

Yu Sang Lee, Jae-Jin Kim, *Jun Soo Kwon
kwonjs@snu.ac.kr

Department of Psychiatry, Yong-In Mental Hospital, Yongin, South Korea (YSL); Department of Psychiatry, College of Medicine, Yonsei University, Seoul, South Korea (J-JK); and Department of Psychiatry, Seoul National University College of Medicine, Seoul 110-744, South Korea (JSK)

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paediatric investigation plan in the product information are eligible for a 6-month extension of patent protection, even when the results of paediatric studies were negative. Furthermore, a paediatric-use marketing authorisation can be granted to drugs that were developed specifically for children but that are not protected by intellectual property rights. A paediatric-use marketing authorisation can give up to 10 years of market protection.

Transposition of such policies to research for cancer treatments in LMICs could help to reduce the gap between LMICs and HICs in terms of cancer care. In exchange for the development and support of clinical studies and programmes by pharmaceutical companies for patients with cancer in LMICs, government institutions could provide participating pharmaceutical companies with an extension of patent protection for a drug of their choice in HICs. The length of patent protection granted could be related to the expenses incurred by the pharmaceutical company in developing the study or to the expected profitability of the extended patent. Studies promoted by this patent extension programme could be coordinated by an international governmental organisation dedicated to the advancement of these studies, working as a collaborator and overseer for participating pharmaceutical companies.

Although this type of initiative deserves more in-depth consideration by key opinion leaders around the world, international governing bodies, non-governmental organisations, and pharmaceutical companies, we believe that the creation of powerful incentives, in line with those set for paediatric treatments in HICs, through new business models and strategic partnerships could greatly help the development and accessibility of treatments for patients with cancer living in LMICs.

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*Nicolas Andre, Brendon Guercio,
Eddy Pasquier
nicolas.andre@ap-hm.fr

Service d'Hématologie et Oncologie Pédiatrique, AP-HM, Marseille 13005, France (NA); Metronomics Global Health Initiative, Marseille, France (NA, BG, EP); Harvard Medical School, Boston, MA, USA (BG); and Children's Cancer Institute Australia, Lowy Cancer Research Centre, UNSW, Randwick, NSW, Australia (EP)

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Investment in cancer studies in countries of low and middle income

The burden of cancer affecting patients living in low-income and middle-income countries (LMICs) is now widely recognised, and many international organisations and scientific societies have emphasised the urgent need for action.^{1,2} Although several strategies have been proposed—eg, a focus on prevention, the creation of constraint-adapted guidelines,³ or the establishment of therapeutic strategies⁴—funding these actions remains a major challenge. Funding can be sourced from governmental agencies, scientific societies, non-governmental organisations, and the philanthropic sector. Pharmaceutical companies that ultimately provide anticancer drugs also contribute to such programmes. Nevertheless, the amount of money presently spent on treatment of patients with cancer living in LMICs is minimal when compared with that spent in high-income countries (HICs).

Both the USA and Europe have, in the past decade, adopted policies to improve the development of drugs for children by establishing a system of incentives and obligations for pharmaceutical companies.⁵ For example, drugs that have been authorised in the European Union and include results from a



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Lawlor DA, Wills AK, Fraser A, Sayers A, Fraser WD, Tobias JH. Association of maternal vitamin D status during pregnancy with bone-mineral content in offspring: a prospective cohort study. *Lancet* 2013; **381**: 2176–83—In this Article (June 22), the affiliations of WDF and JHT were reversed. This correction has been made to the online version as of Aug 23, 2013.