

TO GET APPROVAL, THEY JUST NEED TO SHOW THAT THEY ARE NOT INFERIOR TO OLDER DRUGS...

... AND IN SOME CASES JUST BETTER THAN *PLACEBOS*!

DESPITE THIS, THEY WILL BE MARKETED AND PRESCRIBED, ESPECIALLY IF THIRD PARTY COVERAGE IS GENEROUS.

DON'T WORRY, YOUR *INSURANCE* WILL COVER ALL YOUR BILLS!

IN FACT, GENEROUS THIRD PARTY COVERAGE ALLOWS DRUG COMPANIES AND HEALTHCARE PROVIDERS TO CHARGE MORE...

WE'VE GOT RENT AND STAFF TO PAY!

AND COST OF LIVING HERE IS HIGH!

...WHILE MAKING IT SEEMINGLY FRICTIONLESS FOR PATIENTS TO TRY OUT HIGH-COST TREATMENTS.

SUCH INCENTIVES WILL PUSH UP BOTH PUBLIC HEALTH SPENDING AND INSURANCE PREMIUMS.

LEFT UNCHECKED, WE WOULD BE SPENDING $2.7 BILLION ON CANCER DRUGS BY 2030, *SEVEN TIMES* WHAT WAS SPENT IN 2019!

THE SINGAPORE GOVERNMENT HAS ALWAYS PLAYED AN ACTIVE ROLE IN SHAPING OUR HEALTHCARE SYSTEM.

WE MADE *CO-PAYMENT** A KEY PRINCIPLE OF HEALTHCARE FINANCING HERE...

...TO DISCOURAGE SPENDING ON UNNECESSARY HEALTHCARE.

THAT'S *MY* MONEY!

*Patients must pay a percentage of their bills.

SO IN SEPTEMBER 2022, THE *CANCER DRUG LIST* (CDL) WAS INTRODUCED, WHICH INCLUDES ONLY TREATMENTS THAT ARE DEEMED TO BE *CLINICALLY PROVEN* AND *COST EFFECTIVE*.

CDL

TREATMENTS *NOT* ON THE LIST CANNOT BE COVERED BY INSURANCE, SUBSIDY OR MEDISAVE.

THIS HAS HELPED PUSH DOWN THE COSTS OF CANCER DRUGS IN THE PUBLIC SECTOR, AS DRUG COMPANIES ARE WILLING TO OFFER LOWER PRICES TO KEEP THEIR PRODUCTS ON THE CDL.

PRICES HAVE FALLEN 30% ON AVERAGE...

...AND OVER 60% IN SOME CASES!

LOWER PRICES MAKES IT POSSIBLE FOR THE GOVERNMENT TO SUBSIDISE MORE TREATMENTS...

...AND HELPS PUT SOME DOWNWARD PRESSURE ON DRUG PRICES IN PRIVATE HEALTHCARE.

BUT THOUGH SUCH DEVELOPMENTS HELP TO IMPROVE SINGAPORE'S HEALTHCARE SYSTEM OVERALL...

WHAT HAPPENED?!

THEY FELL THROUGH THE CRACKS!

...ANY CHANGES ON A LARGE NATIONAL SCALE WILL MEAN THAT A SMALL MINORITY MAY BE ADVERSELY AFFECTED.

THERE ARE PATIENTS WITH RARE CANCERS WHO FEAR THAT THEIR COSTLY LIFE-SAVING TREATMENTS WILL NO LONGER BE COVERED.

THE STRAITS TIMES

Brain cancer patient treated with off-label drug frets over costs when insurance coverage stops in April 2023

SUCH CASES OFTEN INVOLVE *OFF-LABEL DRUG* USE.

APPROVED DRUGS GET A *LABEL* THAT DESCRIBES WHAT THEY ARE AUTHORISED FOR.

