

**News Release**  
**For immediate release**  
**Contact: Michal Taton**  
**(617) 482-4004**

## **Boston Healthcare Associates Release Report on the Nature of Progress in Cancer Treatment**

**Washington, DC (March 15, 2010)** – Boston Healthcare Associates today announced the release of a new report on progress in the fight against cancer. The report describes important features of the process of making treatment advances in oncology, and explains how clinicians' understanding of the role and value of treatments emerges over time, frequently well after they are first introduced.

"Progress against cancer is not a simple, linear process in which the optimal role and full value of each new treatment can be known at the time of FDA approval," report author Thomas Goss, PharmD, said. "Rather, it is a complex process in which new treatments and new information are continually emerging about the optimal approach for treating different types of cancer."

The white paper is being released at the National Call to Action on Cancer Prevention and Survivorship workshop, "Innovation in the War on Cancer," a gathering of stakeholders from throughout the cancer community to discuss progress in cancer treatment, advocacy, prevention, and policy.

The report, "Recognizing Value in Oncology Innovation," outlines five pathways by which additional value is revealed: additional use within the initial indication, use earlier in treatment line and disease stage, use in different disease indications, use in combination with other agents, and use in combination with biomarkers. Four existing therapies described in the paper characterize and illustrate these different mechanisms in detail.

"Given the vital need of advancing treatment options for cancer patients, it is important to understand how progress is made, and to advance policy solutions that are in step with the process of scientific and medical advancement," Dr. Goss said. "This becomes all the more important as we enter a new era of personalized, or targeted, medicine in the care of many cancer patients."

The white paper highlights many examples of how post-approval research impacts our understanding of value, for instance:

- Imatinib (Gleevec (r)) was first approved in 2001 for chronic myeloid leukemia based on surrogate endpoints showing patient response to treatment at the cellular level. By 2007, the clinical benefit was dramatically demonstrated through research showing an 88% survival rate for patients after six years of treatment, compared to an average five-year survival of 48% prior to imatinib.
- Similarly, evaluation of docetaxel (Taxotere (r)) based on early results would have substantially underestimated the drug's impact on survival for patients with squamous cell carcinoma of the head and neck by more than 4.5 years.

Boston Healthcare Associates partnered with Dr. John Feldmann, Director of the Moses Cone Regional Cancer Center in Greensboro North Carolina to produce the report with a grant from the Pharmaceutical Research and Manufacturers of America.