

# Oncology: time to get to work

Cutaneous T cell lymphoma is a mildly aggressive lymphoma that takes several years to reach an advanced stage. Even then, quality of life is often acceptable. A large number of systemic treatments are currently available, but not all of them are properly assessed (interferon alfa for example).

The US Food and Drug Administration (FDA) and the European Medicines Evaluation Agency (EMA) examined marketing authorisation for bexarotene (see pages 94-97).

**Bad company.** The clinical evaluation dossier submitted by the manufacturers is dismal. It includes data from only two clinical trials, one in the early phase of the disease, and the other in the advanced phase. Both trials are seriously flawed: the first was originally a randomised dose-finding study that was transformed into a non comparative trial, while the other was non comparative from the outset. The company was obliged to provide the FDA full-body photographs of each enrolled patient (for independent verification of the results), but failed to do so. The protocols were modified nine times during each trial, and the investigators often violated the protocols; in particular, most patients were given prohibited treatments.

**Bad specialists.** Clinical specialists in cutaneous T cell lymphoma share responsibility for inadequate assessment of current treatments, notably because they have so far failed to create a network that would allow comparative trials to be done in adequate numbers of patients with this rare disease.

FDA experts recommended marketing authorisation on condition that the company conduct a comparative trial against interferon or methotrexate. But why should the company respect its obligations once marketing authorisation has been granted when they failed to do so during the premarketing assessment? In the meantime, patients are being exposed to unjustified risks. Moreover, how can methotrexate and interferon be considered “reference treatments” when the necessary trials have still not been done?

**Bad authorities.** Finally, regulatory agencies share some of the responsibility for this unacceptable situation. The FDA has granted marketing authorisation for bexarotene at all stages of T cell lymphoma, even though the FDA’s own expert committee voted against its use in early-stage disease. Likewise, the French authorities accepted a very high price for this product, even though the *Commission de la transparence* could not determine its added therapeutic value because of its inadequate assessment.

**Taking responsibility.** Pharmaceutical companies are unlikely to go beyond the requirements laid down by regulatory authorities. This is why it is essential that the authorities demand comparative evidence of efficacy and safety.

All players in the pharmaceutical field must take their responsibilities seriously, and their chief responsibility must always be the patient.

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