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Low-Income Countries And Repurposed Drugs

According to the surprising study by Aaron Kesselheim and coauthors (Feb 2015), nine of twenty-six (35 percent) transformative drugs approved by US Food and Drug Administration between 1984 and 2009 were repurposed from products developed for other indications. Drug repurposing, especially of old drugs not under patent protection, seems to be a very attractive approach to drug development for cancer patients in low-income countries, since patented chemotherapy is very expensive and not transformative in terms of curing metastatic cancers. By investing in efforts to find positive side effects of inexpensive old drugs, low-income countries could make really transformative drugs available for a majority of their citizens.

Of course, the same efforts should also be undertaken in rich countries. Clinical trials of such nonprofit drugs must be paid for by governments and charities in the public interest, as I argued few years ago.¹ Even rich countries urgently need inexpensive and at the same time curing drugs, especially in oncology. My colleagues and I at the Olomouc University Social Health Institute, in the Czech Republic, are working on the funding for the repurposing of an old anti-alcoholic drug, disulfiram, for use in treating metastatic cancers. If we are successful, a year-long treatment of one patient on a daily dose of disulfiram will cost less than a thousand dollars.¹

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NOTE

¹ Cvek B. Nonprofit drugs as the salvation of world's healthcare systems: the case of Antabuse (disulfiram). *Drug Discov Today*. 2012;17(9-10):409-12.