Editorial

Cancer Research and Its Drug Costs

Belle M Hegde
1The Journal of the Science of Healing Outcomes, State College, Pennsylvania, USA and Mangalore, India*
2Manipal University, Manipal India**
3The Middlesex Medical School, University of London, UK#
4Northern Colorado University, USA##

“Everyone should know that most cancer research is largely a fraud, and that the major cancer research organizations are derelict in their duties to the people who support them.”

Linus Pauling (Two Nobel Prizes)

“For the most part fraud in the end secures for its companions repentance and shame.”

Charles Simmons

Cancer research these days does not seem to set the Wadi al Batin on fire. Most of it is being funded by the industry and has thus got to be, per force, positive and productive! Most of the predictive advantages did not stand up to scrutiny or follow-up either. To get positive results researchers even manipulate their basic research statistical analysis methods. The research output does not seem to run parallel with the money spent for cancer research what with cancer research having lots of funds available. Cancer charity is another shady saga; most of the cancer charities spend nearly 90% of their money for administration.

The story elsewhere might not be different. The cost of chemotherapeutic drugs has escalated one hundred times in the last one decade. This made a couple of US researchers to go deep into it. Their paper in the Mayo Clinic Proceedings April 16, 2015 says: “Increasingly high prices for cancer drugs are affecting patient care in the U.S. and the American health care system overall, say researchers. Americans with cancer pay 50 per cent to 100 per cent more for the same patented drug than patients in other countries, says one of the authors. As oncologists we have a moral obligation to advocate for affordable cancer drugs for our patients[1].

What used to be $1000 per year in the year 2000 has become today $100,000! That is not all. Some drugs, especially the recent new drug for CML, a kind of leukaemia costs a vulgarly high price tab. The pharma giant from Switzerland that produces this new tyrosine-kinase inhibitor has been caught with their pants down while bribing the doctors to prescribe their drug only although the same costs almost 10% their price in South Korea where another company makes it locally[2].

US prosecutors have brought civil-fraud charges against one Swiss company for paying kickbacks to doctors to prescribe their drugs. That company has been very generous with Indian doctors too. The company claims that the money was paid for educational activities. “The charges against one company allege speaking fees, lavish dinners, and vacations illegally provided to doctors totalling nearly $65 million. This is shown as drug development cost. Recently, a prominent US drug lord bid for another cancer drug producing company for an outlandish price. The CEO of the buyer company said that their new cancer drug will be the biggest market earner in the next decade. What used to be about $1000 per extra year of life extension in the year 1999 with cancer drugs today has hit the $100,000 per year mark. The drug company bosses feel it will still go up as the rich do not want to die of cancer. Cancer drugs, they feel, is to keep the patient alive from year to year and the patients are prepared to pay any amount[2].

How much of this drug price is ethical is the big debate. There is a debate as to how much it really “costs” a pharmaceutical company to bring a new cancer drug to market. The sum of $1.3 - 1.7 billion

Address correspondence to:
Prof. B M Hegde, MD, FRCP, FRCPE, FRCPG, FRCPI, FACC, FAMS, “Manjunath”, Pais Hills, Bejai, Mangalore 575004, India; Tel: +91 824 245 0450, E-mail: hegdebm@gmail.com, website: www.bmhegde.com
*Editor in Chief; †Cardiologist & Former Vice Chancellor (Retd); ‡Former Visiting Professor of Cardiology, §Affiliate Professor of Human Health
is often cited by the companies but independent assessment puts it at $60-90 million. This cost includes FDA approval and ancillary expenses such as the cost of conducting the clinical trials, bonuses, salaries, infrastructures, royalties, advertising, and all kinds of perks to the doctors who prescribe the drugs. Once the drug sells for about one billion US dollars, all the initial costs are paid for. For the rest of the drug’s life, every penny earned is pure profit. India, and many other countries of the world, will never be able to afford this kind of costs for the next hundred years to come for public hospital distribution. Of course, our corporate giants will be happy that their business will thrive.

The other risk of newer drugs is the unknown side effects of the drug in the long run. The study of statins, the commonest drug used by doctors these days, (an estimated ten million Indians are on it today), has been shown to produce 10% new generation of diabetes per year, adding roughly ten million diabetics annually to the Indian pool for diabetes. A new report warns that the number could go up to 47%, which means annually 47 million diabetics could be added to Indian pool. Now we have a new disease syndrome to contend with, due to drug to drug interaction. That is the ADR syndrome – the adverse drug reaction syndrome. This will tax even the best medical brain, as these are not described in the medical textbooks so far. I teach my students that if a patient presents with any bizarre syndrome – the adverse drug reaction syndrome. This will tax even the best medical brain, as these are not described in the medical textbooks so far. I teach my students that if a patient presents with any bizarre disease picture that does not fit into any straightjacket, the first differential diagnosis should be ADR and treatment started forthwith by “step-down” regime described by me in the 1990s of cutting down drug by drug gradually to get the patient better[3].

It should be a great worry for the governments all over, the thinking humane doctors of India and the well-meaning citizens to have an effective yet affordable drug regime for the hapless poor patients. One example is very timely here. The latest cancer drug that costs hundreds of dollars per dose is basically a tyrosine-kinase inhibitor. In fact, almost all chemical reductionist drugs are receptor blockers. That is why there is a craze for receptor research all over to hit the jackpot. Going after receptor is not any strategy to extract the reductionist molecules from our drugs. They do not work. Our drugs are holistic and they work as a whole. I commend some young researchers at the TIFR who did rat studies on Brahmi (Bacopa monniera) leaves as a whole and got wonderful results in that, the rats had significant growth of the Hippocampus major, the memory kit in the brain, with whole Brahmi which one will not get with the extract. Same works with garlic, another one of those wonderful herbal medicines. I can go on and on, but that is for another occasion. “Little do we see in nature that is ours” [4].

Up until the Second World War, when there were small family holding mama and papa drug companies, things were all right. Now that the large corporates have taken over, things have changed. They can dictate drug prices to keep their stakeholders happy. We, the common people, are caught in that cogwheel. So there is no hope of any drug prices coming down in the foreseeable future. May I please appeal to all my colleagues to help us rediscover our own powerful medicines in their holistic form, which are safe for human use at an affordable price range?

“Fraud is the homage that force pays to reason.”

Charles Curtis

REFERENCES

4. William Wordsworth; The world is too much with us. 1802.