

DRUG REPURPOSING FOR TERMINAL-STAGE CANCER PATIENTS

I have read with great interest “The Myth Regarding the High Cost of End-of-Life Care” by Aldridge and Kelley.¹ Using a case, recently published by *Nature*, of terminally ill cancer patients in Brazil demanding an unproven experimental drug, I would like to suggest a cost- and life-saving innovation in end-of-life care. Let me cite from *Nature*:

[C]ourts in Brazil have previously sympathized with those demands, ordering the University of São Paulo to provide a compound called phosphoethanolamine to hundreds of patients. People on both sides of this debate are armed with good intentions. The university argues that the drug is untested, and should not be used to give false hope—and unknown side effects—to vulnerable patients. On the other side, it is understandable that people with little hope may prefer the uncertainty of an untested drug to the certainty of a terminal illness.^{2(p410)}

In such a situation, the best option might be an old, inexpensive drug, used safely for decades in humans, if there is a sound scientific evidence for strong anticancer activity of the drug. An example of this is an old anti-alcoholic drug disulfiram.³

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I suggest that, instead of patient-generated demand of not yet clinically tested drugs, oncologists should systematically monitor clinical trials of old drugs repurposed for cancer treatment and offer them for terminally ill patients. Hopefully, some lives could be prolonged safely at low cost, and growing public support could encourage governments to fund larger clinical trials ensuring the low cost of the drugs in the case they are approved for the new indication in oncology.⁴ *AJPH*

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