

Re: rastuzumab/Herceptin

Source: <http://sci.tech-archive.net/Archive/sci.med.diseases.cancer/2006-02/msg00028.html>

- *From:* J <studras@xxxxxxxx>
 - *Date:* Fri, 03 Feb 2006 16:39:48 -0500
-

<<http://www.theglobeandmail.com/servlet/ArticleNews/TPStory/LAC/200508...>>

Globe and Mail – Toronto

Second Opinion

By ANDRE PICARD Thursday, August 4, 2005

The breast cancer drug trastuzumab (better known by its brand name Herceptin) has had more than its share of good press. It has been described as "the biggest cancer breakthrough in a decade," "a life-saving drug" and the "next best thing to a cure."

The laudatory words from some oncologists and patient advocates, along with extensive media coverage, have placed enormous pressure on public health plans to fund the treatment. Much of the debate has focused on the price Genentech Inc. is asking for Herceptin — between \$35,000 and \$45,000, depending on the patient's weight.

Providing Herceptin to a select group of breast cancer patients would effectively double the cost of treatment and add \$150-million a year to the health-care tab.

But that's a small price to pay for a miracle, right?

Let's leave the discussion of pricing for another day and focus instead on the other numbers, the ones that tell us just how effective Herceptin can be in ridding women of breast cancer. (Before going any further, let's remember that Herceptin is designed only for breast cancer sufferers who produce too much HER-2 protein — about one in four cases.)

The most eye-popping claim is that, for this select group, the drug cuts the risk of recurrence by half. In clinical trials, women who took Herceptin along with a standard chemotherapy drug saw their risk of recurrence fall 52 per cent, compared to women who received chemo alone. That is an impressive relative risk reduction.

But what matters in the real world is absolute (not relative) risk reduction. Practically speaking, 15 per cent of women taking Herceptin and chemo had a recurrence of breast cancer within four years of diagnosis, compared to 33 per cent of women who took chemo alone. That is an absolute

Re: rastuzumab/Herceptin

risk reduction of 18 per cent.

Nobody wants a recurrence, but what matters ultimately is survival. Herceptin, according to the studies, cut the death rate by one-third. That sounds impressive, but relative risk reductions always do. In reality, the difference in the death rate between the Herceptin and non-Herceptin groups was 2 per cent after three years, and 4 per cent after four years.

Based on those numbers, can we honestly say that Herceptin is an essential lifesaving drug?

Like every drug, Herceptin has side effects. In th