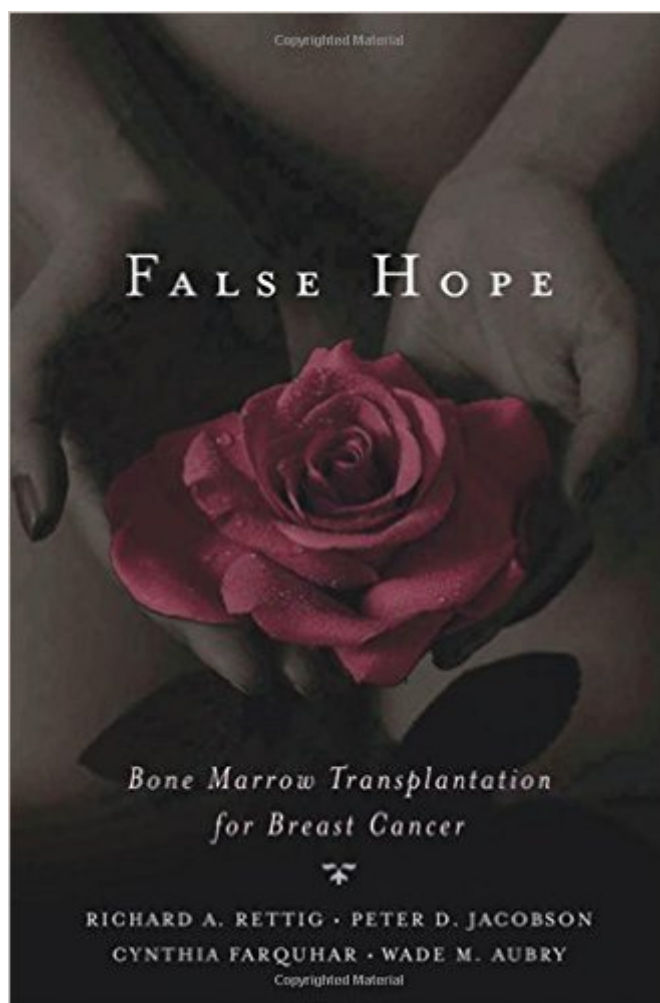


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False Hope: Bone Marrow Transplantation For Breast Cancer



Synopsis

In the late 1980s, a promising new treatment for breast cancer emerged: high-dose chemotherapy with autologous bone marrow transplantation or HDC/ABMT. By the 1990s, it had burst upon the oncology scene and disseminated rapidly before having been carefully evaluated. By the time published studies showed that the procedure was ineffective, more than 30,000 women had received the treatment, shortening their lives and adding to their suffering. This book tells of the rise and demise of HDC/ABMT for metastatic and early stage breast cancer, and fully explores the story's implications, which go well beyond the immediate procedure, and beyond breast cancer, to how we in the United States evaluate other medical procedures, especially life-saving ones. It details how the factors that drove clinical use--patient demand, physician enthusiasm, media reporting, litigation, economic exploitation, and legislative and administrative mandates--converged to propel the procedure forward despite a lack of proven clinical effectiveness. It also analyzes the limited effect of technology assessments before randomized clinical trials evaluated decisively the procedure and the ramifications of this system on healthcare today. Sections of the book consider the initial conditions surrounding the emergence of the new breast cancer treatment, the drivers of clinical use, and the struggle for evidence-based medicine. A concluding section considers the significance of the story for our healthcare system.

Book Information

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Customer Reviews

Similar to the NEJM review, I think the book had a little bit of a "I told you so attitude". As a budding

oncologist though, it is an absolutely fascinating story and important to learn about. There is definitely a lot of name dropping -- even names a young physician can recognize. The story is easily applicable to other new, expensive, unproven technologies ready to be unleashed. On content, I think the book would have benefited if it addressed the technical questions more thoroughly and perhaps been a little less gossipy. A more thorough chapter devoted to the differences between Phase II and Phase III randomized trials -- something more technical, and co-written with an epidemiologist would have been beneficial (chapter could have also included a discussion on biomarkers and end points). Also, there was a lot of inside-baseball on the procedure from the oncology community -- but we don't hear anything at all regarding financial analysis run by insurance companies on the procedure. We only hear details regarding the technology assessments. I also thought that it was hard to understand the problem they are trying to address --- access vs. evaluation -- without a result from the other side (i.e. a contested treatment that was denied while being evaluated, but wound up being helpful -- e.g. AIDS drugs in trials?). This was tangentially mentioned, but not really adequately compared to. The last chapter on their solution to the problem was poorly done and I think would have tremendously benefited from feedback from people who are a little more critical.

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