CORRESPONDENCE

New Drugs: Evidence Relating to Their Therapeutic Value After Introduction to the Market

by Dr. med. Mariam Ujeyl M.Sc., Dipl.-Oecotroph. Claudia Schlegel, Dr. med. Siegbert Walter MPH, Prof. Dr. med. Ursula Gundert-Remy in volume 7/2012

Analysis not Appropriate

The authors of this publication mentioned some 50% placebo controlled pivotal studies for 39 medicinal products that gained approval in 2009–2010, and implied that the pharmaceutical companies shied away from real comparisons between treatments. What I cannot understand in this context is that this criticism was also applied to preparations for which no other option existed but to test them against placebo (in patients who are beyond treatment; no therapeutic standard to date). Pointing this out, the authors excluded medications for rare diseases (orphan drugs) from their study from the outset. However, these reasons apply to more common diseases too, as was shown in a 2009 publication of European drug approvals (1). My own analyses of pivotal studies for 2010 and 2011 confirm this. An appropriate analysis would have therefore differentiated between studies that were placebo controlled out of necessity and those that were not. This would have shown that new medications are almost always tested against standard treatments—if this makes sense medically. Placebo controls are used almost exclusively in a setting where no standard treatment exists—for example, when a drug is tried in patients who are beyond treatment.

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In Reply:

In our publication we addressed the issue of alternative treatment options, which was raised by our correspondent. As mentioned in the publication, alternative treatments may be lacking and therefore testing only against a placebo may have been unavoidable. Such cases mostly relate to approvals for drugs for rare diseases (orphan drugs), which we excluded from our study, and is far less common for drugs without orphan drugs status (1). In the individual case scenario it is not always possible to clearly determine whether therapeutic alternatives existed at the time the pivotal trials were being planned and conducted. In our publication we therefore restricted ourselves to describing if data from active comparator trials were available at the time a drug was launched into the market. Indisputably, there are indications—such as in oncology in particular—where a new drug is tested exclusively against placebo, since it constitutes the only alternative after available treatment options have been exhausted. However, there are other cases where drug approval is restricted to second-line treatment following risk-benefit evaluation and not due to the fact that its efficacy has been shown in patients who did not respond to available treatments. In such cases forgoing to use an active control does not seem to be justified without doubt. In the publication cited by our correspondent, the authors refer to add-on designs without even mentioning the comparator treatments used. This, in our view, does not yet prove that testing exclusively against placebo was done out of “unavoidable necessity”.

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Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists.