

Basic Attitude to Use of Generic Anti-Cancer Drugs for Breast Cancer Treatment in Japan

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OBJECTIVES

Encouraging the use of generic medicine is becoming national policy in Japan to reduce healthcare costs. Physicians are, however, said to be reluctant to prescribe generic drugs, especially in cancer therapy. The purpose of this study was to investigate the attitude of the physicians concerning treatment of breast cancer towards prescription and usage of generic anti-cancer drugs in Japan.

RESULTS

- The respondents were 73 (collect rate: 41%), and the average of age and years experience was 45.1 and 14.1 years, respectively.
- As for basic stance concerning generic drugs, "if the patients hoped, I would prescribe the generic drugs" was 64%, "I am actively prescribing them" was 21%, and, "I would not like to prescribe them, if possible" was 14%.
- Physicians without experience of use for generic anti-cancer drugs were 32%.
- The reason why they did not use them was, "constraints of ordering system" (49%), "physicians' own policy" (21%), and "institutional policy" (13%).
- Selection policy of branded or generic anti-cancer drugs was, "based on patients' preference" (44%), "prefer to generic drugs" (14%), "judged by the name of pharmaceutical company" (24%), and "following institutional policy" (24%).

Subjects and methods

Survey period: Dec. 2006

Survey subjects
180 physicians who were registered with the multi-center trial for breast cancer therapy in Japan (CSPOR)

E-mail 133

E-mail response 58

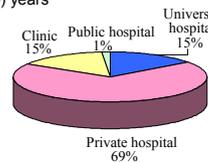
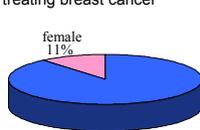
Postal mail 47

Postal mail response 15

Survey forms collected from 73 physicians. Response rate 41%

Background of survey respondents

Age 45.1 ± 6.3 (31-66) years
Years' experience as a physician 19.5 ± 6.0 (6-41) years
Years' experience treating breast cancer 14.1 ± 6.4 (2-35) years

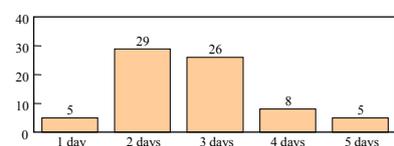


Outpatient care

How many days per week do you see outpatients? 2.7 ± 1.0 (1-5) days/week

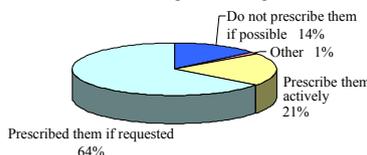
How many outpatients do you see per week on average? 95.4 ± 40.6 (15-230) patients/week

How many breast cancer outpatients do you see per week on average? 73.7 ± 42.9 (1-230) patients/week

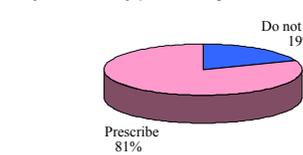


Generic drugs

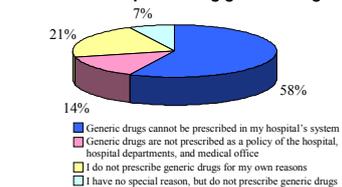
Basic attitude toward generic drugs



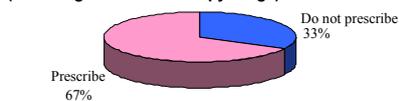
Do you currently prescribe generic drugs?



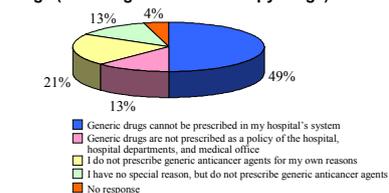
Reasons for not prescribing generic drugs



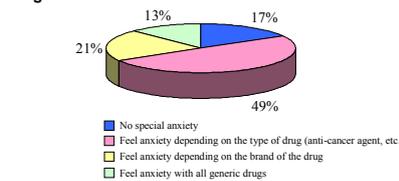
Do you currently prescribe generic anti-cancer drugs (including endocrine therapy drugs)?



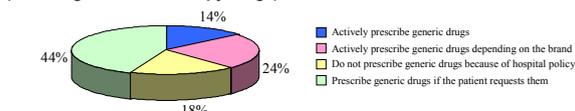
Reasons for not prescribing generic anti-cancer drugs (including endocrine therapy drugs)?



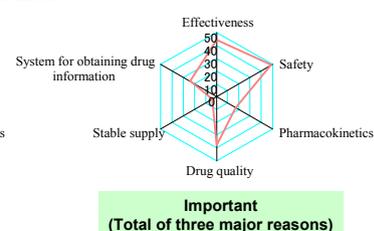
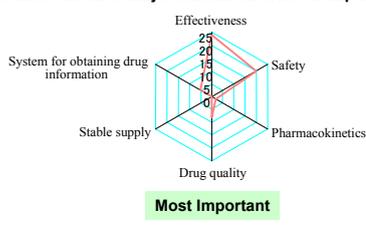
Have you ever felt anxiety in prescribing generic drugs?



How do you differentiate in the use of original and generic drugs when prescribing anti-cancer drugs (including endocrine therapy drugs)?



What about generic drugs makes you feel uneasy? Please write the three major reasons in order of importance.

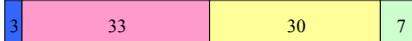


Outpatient care and generic drugs

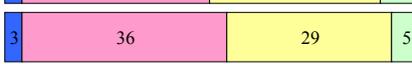
Have you ever been asked about generic drugs by a patient during an outpatient visit?



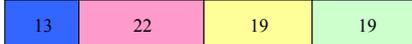
Has a patient ever requested that you prescribe generic drugs during an outpatient visit?



