

Collaboration among companies: The future of cancer research?

By ACSH Staff — June 8, 2015



John LaMattina, the former head of R&D at Pfizer, tackles a

timely and important topic in his [Forbes piece](#) ^[1] today: What is the best way to do oncology research? And, can it save money as well as lives?

His article, entitled *Will Big Pharma Cancer Drug Collaborations Set The Stage For Lower Drug Costs?* addresses part of a broad issue that has seen much news coverage lately: A very fast movement in oncology research on multiple levels. These include personalized chemotherapy, immune-based therapies, and the introduction of a substantial number of new drugs over the past few years, some of which work quite well, and some of which do not.

LaMattina also writes about something [we covered last week](#) ^[2]: the combination of two immune-based drugs from two different companies, and this is the essence of his essay. Like the research itself, the concept of companies that would normally be competitors working together in a therapeutic area is, with a few exceptions, groundbreaking. It is clear that he favors this approach, and explains why it could address the downside of new therapies cost.

LaMattina quotes Dr. Leonard Saltz, chief of gastrointestinal oncology at Memorial Sloan Kettering Cancer Center: These drugs cost too much. The unsustainably high prices of cancer drugs is a big problem, and it s our problem.

ACSH s Dr. Josh Bloom has written about the cost and value of new drugs a number of times, including a [2013 op-ed](#) ^[3] in the *New York Post*, which he was critical of the very high prices of new oncology drugs, many of which offered limited benefits to patients. He has also written a [piece](#) ^[4] on *Science 2.0* in which he defends the high prices of the new hepatitis C drugs.

Dr. Bloom says, There was quite a bit of howling when Gilead introduced Sovaldi at \$1,000 per pill (\$84,000 for a full course), but this has subsided somewhat, as doctors and patients have come to realize that the \$1,000 pills (and newer versions) deliver quite a punch. In almost all cases, once the course is done, so is the virus, and permanently. When compared to the cost, patient suffering, and poor efficacy of older treatments, as well as the need for liver transplants, \$1,000 pills didn't seem as bad. However, the situation with new cancer treatments is quite different.

LaMattina points out that the cost of keeping patients alive for one year is about \$100,000 for a single drug and potentially \$300,000 for combinations, which is clearly unsustainable. And, unless combination therapies are subjected to additional clinical studies, it is unknown whether they will offer any improvement over a single agent.

A change in the oncology research paradigm is already underway. Major drug companies, including Merck, Novartis, BMS, AstraZeneca, and Lilly, are already collaborating. LaMattina says, These and other such collaborations had been rare in the pharmaceutical industry, but they are occurring at an unprecedented rate in oncology R&D.

This offers advantages for patients because combinations being explored that previously would have only been done empirically by oncologists at the interface of research and medicine. In other words, combination trials are being done prior to FDA approval rather than after.

Will these novel trials help? LaMattina says, Perhaps this is a naïve view, but they might...One can, therefore, envision a scenario where an effective drug combination to treat lung cancer would not be priced at the cost of each component, but rather be set at a price LESS than either component alone | [because] the combination would be extending cancer patients' lives for years not just months. Thus, companies would make up in volume what would be lost in price.

Dr. Bloom comments, What we are seeing is some of the fallout from the pharmaceutical industry's patent cliff that started about a decade ago. Instead of pursuing \$200 per month pills to replace drugs like Lipitor, companies switched in droves to cancer research, which is considerably more lucrative. We are just beginning to see the consequences of this switch. It is somewhat ironic that people complained bitterly about high drug prices 10 years ago, and cheered once patents expired left and right allowing generic companies to make the same drug for less. Now cancer patients are faced with this.

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[2] <http://acsh.org/2015/06/a-melanoma-breakthrough-too-soon-to-tell/>

[3] <http://nypost.com/2013/05/03/searching-for-the-wrong-miracles/>

[4] http://www.science20.com/pfired_but_still_kicking/are_hepatitis_c_drugs_too_expensive-135982