

Pediatric Chemotherapy Drugs Are in Short Supply

Josie Cooper

The Alliance for Patient Access (allianceforpatientaccess.org), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants. In 2012, AfPA established the Institute for Patient Access (IfPA), a related 501(c)(3) non-profit corporation. In keeping with its mission to promote a better understanding of the benefits of the physician-patient relationship in the provision of quality healthcare, IfPA sponsors policy research and educational programming.



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Doctors who specialize in children’s cancers face a dire shortage (1) of crucial chemotherapy drugs.

In fact, 93% of cancer centers have an inadequate supply of at least one drug, according to a National Comprehensive Cancer Network survey. (2) The inability to get prescribed treatments can have life-and-death consequences for young patients and their families.

Drug Shortages Force Difficult Decisions:

Supplies of chemotherapy drugs like vinblastine, cisplatin, and da-

carbazine have been chronically low for months. (3) These drugs are effective at treating childhood cancers, and few alternative treatments exist. Healthcare providers who cannot get what they need must substitute (4) less effective drugs or delay treatment, allowing the disease to progress.

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The most effective treatments are often multi-drug regimens (5), and shortages of any one component may result in substandard care. (6) Replacements are generally less effective and may have more serious side effects, (7) or not be suitable for use in children, leaving doctors out of options. (8)

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Healthcare providers and patients who rely on these treatments have had to make difficult choices while supplies remain low. (9) Some hospitals and clinics have reduced doses (10) to make at least moderately effective treatments available to more patients. Rationing (11) is also occurring among the most advanced cases, shortening the lives of patients beyond cure so the medications can go to someone (12) with a better prognosis.

Children’s chances of survival, already the source of so much pain and worry for their families, are pushed further into question by the scarcity of the most effective medications. (13)

Policy Prescriptions for Improving Supply:

Enormous progress has been made in pioneering these life-saving treatments, but their power is blunted if they are unavailable (8) to every child who would benefit. The challenges (14) that constrain supply include the complexity of the drugs, quality control (15) at

manufacturing facilities, concentration of production (16) among a few companies, and low reimbursement rates (17) for cancer drugs.

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Policy change is necessary to help children who could be cancer-free if adequate drug supplies were available. (18)

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The Biden Administration’s attempts to address the shortages (19) have had some success, (20) but shortages that last months have serious consequences for those needing treatment. A more proactive approach (9) to stabilizing the supply chain is essential to prevent future shortages. (21) Every child battling cancer deserves the best possible chance at survival, and that starts with ensuring a consistent and reliable supply of essential medications.

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Disclosure: Josie Cooper is executive director of the Alliance for Patient Access. This article was also published at healthpolicytoday.org.

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