Factors Involved in the Selection of Treatment in Patients with Hematological Malignancies

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In this issue of *Acta Haematologica*, Wang et al. [1] examine the usefulness of using the combination of cladribine, cytarabine, and filgrastim (CLAG) in the treatment of patients with refractory or relapsed acute myelogenous leukemia. The favorable outcome of these patients supports the effectiveness of this combination. Cladribine seems to properly replace fludarabine in this combination specified in the FLAG schedule [2]. In several countries, Mexico included, cladribine is substantially more expensive than fludarabine. As a result, despite the fact that CLAG could be better than FLAG, in some countries, CLAG cannot be given because it is economically unaffordable; this could, however, be different in other settings. Along the same line, the increasing costs of the novel drugs employed in the treatment of hematological malignancies has dramatically changed the way of choosing between the therapeutic options [3], which nowadays depends not only on the cost-benefit ratio of the drug or therapeutic maneuver but also on the insurance of the patients (if any), the economic situation of their living country, the type of social security system they belong to, the ethics of the physician who takes care of them, the attendance of congresses abroad of the prescribing physician, the rules of the industry-physician relation in each country, the reliability of the key opinion leaders chosen by the industry, the type of training that the key opinion leaders undergo, etc. [4].

The decision of choosing a therapeutic approach for a given patient should rely, ideally, only on the effectiveness of the treatment and not on the above-mentioned variables. In the practice of hematology, something should be done before the gap between effectiveness for the patient and benefit for the industry/physician further deepens. The well-being of the patient should always be the main concern in medical practice.

References

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