



UACT Statement at USTR Hearing February 24, 2015

The Union for Affordable Cancer Treatment (UACT), is an international network of people affected by cancer, who share the conviction that the most efficient existing cancer treatment and care should be available everywhere for everyone regardless of gender, age, or nationality. More information about UACT is available at uact.org

As stated in UACT's submission to the "2015 Special 301 Review" we object to the United States Trade Representative (USTR) pressure on foreign governments to reject measures such as compulsory licenses, limits on the granting of patents, cost containment and price controls and other mechanisms to provide their population with affordable cancer drugs.

As a recent report by Oxfam indicated:

According to the World Health Organization, cancer is one of the leading causes of death around the world, with 8.2 million deaths in 2012. More than 60 percent of the world's new cases of cancer occur in Africa, Asia, and Central and South America.

These regions account for 70 percent of the world's cancer deaths.

According to the report:

"In low and middle income countries, expensive treatments for cancer are not widely available. Unsustainable cancer medication pricing has increasingly become a global issue, creating access challenges in low and middle income but also high income countries."

As a side note, after hearing some mistakes about compulsory licenses I would like to point to an excellent website WTO.org, Search for TRIPS and then public health and you can find the following:

"Does there have to be an emergency?"

Not necessarily. This is a common misunderstanding. The TRIPS Agreement does not specifically list the reasons that might be used to justify compulsory licensing.

However, the Doha Declaration on TRIPS and Public Health confirms that countries are free to determine the grounds for granting compulsory licences.”

This I hope is a clarification.

Today, we have a handful of "game changer drugs" in the cancer treatment field. By game changers, we mean drugs that add time and quality to the lives of cancer patients.

For example, let us look at dasatinib, a drug for a rare form of leukemia. For UACT, the dasatinib dispute between the USA and India illustrated the failing of US trade policy and its impact on cancer patients.

In a previous submission to USTR during the 2014 Special 301 Out of Cycle Review of India on October 29, 2014, UACT pointed out the impact of USTR pressure on access to treatment for the rare form of Leukemia.

The Bristol Myers Squibb price for dasatinib is more than \$100 per day, in a county with a per capita income of \$4.30 per day, which makes it unreachable for the majority of leukemia patients in India.

The US government opposition to a compulsory license on dasatinib is a de facto an endorsement of an excessive price, and will have predictably harsh consequences for leukemia patients who have developed resistance to the older drug (imatinib).

There are other "game changer drugs" such as Herceptin or Kadcyra (formerly known as TDM1) for advanced breast cancer (for the 20% that are HER2 positive) .

Most recently (this month on cancer day!), the FDA approved the Pfizer drug Ibrance which is a life saver for patients with the most common estrogen positive (but HER2 negative) advanced breast cancer.

Imagine a drug that could add a few good years to the life of someone you love instead of imagining that there is a moral and rational way to exclude most women affected by breast cancer!

All these drugs are near or over \$100,000 a year. These treatments are not accessible to most women on earth and even hardly available in Europe. The UK NICE has rejected Kadcyra “as too expensive” and in some European countries patients are not even tested for the aggressive HER2 type of breast cancer because they will not get Herceptin or Kadcyra no matter what).

In the US, to access treatment, patients have to rely on the employers (including medicare and other government programs or agencies) who have to pay higher and higher premiums and of course their health insurances.

Indeed very few individuals in the US could afford to pay out of pocket these kind of treatments. But without these drugs, most women with advanced breast cancer die of a premature death.

I myself have lived the last 4 years and 8 months of my life thanks to access to these game changer drugs. First Herceptin and now after developing resistance to Herceptin (and having tried 4 other chemotherapy drugs) Kadcyła, “my” very own game changer.

However, it is heartbreaking for me and my family to know that only a few breast cancer patients have access to the same treatments that are keeping me alive and well today.

But even if you, in fact, do not -want- to think about what is happening to cancer patients in other countries UACT is challenging the idea that USTR is advancing US interests by promoting stronger monopolies of medicines and preventing access to these treatments.

The UACT argument is based upon the following:

1. While we recognize that developing new drugs is expensive and risky, we know that BMS, Roche or Pfizer in fact benefited extensively from U.S. government research subsidies, including NIH funded research and clinical trials, universities (public and private) and a 50 percent tax credit to fund trials.

2. The price of these cancer drugs is excessive everywhere for everyone especially for drugs developed with extensive US government subsidies.

3. UACT believes that trade pressures to prevent other countries from using legal mechanisms such as compulsory licensing to manufacture generics and provide access to cancer patients in (what we call politely) resource poor setting is immoral and bad foreign policy.

4. US citizens are especially harmed by the high prices on cancer drugs in part because of an aging population that is more likely to require cancer related chemotherapy.

According to the NIH's National Cancer Institute (NCI), the rate of incidence for cancer is seven times higher for the 65 and older population, than the population under 65 years old. The World Bank estimates that 8 percent of the world population is 65 or older.

According to the U.S. Administration on Aging, by 2020 more than 16 percent of the U.S. population will be 65 or over, and by 2030, the percentage will be 19.3 percent.

For more details, I would refer the Committee to the October 29, 2014 letter from UACT to Ambassador Michael Froman (available at: UACT.org which discusses in details the demographic changes in the United States, as well as the the impact of extremely high cancer drug prices on the competitiveness of the U.S. workforce, which collectively has to pay for cancer drugs that are more expensive in the United States than anywhere else.

5. Finally, USTR, this Committee, you, must recognize that for most cancer patients there is no alternatives to these life saving drugs, and cancer patients cannot continue to be held hostage in a system of threats to ration drugs.

In conclusion, UACT reaffirms its opposition to USTR trade policies that prevent access to treatment to the majority of cancer patients on this planet and create an unnecessary and harmful scarcity of drugs that can save, extend and improve the lives of cancer patients everywhere.

Reducing the number of compulsory licenses, and preventing developing countries from sourcing generic cancer drugs from the few countries that could manufactured them is in fact systematically ending any hope for cancer patients to live longer and better lives.