correspondence

Low-Dose Abiraterone, a Rare European Commodity

TO THE EDITOR:

An article by Patel et al[1] titled "Low-Dose Abiraterone in Metastatic Prostate Cancer: Is it Practice Changing? Facts and Facets" was published in *JCO Global Oncology* on March 3, 2020. We concur with the findings of Patel et al,[1] as do other commentators,[2,3] that use of a low-dose strategy using 250 mg of abiraterone compared with 1000 mg leads to significant cost savings and will improve access for patients.

Unfortunately, a generic formulation of this agent will not be available in Europe until the patent expires in 2022; thus, it is currently available only in a 500-mg formulation, although it was previously available in a 250-mg formulation for landmark clinical trials. This means that physicians cannot prescribe low-dose abiraterone and also places an unnecessary financial burden on patients and health care systems. The 250-mg formulation was available until noninferiority to full-dose abiraterone was demonstrated by Szmulewitz et al.[4] Opportunistic profiteering of this nature that led to the limitation of anticancer agents has been shown to increase their financial toxicity, limit their access worldwide, and lead to poorer survival outcomes for patients.[5-7] As the economic impact of the current COVID-19 pandemic increases, the potential cost savings from the availability of cheaper formulations will become increasingly relevant to the global population.[8]

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AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

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Open Payments is a public database containing information reported by companies about payments made to US-licensed physicians (Open Payments).

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No other potential conflicts of interest were reported.

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DOI: https://doi.org/10.1200/GO.20.00106; published at ascopubs.org/journal/go on May 19, 2020.