

Case Study:

PERSONALIZED TREATMENT VS. ONE-SIZE-FITS-ALL STANDARDS



NAME: Simon **AGE:** 52 years old

DIAGNOSIS: Metastatic Colorectal Cancer Wild Type KRAS

OTHER HEALTH CONDITIONS: Diabetes and obesity

Every patient is different. That's why it is so important for individuals to decide – with their doctor – which care options are best for them. Differences in genetics, health conditions, family history, individual preferences and life circumstances all shape differences in patient treatment needs.

Because of this, personalized treatment plans keep the patient perspective front and center in care decisions. One-size-fits-all treatment protocols encouraged by payers – such as the government or insurance plans – may work for an average patient, but may not represent the best care for an individual. This case study looks at what that means for a patient like Simon.

PERSONALIZED TREATMENT PLAN

Simon and his oncologist have a range of options available for treating his colorectal cancer.

Given Simon's age and rapid tumor growth, his oncologist wants to treat the cancer aggressively.

Simon's oncologist prefers Medicine A because he believes it is the most tolerable FDA-approved option for this form of colorectal cancer.



PHYSICIAN-RECOMMENDED PERSONALIZED TREATMENT

Treatment Choice: Medicine A

Because of Simon's age and the rapid growth of his tumor, Medicine A offers the most appropriate personalized treatment for him. It has been shown to increase survival rates compared to other treatment options.

As a result, Simon's cancer responds to treatment with Medicine A without developing neuropathy.



ONE-SIZE-FITS-ALL TREATMENT PLAN

Simon's insurance plan uses standardized treatment protocols, and Medicine A is not available within the health system treatment pathways.

Simon's oncologist ultimately begins treatment with Medicine B – the medicine from the one-size-fits-all treatment plan – to avoid a lengthy approval process from the health system and penalties for treatment outside the pathway.

Simon's oncologist will watch closely to ensure there are no complications as a result of Simon's other health conditions.

PAYER-RECOMMENDED TREATMENT

Treatment Choice: Medicine B

After a few rounds of treatment, Simon develops severe pain in his feet and hands due to neurotoxicity and neuropathy and becomes severely depressed. His cancer treatment is discontinued.

Simon is finally prescribed Medicine A, but his quality of life and morale are greatly deteriorated during the delay. Further, the tumor does not respond well to the new treatment, and Simon does not want to endure additional treatments and side effects.

Simon's long-term prognosis is compromised.

CONCLUSION

Instead of receiving Medicine A, an FDA-approved first line treatment for his type of cancer, Simon was prescribed a treatment preferred by his insurance that did not take into account his unique characteristics and preferences. Because of his poor prognosis, limited chance of survival, depression and debilitating pain, Simon's only option is palliative care.

Keeping treatment decisions between patients and their physicians is important to ensure care is personalized for an individual, yielding the best result for the patient and the health care system at large. Misuse of standardized, one-size-fits-all treatment protocols can impede individual doctor-patient decision-making and lead to serious health consequences for patients.

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