

Products evaluated during the previous year in the New Products section of our French edition are eligible for the Prescrire Awards for new drugs and indications (in 2012: issues 339 to 350).



Each month, the *Prescrire* Editorial Staff presents systematic and comparative analyses of available data on all newly approved drugs in France, and on new therapeutic indications granted for existing drugs. The goal is to help readers to distinguish, among the plethora of lavishly promoted commercial products, those medications worth adding to their prescribing lists or worth using instead of existing products; also to distinguish which products are to be avoided.

This evaluation is based on rigorous procedures that include a thorough literature search, a large panel of reviewers (specific to each project) and a quality control system to verify that the text is consistent with the data in the references (see our website for further information: [english.prescrire.org](http://english.prescrire.org)).

**Total independence.** This work is carried out by the Editorial Staff in total independence. *Prescrire* is financed exclusively by subscribers. Neither the French nor the English edition carries any paid advertising, nor do we receive grants or subsidies of any kind (see our annual financial report in the June issue of *Prescrire International*). At the end of each year, the Prescrire Drug Awards are based on the review articles published in the French edition in that year, and take into account any new data available since the initial articles were published.

The rules governing the Drug Awards are available online, at [english.prescrire.org](http://english.prescrire.org).

"Therapeutic advance" is defined as better efficacy, fewer or less severe adverse effects (for similar efficacy), or safer or more convenient administration.

**2012: two minor advances.** Once again, the Golden Pill Award was not attributed this year (see above and page 79). In addition, no new drugs and no new indications for existing drugs were deemed worthy of inscription on the Honours List for 2012.

Two new drugs marketed in 2012 provided a slight advantage for certain patients.

*Abiraterone* is an antiandrogen with a mechanism of action different from that of *cyproterone*. A good-quality trial, in men with metastatic prostate cancer

### Pilule d'Or/Golden Pill Award

#### Not attributed for 2012

The "Golden Pill" award is granted to drugs that provide a major therapeutic advance for patients and healthcare professionals in a field in which no treatment was previously available.

### Honours List

#### No inclusions for 2012

Drugs included on the Honours List provide a clear advantage for some patients in comparison to existing therapeutic options, albeit with certain limitations.

### Noteworthy

The following drugs provided a modest improvement in patient care.

<b>abiraterone</b>	ZYTIGA <sup>®</sup> tablets Janssen-Cilag	Metastatic prostate cancer following failure of castration and chemotherapy; in combination with a corticosteroid ( <i>Prescrire Int</i> n° 128)
<b>boceprevir</b>	VICTRELIS <sup>®</sup> capsules Merck Sharp & Dohme	Chronic hepatitis C due to a genotype 1 virus, previously untreated or after failure of the <i>peginterferon alfa</i> + <i>ribavirin</i> combination ( <i>Prescrire Int</i> n° 126)

in whom androgen suppression followed by chemotherapy had failed, showed that *abiraterone* prolonged overall survival by about 4 months (to 15 months, versus 11 months in the placebo group). Adverse effects, including hepatic and cardiac disorders are sometimes severe but are acceptable if patients are closely monitored. It is given orally.

*Boceprevir* is an antiviral agent that inhibits NS3/4A serine protease (**a**). In patients with chronic hepatitis C due to a genotype 1 virus, who had never been treated or in whom the *peginterferon alfa* + *ribavirin* combination had failed, oral *boceprevir* add-on therapy increased the rate of sustained virological responses by 30% to 40%, although follow-up is too short to judge the efficacy of *boceprevir* on clinical outcomes (mortality, liver transplantation, cirrhosis). Its main adverse effects are potentially severe haematological disorders, which can be anticipated and possibly corrected.

**A continuing lack of therapeutic advance.** 2012 was another disappointing year for patients and healthcare professionals, as the pharmaceutical industry failed to provide new drugs with tangible therapeutic advantages.

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*a*-Telaprevir, un antiviral drug belonging to the same class as boceprevir, is a useful alternative to boceprevir but carries a risk of unpredictable and potentially severe cutaneous adverse reactions. This is why telaprevir did not receive an award.