

# Industry News

## Healthcare battle in the US

The headlines are stark. In the US 46 million people have no health insurance (15% of the population), and a further 25 million are under-insured. Healthcare costs represent 16% of GDP, almost twice OECD average. Healthcare costs are the single largest reason for bankruptcy. More than half of filers are financially ruined by medical bills, including many who had previously enjoyed a comfortable middle-class lifestyle, a good education, a decent job and good health insurance. President Obama is committed to expanding coverage for the uninsured and controlling healthcare costs.

He faces enormous opposition, mainly from the political right wing and Big Pharma, but even the Democrat majority is deeply divided. He delayed presenting plans to Congress, and when he did, he was heckled by a Republican, which led to the censure of this congressman. Massive TV advertisement support from a coalition of bodies including the American Medical Association is countered by biotech-led amendments to hijack the price control component of the bill. Eli Lilly and Pfizer are reported to be leading the 'no' campaign. However, pharma money is quietly funding both sides. After all, if *more* people get reimbursed access to drugs, but *no* price controls can be agreed, expenditure can only rise.

## Eli Lilly announces restructuring, job cuts

Eli Lilly reported on 14 September 2009 that it plans to eliminate approximately 13.5% of its workforce, or 5,500 jobs, and cut costs by US\$1 billion (Euros 680 million) before the end of 2011. The restructuring plan follows the firm's Euros 1.1 billion payout to settle a wrongful promotion suit in January 2009 (Eur J Hosp Pharm Prac. 2009;15(2):14). Other factors are the falloff in sales of Zyprexa and the limited patent life of their top earning drugs. The company fears US healthcare reform and most of the job losses will be in the US. The global headcount will be lowered to 35,000 from 40,500, although some markets, including Japan, will add workers.

It is hoped that the broader restructuring plan will prepare them for "what's going to be a challenging period for the company and to speed up new products as we enter that period," commented CEO John Lechleiter. To do this, it has established a Development Center of Excellence, geared to streamline the more than 60 molecules currently in clinical development. The drugmaker will organise around four global pharmaceutical units: oncology, diabetes, established markets, and emerging markets.

[www.lilly.com](http://www.lilly.com)

## NICE rejects kidney cancer drugs

Kidney cancer drugs bevacizumab (Avastin), sorafenib (Nexavar) and temsirolimus (Torisel) have been rejected by the National Institute for Health and Clinical Excellence as first-line drug treatments for people with advanced or metastatic renal cell carcinoma. Kidney cancer cells respond to the treatments, but cost was deemed to outweigh benefit for advanced cases. In addition, sorafenib and sunitinib (Sutent) are not recommended as second-line drug treatments for patients with these conditions.

One of the reasons given was that sunitinib has been approved for first-line renal cancer. It naturally angered Roche (maker of Avastin) that Pfizer's drug Sutent has been approved but not bevacizumab. Both Roche and Wyeth issued statements in response to the ruling, criticising interpretation of the end-of-life rules and pointing out that people in comparable countries have access to these drugs.

[guidance.nice.org.uk/ta178](http://guidance.nice.org.uk/ta178)

## New ESC guidelines for non-cardiac surgery

The European Society of Cardiology (ESC) has responded to the results of a study conducted at the Erasmus Medical Center, Rotterdam, The Netherlands. As the result of the Dutch Echocardiographic Cardiac Risk Evaluation Applying Stress Echocardiography (DECREASE III) study [1], ESC now recommends that physicians should "initiate, and perioperatively treat, high-risk surgical patients with a statin". The study was the first to conclusively demonstrate that a statin, extended release fluvastatin, improves post-operative cardiac outcome in patients undergoing vascular surgery.

The elective operations included abdominal aortic aneurysm repair and lower limb arterial reconstruction. Treatment with a beta blocker and Lescol XL (Novartis) was for a median 37 days before, until 30 days after, the operation. Of the patients treated with the statin 10.8% developed myocardial ischaemia within 30 days of the initial surgical procedure compared with 19% of patients given beta blocker plus placebo, a risk reduction of 45%. For infarction the risk reduction was 53%. Treatment was also associated with significant decreases in total cholesterol, low-density lipoprotein cholesterol and markers for inflammatory activity.

1. N Engl J Med. 2009;361(10):980-9.