

Managing the Cancer Drug Shortage Remains a Moving Target and Impacts Clinical Trials

The latest NCCN survey of cancer centers also finds that carboplatin and cisplatin supplies improved but overall shortages persist.

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The National Comprehensive Cancer Network (NCCN)—a nonprofit alliance of leading cancer centers—is publishing [new results](#) for its latest survey on cancer drug shortages in the United States. This follows data published one year ago, and six months ago, illustrating how up to 93% of centers surveyed were experiencing shortages of the crucial chemotherapy carboplatin at its peak. In June 2023, 70% of centers surveyed were also lacking adequate supply for cisplatin. In the latest survey, only 11% of surveyed centers reported a shortage of carboplatin and 7% for cisplatin; but new concerns have emerged.

“Critical drug shortages were not a new problem last year and they continue to be a problem now,” explained Crystal S. Denlinger, MD, Chief Executive Officer, NCCN. “The dual carboplatin and cisplatin shortage was particularly severe, and we were able to help sound the alarm during its peak. Despite a renewed attention to drug shortages over the past year, 89% of the responding centers in the latest survey are still reporting shortages of various important anti-cancer agents and supportive care medications. Most of them are still managing shortages for more than one type of medication right now. These shortages not only put a burden on patients, caregivers, and providers, but they could also delay vital clinical trials and slow the pace of progress for new cancer therapies.”

According to the latest survey results—fielded May 28 through June 11, 2024—of the 28 responding centers, 57% reported a shortage of vinblastine, 46% for etoposide, and 43% for topotecan. Some level of shortage was found for many other chemotherapies and supportive care medications, including dacarbazine, 5-fluorouracil, methotrexate, and others. Many of these drugs form the backbones of effective multi-agent regimens across both curative and palliative treatment settings.

The ongoing drug shortages were also found to affect clinical trials at 43% of centers by impacting budgeting, enrollment, and raising administrative burden. 27% reported treatment delays due to shortage-related changes that required additional prior authorization. The responding centers

continue to mitigate the impact of shortages through a combination of strategies, including waste reduction management plus adjusted timing and dosage within evidence-based ranges.

“The current situation underscores the need for sustainable, long-term solutions that ensure a stable supply of high-quality cancer medications,” said Alyssa Schatz, MSW, Senior Director of Policy & Advocacy, NCCN. “The federal government has a key role to play in addressing this issue. Establishing economic incentives, such as tax breaks or manufacturing grants for generic drugmakers, will help support a robust and resilient supply chain—ultimately safeguarding care for people with cancer across the country.”

Respondents noted concerns about how the current marketplace incentivizes unsustainable practices, with 75% stating they would like to see economic incentives put in place to encourage the high-quality manufacturing of medications, especially generic versions that are often in short supply. 64% felt there was a need for a broader buffer stock payment. The same percentage would like to see more information made available on user experience for various suppliers.

The NCCN Policy and Advocacy team has been involved with national efforts, working with federal regulators, agencies, and lawmakers to implement long-term solutions to drug shortages. Learn more and view past and present survey results by visiting [NCCN.org/drug-shortages](https://nccn.org/drug-shortages).

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