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Why Cure Diabetes?

FAIRFAX, California—Why would the pharmaceutical industry want to cure diabetes, a disease that brings in \$132 billion a year? Diabetes Interview, an advocate for the millions of people with this life-long, debilitating disease, has publicly questioned the motives of the industry that holds their lives in its hands. “Would You Cure a Profitable Disease?” (Dara Mayers, Diabetes Interview, October 2003) provides an in-depth analysis of this multifaceted question.

“The article covers two sets of critical needs—those of people with diabetes and those of the businesses that serve them,” says editor-in-chief Scott King (29 years with diabetes), who considers the article a must-read because “the issues it covers have never been addressed before, anywhere.”

Author Dara Mayers carefully examines the nature of the pharmaceutical industry, the ties between business and academic research, and the dilemma facing people with diabetes, who yearn for a cure. No stranger to controversy, Mayers also authored “Diabetes Diet Wars,” another groundbreaking article questioning whether the mainstream carbohydrate-rich diabetes diet is really healthy for people who can no longer properly metabolize carbohydrates (U.S. News & World Report, July 9, 2003).

Diabetes: Big Business

The U.S. Centers for Disease Control and Prevention (CDC) has declared diabetes (and obesity) an epidemic. Some 17 million people in the United States now have diabetes, and more than 800,000 new cases are diagnosed each year. All these individuals will require treatment of this disease for the rest of their lives. That’s a lot of money spent on drugs, meters, test strips, pumps and other diabetes supplies, not to mention the costs of advertising and marketing these products.

American Diabetes Association spokesperson Nathaniel Clark, MD, takes an optimistic approach: “Such a big market provides an incentive businesswise, and the patients are beneficiaries.” He cites the “incredible new options” that have improved the lives of people with diabetes.

But many people with diabetes are less optimistic. Rather than having a host of “new and improved” treatments, “me-too” drugs and diabetes paraphernalia to choose from, they’d much prefer a cure.

Lilly Abandons Promising Cure Research

Pharmaceutical giant Eli Lilly & Co. has lots of weapons in its diabetes arsenal and wants more. In 1997, Lilly licensed INGAP, a protein considered to have potential as a cure for both type 1 and type 2 diabetes. INGAP, discovered by Dr. Aaron Vinik of Eastern Virginia Medical School, causes beta cells in the pancreas, which produce insulin, to regenerate.

Early clinical tests of INGAP on animals showed great promise—a reversal of diabetes in 30 to 40 percent of

subjects—but Lilly abandoned work on the protein in 1999. Mayers quotes Dr. Vinik, who remembers that the business office called and said, “We love the science, but we don’t think that it is a good business model.”

Lilly’s senior clinical researcher for diabetes care, Dr. John Holcombe, does not deny these claims. He calls the company’s action a “tough decision. . . . During our ongoing review of our priorities, it was decided we would drop it. . . . It wasn’t dropped because it wasn’t showing promise. . . other things became more important than INGAP. You just don’t have unlimited resources.”

Resources at Lilly are substantial. Mayers reports that the company “generates \$2.29 billion a year in revenues from its line of diabetes products.” For example, Humulin insulin earns \$1 billion annually, Humalog \$834.2 million, and Actos \$391.7 million, according to Lilly’s Web site.

Business Ethics vs. Healthcare Ethics

Drug manufacturers face the same problems as other businesses. They can stay in business only by watching the bottom line. They are responsible to stockholders, not to those who buy and use their products. Consumers with diabetes want more than treatments, but options are limited. Mayers quotes one patient who says that people with diabetes are like “helpless addicts” to the drugs they take to control their disease.

Larry Sasich of Public Citizen reasons: “Business ethics and healthcare ethics are frequently in conflict.” Neither he nor Vinik believes there is a conspiracy among drug companies to focus on treatments and not on a cure. Rather, many obstacles stand in the way of finding a diabetes cure: the pressure to consistently turn a profit, stiff competition, the time and expense of the basic science required, reluctance to fund innovative ideas—not to mention that, as Vinik observes, “in medicine in general, there actually are very few real cures.” It’s a safe bet that for-profit pharmaceutical companies will continue to dedicate resources to treatments instead of research for a cure.

Mixed Results From the Bayh-Dole Act of 1980

In that case, one might hope that the task of discovering a cure would fall to academia. Mayers, however, finds the Bayh-Dole Act of 1980, which allows “universities to patent federally funded inventions and license those inventions to U.S. companies,” a mixed blessing. This alliance generated the biotech boom and numerous other advances but has raised concern among medicine’s best thinkers. Marcia Angell, MD (former editor of the *New England Journal of Medicine*), states: “These ties will bias research, both the kind of work that is done and the way it is reported. . . . The incentives of the marketplace should not become interwoven into the fabric of academic medicine.”

Mayers’s entire article is available online at www.diabeteshealth.com. *Diabetes Health* has provided coverage of controversial, poignant issues such as this one since 1991. It is the third largest U.S. magazine dedicated to diabetes. Anyone can request a free preview issue by visiting the Web site or calling 1-800-488-8468.