UACT
UNION FOR AFFORDABLE CANCER TREATMENT

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Dear NAFTA Delegates,

The Union for Affordable Cancer Treatment (UACT), created in 2014, is a union of people affected by cancer, their family members and friends, people who take care of people with cancer, health care professionals and cancer researchers committed to increasing access to effective cancer treatment and care. We are particularly concerned about the rapidly escalating cost of cancer medication.

We are writing to ask you to ensure that the renegotiations of NAFTA do not result in higher prices for cancer patients and payers such as governments or private payers. If pharmaceutical industries are given stronger monopoly protections for pharmaceutical drugs, vaccines or medical devices, it will make it even more difficult --if not impossible-- to address pricing abuses in the United States.

High prices of drugs for diseases, including cancer, are among the most pressing health and budget issues we are all facing. Prices of the newest drugs for cancer are extremely expensive. For example, Alunbrig, a second-line treatment for ALK-positive, non-small cell lung cancer, was introduced this year by Takeda at an annual cost of $170,000, a price far above what is reasonable or sustainable and which blocks access for patients. Another example is the drug keeping me alive today, Kadcyla, which costs around $9,800 per month or about $94,000 for an average treatment. It is the best drug today to treat HER2-positive breast cancer which has spread to other parts of the body, cannot be surgically removed and has stopped responding to initial treatment.

UACT is urging you, the NAFTA negotiators, to protect the ability of governments and courts to permit third parties to use patents without the permission of right holders, when there are pricing abuses.

UACT recognizes that the rationale for granting time limited monopolies on new drugs, vaccines and other medical technologies such as diagnostic tests and CAR-T treatments is to stimulate investments in research and development (R&D) for new products. However, it is our opinion that it is a historic and harmful mistake to link the incentives for R&D to the prices of new products. By linking incentives to the prices of products, policymakers have set up a no-win conflict between access and innovation, and also embraced a very expensive, wasteful and unfair mechanism to finance R&D.

UACT proposes that the NAFTA members agree to create a new model for dealing with medical innovation that delinks R&D funding, including incentives, from product prices. In the delinkage approach, governments cooperate in funding medical innovation as a public good, through a combination of enhanced and equitable funding of research through grants, research contracts, subsidies (such as the Orphan Drug Tax Credit subsidy for trials, which could be expanded in a delinkage model) and reformed incentives (based upon cash rewards, rather than the grant of legal monopolies).

One initial step towards a new paradigm for trade agreements would be to include a chapter on the supply of public goods, to ensure robust funding for open biomedical research.

NAFTA members could also agree to certain minimum standards for funding and to subsidizing R&D through flexible mechanisms.

As noted above, the grant of a patent monopoly is only one way to fund and reward medical innovation. The grant of a legal monopoly is associated with large costs imposed on society in general and patients in particular. It is important to allow governments to innovate in the business models they use to stimulate innovation. The revised NAFTA should not lock-in flawed and harmful business models that are no longer working well, and which pit innovation against affordability and access, and which one government official noted, has created a situation where drug companies "are getting away with murder."

In return for taking these measures to enhance the resources for medical R&D, NAFTA members should have the maximum flexibility to eliminate or limit monopolies on unreasonably priced or unavailable medical products and technologies.

Finally, a chapter in NAFTA could address a range of issues relating to transparency, including joint agreements to require sufficiently detailed disclosure of R&D costs, revenues and prices for products, and public access to appropriate details for the scientific data from clinical trials and reporting of adverse effects of treatments, and the outlays on marketing products.

Sincerely,

Manon Ress
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http://uact.org/