Have you ever been asked by a patient to substitute inexpensive drugs because of the patient's large out-of-pocket expense?



Have you ever explained to patients, without prompting, that generic drugs are an option?



Have you ever prescribed generic drugs in consideration of the patient's out-of-pocket expense?



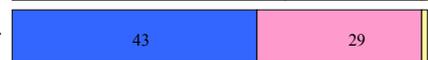
Often Sometimes Rarely Never

Changes over time with regard to the prescription of generic drugs

Compared to three years ago, have the occasions on which you are requested by outpatients to subscribe generic drugs increased?



Compared to three years ago, have the occasions on which patients want to change to other drugs with lower out-of-pocket expense increased?



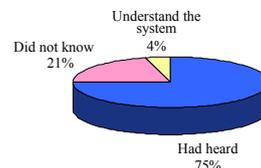
Compared to three years ago, have the occasions on which patients want to change to other drugs with lower out-of-pocket expense increased?



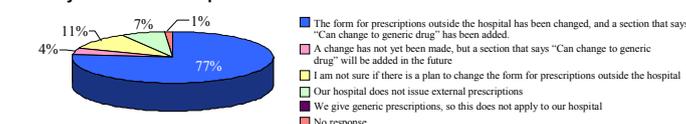
Increased Unchanged Decreased

System change and generic drug prescription

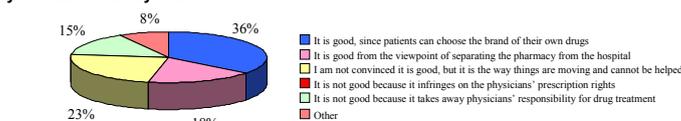
The form for prescriptions outside the hospital was changed in April 2006, and a section was added that says "Can change to generic drug." Did you know about this change in the system?



Has a section that says "Can change to generic drug" been added to the prescription forms that your hospital currently uses for outside pharmacies?

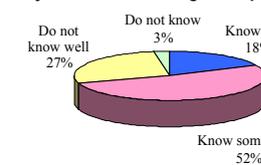


The "Can change to generic drug" system allows patients to select drug brand at the pharmacy. What do you think of this system?

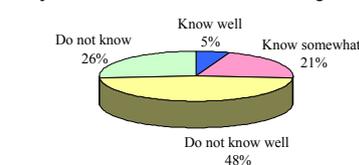


Terms related to generic drugs

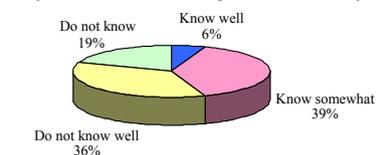
Do you know the term "generic prescribing"?



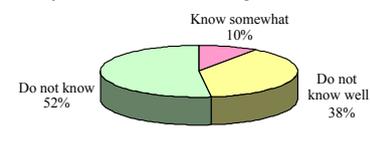
Do you know the term "substitution drugs"?



Do you know the term "drug re-examination system"?



Do you know the term "Orange book"?

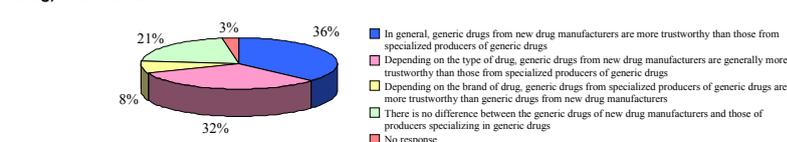


Acceptance of generic drugs

Did you know that new drug (original drug) manufacturers produce and sell generic drugs?

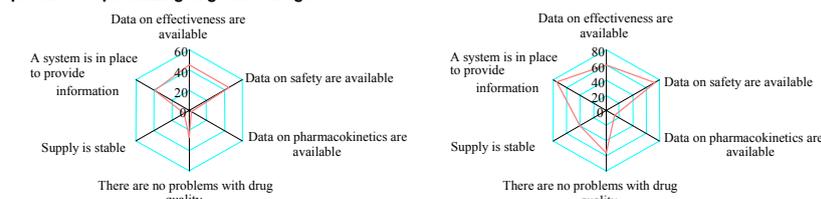


What do you think about the reliability of generic drugs that are produced and sold by new drug (original drug) manufacturers?



Acceptance of generic drugs

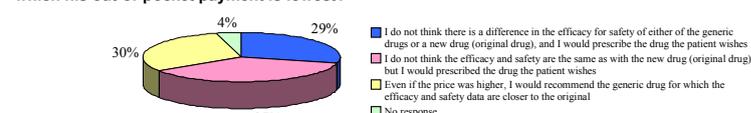
On what points are generic drugs made and sold by new drug manufacturers more reliable than those of producers specializing in generic drugs?



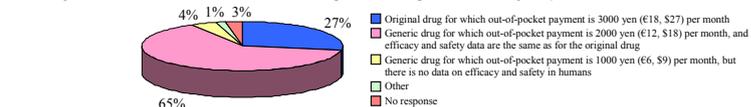
Most Important

Important (Total of three major reasons)

What would you do in the case that there are two or more generic drugs, and the patient wants the drug for which his out-of-pocket payment is lowest?



When you have to choose one from among three drugs, which do you prescribe?



Conclusions

- Nearly 70% of physicians treating breast cancer have prescribed generic drugs (including endocrine therapy drugs).
- Emphasis was placed on patients' wishes in distinguishing between the use of original and generic anticancer drugs.
- More than 50% of physicians treating breast cancer approved of the system change in which the pharmacist could switch to a generic drug.
- There was a high level of trust in generic drugs manufactured and sold by original drug manufacturers, in the case of anticancer drugs used in the treatment of breast cancer.