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1

Sigma sticking to generics

Mark Gertsakis

SIGMA Pharmaceuticals has reaffirmed its confidence in the strength of Australia's generic drug market despite warning of a likely fall in its profitability during the past year.

The pharmaceutical issued a statement to the Australian Stock Exchange yesterday admitting that its results for the year ending 31 January "are likely to be impacted by certain adjustments to reported profits".

The announcement, which followed a trading halt to Sigma's shares last month, revealed that the company's future cash flow forecasts had declined partly

because of "increased recent market pressures, in the generics business in particular".

These profit adjustments, the statement said, related to "inventory provisioning and write-downs, redundancy provisioning and licence carrying values".

However, speaking exclusively to *Pharmacy eNews*, Sigma chief executive Elmo de Alwis said the company was still "very much" committed to its generic business.

"If you look at reports that have come out about the whole generic market, you can see the impact of things like price disclosure and price reductions on the industry," Mr de Alwis said.

"Generics are going to be an increasingly important part of pharmaceutical business. There are going to be a lot more products coming off patent.

"The opportunities in terms of sales and products are very strong going forward. It's just that, due to some of pricing and regulatory issues, those sales are likely to generate a lower level of profit than would have been anticipated earlier."

Mr de Alwis said the closure of Sigma's Herron plant in Queensland and the associated lay-offs – subject of recent strikes by its workers – was not related to the result adjustments.

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Lung cancer could be next for Abraxane

THE Australian sponsor of intravenous breast cancer drug Abraxane plans to apply for another indication next year after a new trial found the drug to be effective in the treatment of lung cancer as well.

The phase III clinical trial of more than a thousand lung cancer patients – 14 of them in Australia – showed that Abraxane (NAB paclitaxel) led to a significant improvement in overall response rate compared to paclitaxel in the first-line treatment of patients with advanced non-small cell lung cancer.

Abraxane is a protein-bound chemotherapy agent that combines paclitaxel with albumin, a naturally-occurring human protein.

The trial results have prompted Specialised Therapeutics Australia to look into applying to the Therapeutic Goods Administration



LUNG CANCER: Breast cancer drug Abraxane could also be effective against lung cancer.

(TGA) next year to broaden the drug's indication.

"We are extremely pleased with the results from this phase III study," Specialised Therapeutics Australia chief executive Carlo Montagner said.

"Subject to further data analysis, we anticipate filing to the TGA in 2011 for what will be the second indication for Abraxane in Australia."

The trial, carried out by US biotechnology firm Abraxis BioScience, was led by Dr Mark Socinski, from the University of North Carolina Lineberger Comprehensive Cancer Center.

"This is exciting news for lung cancer patients and has important implications not only in late stage cancer but also in earlier stages of the disease," Dr Socinski said.

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Coeliac disease chronically underdiagnosed, say experts

Simone Roberts

PHARMACISTS can play an important role in identifying patients who may have coeliac disease, an international authority on the disease has said.

Speaking during Coeliac Awareness Week 2010, Dr Bob Anderson, chairman of the Coeliac Research Fund and Australia's leading researcher into the disorder, said pharmacists should be on the lookout for the symptoms of the disease, which include unexplained bloating, diarrhoea and/or constipation, tiredness or lack of stamina, anaemia, slow growth, poor physical development and difficulty in concentrating.

"Patients who are regularly taking iron supplements, folate, laxatives or multivitamins because they're constantly tired could be suffering from coeliac disease and should be referred for testing," he said.

Coeliac disease is a common but often under-diagnosed autoimmune disorder where gluten causes the body to produce antibodies which damage the

lining of the small bowel.

This year, Coeliac Awareness Week is focused on improving low diagnosis rates in children in Australia. At least one in 100 children suffer from coeliac disease but four out of five are not diagnosed.

If left untreated, the disease can result in serious long term health risks, including early onset osteoporosis, infertility, liver disease and cancer.

"We urgently need to raise public awareness about coeliac disease and improve childhood diagnosis rates because this is a serious condition which can be extremely detrimental over time if it is not treated properly," said Associate Professor Don Cameron, head of paediatric gastroenterology at Monash Children's at Southern Heath.

Assoc Prof Cameron said coeliac disease typically started in childhood between the ages of four and seven years, although symptoms could present at any age.

To comment [click here](#).

COMMENTS

PROMOTION FOR LISA NISSEN (LINK)

I can't think of a better person to be promoted in the current pharmacy academia. As a UQ pharmacy graduate myself, she has been one of those lecturers you will never forget. She has been an inspiration during my academic years at UQ as well as real-life pharmacy practice.

Thank you for the article.

Gyu Sung Lee

GUILD'S ROADMAP UNDER ATTACK (LINK)

The Guild "Roadmap", the PSA "Green and White paper" and the APESMA "Petition against the Dispensing-model of Practice" campaigns make it all very confusing for the average pharmacist and pharmacy assistant doing their job out there in the real world. Even so, it is not that hard to understand when you look at all of this from the outside.

The Government provides the PBS, the Guild of pharmacy owners manages the PBS, and the PSA and APESMA both say that they would like to manage pharmacy better.

It is simple really. The PBS and the pharmacy profession are two completely different things.

By definition the PBS provides subsidised medicine to Australian residents and is therefore primarily concerned about the equity of this medicine supply.

The Government-Guild agreement will always focus on this issue (despite the professional fluttering) and, therefore, in this regard they are the only parties capable of reaching an agreement.

What else did you expect?

The PSA (and APESMA) need to realise that unless they get involved in the ownership process then they cannot really bring about change. It's about time the PSA (and APESMA) put forward an ownership model of their own that involves only consultant pharmacists. Australia cannot continue to have only 5,000 pharmacy approval numbers registered to supply under the PBS by the year 2050!

In this way, the right people would get the opportunity to make the necessary "white paper" changes needed to bring about change in the profession of pharmacy.

Could you imagine a world where only consultant pharmacists could supply medicines through the PBS?

Manuel Pippas

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