HENCE IT'S *OFF-LABEL* IF THEY ARE USED FOR A PURPOSE OTHER THAN WHAT THEY ARE APPROVED FOR!

LIKE WHEN A DRUG APPROVED ONLY FOR BREAST CANCER IS USED TO TREAT COLON CANCER.

OFF-LABEL DRUG PRESCRIPTIONS CAN BE *CONTENTIOUS*, AS THEY ARE USED WITHOUT ROBUST EVIDENCE THAT THEY WORK.

NO, YOU *CAN'T* USE ANTIBIOTIC CREAM TO BRUSH YOUR TEETH!

SO THEIR USAGE MAY NOT BRING ANY BENEFITS, AND MAY EVEN BE HARMFUL.

BUT THEY *ARE* AN OPTION THAT DOCTORS DO TURN TO IN MANY AREAS OF HEALTHCARE.

IF THE USUAL OPTIONS *FAIL*, OTHER TREATMENTS THAT SEEM *LOGICAL* MAY BE PURSUED...

...AS WHEN TWO DIFFERENT CANCERS SHARE THE SAME MOLECULAR MARKER TARGETED BY A PARTICULAR DRUG..

THE LACK OF EVIDENCE IS ALSO PARTLY *CIRCUMSTANTIAL*: CLINICAL TRIALS ARE VERY EXPENSIVE TO RUN, AND IT IS DIFFICULT TO FIND ENOUGH PATIENTS WITH RARE CARE CANCERS TO TAKE PART IN THEM.

THERE ARE JUST FEWER *ECONOMIC INCENTIVES* TO DEVELOP OR SEEK APPROVAL FOR DRUGS FOR RARE DISEASES.

PERHAPS THE KEY IS FINDING WAYS TO EVALUATE WHICH OFF-LABEL TREATMENTS ARE *REASONABLE*, AND WHICH ARE MORE *RANDOM SHOTS IN THE DARK*.

IN FACT, SOME OFF-LABEL TREATMENTS HAVE *GOOD TRACK RECORDS*, AND ARE ALREADY ON THE CDL.

18 OF THEM SO FAR!

...AND THE LIST WILL CONTINUE TO BE UPDATED AS NEW TREATMENTS AND EVIDENCE ARISES.

PLUS A RANGE OF *FINANCIAL ASSISTANCE* EXISTS IN THE PUBLIC SECTOR...

...SUCH AS *MEDIFUND* AND *MEDICATION ASSISTANCE FUND PLUS* FOR THOSE IN NEED.

INSURANCE COMPANIES HAVE ALSO CATEGORISED NON-CDL DRUGS BASED ON STRENGTH OF SUPPORTING EVIDENCE, SO PEOPLE WITH RIDERS* MAY HAVE TREATMENTS WITH STRONGER EVIDENCE COVERED.

I GOT AN *A*! WHAT ABOUT YOU?

NONE OF YOUR BEESWAX!

*Less than half of residents here opt for riders due to the higher premiums.

FOR ALL THAT, SOME WILL STILL FALL THROUGH THE CRACKS...

IT'S A VERY SMALL NUMBER!

PAPA!

...AND THEIR LOSSES MAY BE A REMINDER THAT THE TRADE-OFFS WE MAKE AS A SOCIETY CAN BE FELT IN VERY PERSONAL TERMS.

BUT ULTIMATELY, MOST ONCOLOGISTS BELIEVE THAT THE CDL WILL, IN THE LONG RUN, ALLOW THE VAST MAJORITY OF CANCER PATIENTS TO GET THE TREATMENT THEY NEED AT LOWER COST...

DO WE CONCUR?

YES!

YUP!

ER... YES.

...WHICH IS PERHAPS A KIND OF SUCCOUR WHEN FACING THE CHALLENGES PRESENTED BY THIS COMPLEX, TERRIBLE AND OFTEN FATAL DISEASE.

I'M THE EMPEROR OF ALL MALADIES!

OK, OK!