Doctors figuring how to get the most life for the buck

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BOSTON — Is an extra year of life worth $32,678?

That figure is at the heart of a debate over which of two competing medicines should become the standard treatment for heart attacks. One costs about nine times more than the other but is also slightly more effective.

To help settle whether the more expensive drug is worth the price, doctors attempted to figure out how much its modest edge truly cost.

The two drugs are TPA, which costs $2,750 a dose, and streptokinase, which costs $320. Both medicines dissolve clots that cause heart attacks and can prevent permanent heart damage.

An earlier comparison study found the death rate is 1 percentage point lower when heart attack victims receive TPA. Ninety-four of every 100 patients getting TPA survive, compare with 93 of every 100 getting streptokinase.

This time, doctors estimated the life expectancy of TPA patients who otherwise would have died, as well as the extra expense of treating everyone with the more expensive medicine. The math works out to $32,678 for each year of life saved by treating all heart attack patients with TPA.

An estimated 250,000 Americans have heart attacks that could be treated with clot-dissolving drugs each year. Giving all of them TPA instead of streptokinase would cost the nation an additional $500 million annually. But it would also provide an extra 3.5 million years of life.

The analysis was conducted by Dr. Daniel B. Mark of Duke University and other researchers. It was published in today’s issue of the New England Journal of Medicine.

The study was partially financed by Genentech, which makes TPA. However, similar results are expected to be published soon in a study sponsored by a maker of streptokinase.

Until recent years, medical experts gave little thought to the price of new treatments. Anything that worked better was quickly adopted.

Now cost is becoming an issue. Health maintenance organizations and other managed care plans often urge doctors to choose a particular medicine if it is cheaper and reasonably effective.

However, there is no clear agreement over how much a slight medical advantage is worth. One way to look at this is to figure out the extra cost for each year of life saved.

When judged this way, the researchers say, the cost of TPA seems reasonable. They note that treating severe high blood pressure costs $20,000 for each extra year, and providing kidney dialysis costs $35,000.

A journal editorial by Dr. Thomas H. Lee of Brigham and Women’s Hospital in Boston said other new medical strategies should be analyzed the same way.

While the latest findings do not settle the question of which drug to use, he wrote, “they provide important data to guide this decision.”