The New Zealand Herald

Drug firm boss spills beans on failures

By Steve Connor

9:41 PM Monday Dec 8, 2003

By STEVE CONNOR IN LONDON

A senior executive with Britain's biggest drugs company has admitted that most prescription medicines do not work on most people who take them.

Dr Allen Roses, worldwide vice-president of genetics at GlaxoSmithKline (GSK), said fewer than half of the patients prescribed some of the most expensive drugs derived any benefit from them.

It is an open secret in the drugs industry that most of its products are ineffective in most patients, but this is the first time that such a senior drugs executive has gone public.

His comments come days after it emerged that the British National Health Service drugs bill has soared by nearly 50 per cent in three years, rising by £2.3 billion ($6.15 billion) a year to an annual cost to the taxpayer of £7.2 billion ($19.25 billion).

GSK announced last week that it had 20 or more new drugs under development that could each make the company up to US$1 billion ($1.54 billion) a year.

Roses, an academic geneticist from Duke University in North Carolina, spoke at a scientific meeting in London where he cited figures on how well different classes of drugs worked in patients.

Drugs for Alzheimer's disease work in fewer than one in three patients, and those for cancer were effective in only a quarter of patients.

Drugs for migraines, osteoporosis, and arthritis worked in about half the patients, Roses said. Most drugs work in fewer than one in two patients mainly because the recipients carried genes that interfered in some way with the medicine.

"I wouldn't say that most drugs don't work," Roses said.

"I would say that most drugs work in 30 to 50 per cent of people. Drugs on the market work, but they don't work in everybody."

Some industry analysts said Roses' comments were reminiscent of the 1991 gaffe by jewellery boss Gerald Ratner, who said his shops were successful because they sold "total crap".

But others believe Roses deserves credit for being honest about a little-publicised fact known to the drugs industry for many years.

"Roses is a smart guy and what he is saying will surprise the public but not his colleagues," said one industry scientist.

"He is a pioneer of a new culture within the drugs business based on using genes to test for who can benefit from a particular drug."

Roses has a formidable reputation in the field of "pharmacogenomics" - the application of human genetics to drug development - and his comments can be seen as an attempt to make the industry realise that its future rests on being able to direct drugs to a smaller number of patients with specific genes.

The idea is to identify people who benefit from the drug with a simple and cheap genetic test that can be used to eliminate those who might benefit from another drug.

This goes against a marketing culture within the industry that has relied on selling as many drugs as possible to the widest number of patients.

It is a culture that has made GSK one of the most profitable pharmaceuticals companies, but one which has also meant that most of its drugs are at best useless, and even possibly dangerous, for many patients.

Roses said doctors treating patients routinely applied the trial-and-error approach, which said that if one drug did not work another one might.

"I think everybody has it in their experience that multiple drugs have been used for their headache or backache or whatever.

"The reason is because they have different susceptibilities to the effect of that drug and that's genetic," he said.

Hidden flaw in the selling of a cure

The belief that all drugs will work on just about everybody is false.

Bringing a new drug to market is an expensive business.

It takes place in a culture of maximum possible sales for maximum possible profit - a culture that does not like to broadcast the fact that most drugs do not work for most people.

Drug testing in patients involves three phases of increasingly complex clinical trials that must be completed before the drug is approved by regulatory authorities such as the United States Food and Drug Administration.

Even when a drug has been approved in terms of safety and "efficacy" - whether it does what the label says it should do - few people realise how poorly they perform.