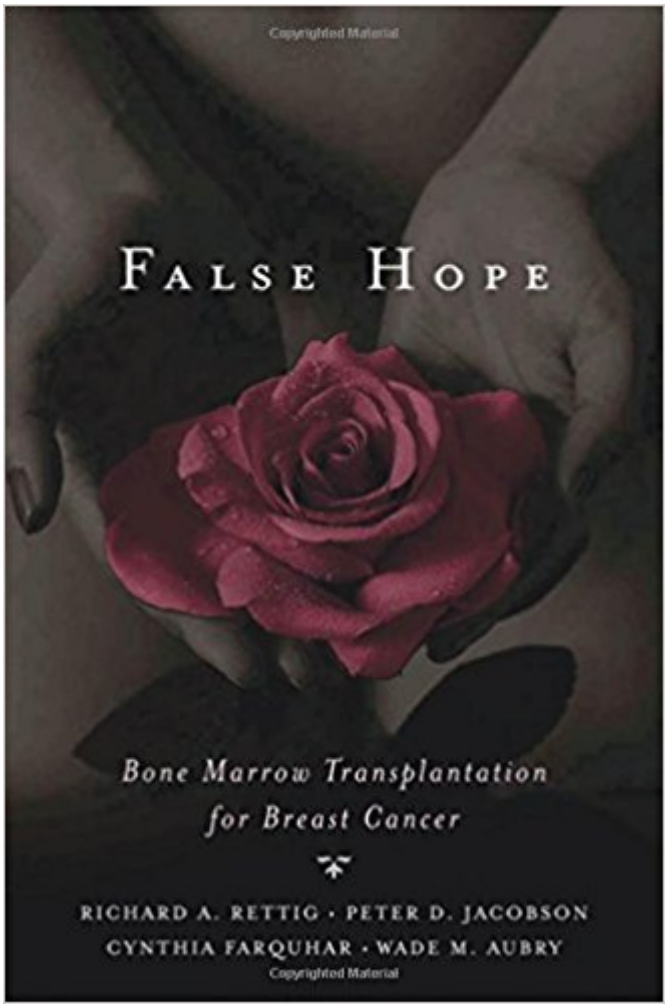
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False Hope: Bone Marrow Transplantation For Breast Cancer



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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

"False Hope is a must-read- a cautionary tale of what happens when our hopes for a medical

breakthrough lead us to press for access to it too soon. This book is a rare treat. It is chock full of detail yet a real page turner. Whether you are someone in a position to help prevent similar mistakes in the future, a student seeking to understand the complexities of advances in health sciences, or simply an interested observer of human nature,False Hope is a great story."--Kay Dickersin, Director, Center for Clinical Trials at Johns Hopkins Bloomberg School of Public Health"This fascinating and important book should be a must-read for all who are professionally associated with health care. The story reaffirms the importance of randomized controlled trials, and the dangers of relying on patient panic, physician enthusiasm, the media, litigation, and money."--Alain Enthoven, Marriner S. Eccles Professor of Public and Private Management(Emeritus), Graduate School of Business, Stanford University"False Hope is an in-depth study of one of the many new cancer therapies that have offered early promise and eventually failed. An emotionally wrenching process, it can be very confusing for cancer patients who pin their hopes on these promising therapies. This book provides invaluable insight into the many factors at play when a new therapy comes on the scene."--I. Craig Henderson, Adjunct Professor of Medicine, University of California, San Francisco"The story is not only fascinating, like a complex mystery novel, but many of the players in academia, industry and private practice are well known to most of us...I highly recommend the book in the hope that through its lessons we can postpone a recurrence for a long time."--Oncology Times"False Hope shows how painfully obvious, in retrospect, is the case for high standards of evidence when it comes to medical decisionmaking."--Lancet"The old proverb says that 'history is written by the winners,' and this book is no exception...This piece of medical history is a sobering reminder that although some new therapies pan out, many do not, and caveat emptor is not a satisfactory approach to choosing health care."--New England Journal of Medicine"False Hope is a meticulously researched case study of clinical medicine 'jumping the gun' by introducing an expensive and toxic procedure in response to the desperation of women (and their families and physicians) with metastatic and high risk early breast cancer...I recommend this book to all Oncology health professionals and anyone with an interest in health technology assessment of new medical procedures. It is a surprisingly 'good read.'"--New Zealand Medical Journal"The authors push beyond what is widely known about the use of the procedure in an organized and effective fashion. Chapters focus on the emergence of HDC/ABMT as a treatment for cancer, the various litigation strategies used by those representing patients seeking coverage of HDC/ABMT from insurers, and the role of entrepreneurial oncology (that is, those who profited from the procedure) in rapidly expanding its use."--Health Affairs"This book is well written and researched. It will be of interest to all professionals and organizations

involved in the trials of new treatments and drugs."--Oncology News"This story of the convergence of medical innovation, social and economical pressures in health care, the women’s movement, and media forces is mesmerizing...Members of all healthcare professions, administrators who offer or anticipate offering a program of clinical cancer research, and the general public will benefit from reading this book."--Oncology Nursing Forum

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I highly recommend this book to anyone interested in learning more about the history of hematopoietic cell transplantation for breast cancer. As an oncology fellow, I was generally aware that we used to do autologous transplants for breast cancer, but then found out they don’t work, and we don’t do them any more. However, I didn’t really know much more than that. People don’t talk about it. This book is an excellent reference, presenting the development and widespread uptake of the procedure from multiple perspectives. The story of breast cancer transplantation has implications for current health care policy. We all see the writing on the wall that we will need to trim the fat from our practices- minimize over- and underutilization of resources. This story is a reminder that we need good quality evidence to support our choices. A great read for those of us in the medical profession, as well as anyone interested in health care policy. At times it reads a little bit like a report, and you can tell that multiple authors contributed based on slight differences in writing style. However, overall, the book is a very engaging read.

This was a required text for our comparative effectiveness research course in my doctorate program. The authors provide a unique perspective on a topic that most of the public does not understand. Science, medicine and research do not always align , and ethical boundaries can be crossed with a vulnerable population seeking cure.

Too dry and technical for me, but I guess it is a book that needed to be written.

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 though 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. First -- their explanation for the failure of medical journalists sounds reasonable -- just like HDC to cure breast cancer sounds reasonable -- but if you think about the stellar job journalists did on WMDs and the financial crisis --- it seems more like a deeper institutional problem with journalism itself, then minor technical problems with medical journalism in particular that resulted in shoddy reporting. Second, there are some rather inflamatory comments in this part, that are contradicted by other parts of the book (e.g. Duke having a financial incentive to put people on HDC/ABMT -- even though they mention Peters insisted everyone went on a Trial (as the authors suggest should be the case)). Also suggesting ASCO do more in terms of patient advocacy while ignoring other institutions that already issue guidelines and seem more prone to that kind of work, such as the NCCN -- seems like a blunder. There is no clear explanantion why ASCO is in a better position than the NCCN.Only other stylistic point would be it gets a bit redundant at times.Overall a good read, if a little tedious, -- especially for future oncologists or anyone in medicine.

False Hope explains how high dose chemotherapy and bone marrow transplant (HDC-BMT) was blocked by insurers because there was not enough evidence to show an improved survival benefit. Leading oncologists promoted it because of improved progression free survival and overall response rate, and the patient was facing death. Only one insurance company supported evidence

development with a grant. Eventually the evidence showed HDC-BMT was no better than regular chemotherapy but the death rate from the HDC-BMT was 15%. Eventually HDC-BMT was abandoned, but not until thousands of patients received no incremental benefit from the high dose treatment, while some died faster, and billions of dollars was wasted. False hope is essential reading for insurance coverage decision makers and those interested in the details of health care policy and cost. The book draws us to think about the benefit and risk our new evidence-based coverage paradigm poses with respect to technology enhancements of existing treatments. False Hope helps us better understand how we can spend much more for health care in the U.S. without improving its value.It paradoxically explains how blocking coverage by insurers can actually cost them more than if they were to allow coverage with evidence development.

The authors have taken a gripping story and turned it into a leaden exposition. The book is dull and repetitious.

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