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Pvt cord blood banks playing on parents' fears: Docs' body

Says Child's Own Cord Blood Can't Help In Genetic Disorders

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Paying huge sums of money to bank your child's cord blood in a private cord blood bank is of limited use and the government ought to be investing more in public cord blood banks. This was stated by the Indian Academy of Paediatrics (IAP), the largest association of the profession, in a consensus statement. The statement also criticised the private cord bloos banking industry for spreading myths and "using propaganda and exploiting people purely for a profitable business".

"Parents' sense of obligation towards their own children is exploited in this field. Private cord blood banking has been projected as a panacea for a long list of medical conditions in future," noted the IAP, pointing out that in reality the use of cord blood for the child would be very limited. It went on to add that promotional advertisements by private cord blood banks were often misleading, projecting private cord blood banking as "a form of biological insurance".

For representational purpose

'SPREADING MYTH': Indian Academy of Paediatrics said private cord blood banking industry are "exploiting people for a profitable business"

"Regulation and quality control of cord blood banks are absent and doesn't seem to be a priority for the government. There is not enough being done to promote public cord blood banks," said Dr Anupam Sachdeva, former IAP president and one of the authors of the consensus statement.

According to the American Society for Blood and Marrow Transplantation, the chance of a baby benefitting from its own cord blood is 0.04% to 0.0005%. One's own cord blood cells cannot be used to cure genetic disorders as the cord blood cells would have the same mutation, pointed out the IAP, adding that though one's own cord blood cells could be useful in treating high risk solid tumours, in such cases, stem cells could be readily harvested from the patient's peripheral blood or bone marrow and this would give the same results as using stem cells from cord blood.

A public cord blood bank, in contrast, would be able to pool cord blood from various donors with differing genetic make-up and hence be useful in treating several conditions. Also, like a blood bank, the donor would not have to pay.

The consensus statement, followed by review of scientific literature on the subject, was published in the latest issue of the IAP journal, Indian Paediatrics. The IAP expressed concern over the finding of a survey among doctors in a tertiary care hospital that almost 60% of the doctors were unaware about conditions that could be treated with cord blood cell transplantation. In fact, 90% of the doctors believed that umbilical cord blood from a child could be used to treat thalassemia in the same child, which is incorrect, noted the IAP statement.

Many breast cancer patients don't need chemo

Gene Tests On Tumours Identify Women In Early Stages Of Disease Who Can Survive On Drugs

Denise Grady

Many women with early-stage breast cancer who would receive chemotherapy under current standards do not actually need it, according to a major international study that is expected to quickly change medical treatment. "We can spare thousands and thousands of women from getting toxic treatment that really wouldn't benefit them," said Dr Ingrid A Mayer, from Vanderbilt University Medical Center, an author of the study. "This is very powerful. It really changes the standard of care."

The study found that gene tests on tumour samples were able to identify women who could safely skip chemotherapy and take only a drug that blocks the hormone estrogen or stops the body from making it. The hormone-blocking drug tamoxifen and related medicines, called endocrine therapy, have become an essential part of treatment for most women because they lower the risks of recurrence, new breast tumours and death from the disease. "I think this is a very significant advance," said Dr Larry Norton, of Memorial Sloan Kettering Cancer Center in New York. He is not an author of the study, but his hospital participated.

AP

SPREADING AWARENESS: Cancer care has been evolving away from chemotherapy in favour of gene-targeting therapies and immune system treatments

The findings apply to about 60,000 women a year in the US, according to Dr Joseph A. Sparano of Montefiore Medical Center in New York, the leader of the study. "The results indicate that now we can spare chemotherapy in about 70% of patients who would be potential candidates for it based on clinical features," Sparano said.

But Sparano and Mayer added a note of caution: The data indicated that some women 50 and younger might benefit from chemo even if gene-test results suggested otherwise. It is not clear why. But those women require especially careful consultation, they said.

The study, called TAILORx, is being published by The New England Journal of Medicine and was to be presented on Sunday at a meeting of the American Society of Clinical Oncology in Chicago. The study began in 2006 and was paid for by the US and Canadian governments and philanthropic groups. Genomic Health, the company that makes the gene test, helped pay after 2016.

This year, about 260,000 new cases of breast cancer are expected in women in the US, and 41,000 deaths. Globally, the most recent figures are from 2012, when there were 1.7 million new cases and more than half-a-million deaths.

Chemotherapy can save lives, but has serious risks that make it important to avoid treatment if it is not needed.

Patients affected by the new findings include women who, like most in the study, have early-stage breast tumours measuring one to five centimeters that have not spread to lymph nodes; are sensitive to estrogen; test negative for a protein called HER2; and have a score of 11 to 25 on a widely used test that gauges the activity of a panel of genes involved in cancer recurrence. The gene test, called Oncotype DX Breast Cancer Assay, is the focus of the study. Other gene assays exist, but this one is the most widely used in the US. NYT

ವಿಜಯ ಕರ್ನಾಟಕ

ಔಷಧ ದರ ಕಡಿವಾಣಕ್ಕೆ ಕೇಂದ್ರ ಮಾಸ್ಟರ್ ಪ್ಲಾನ್

ದೇಶದ ಎಲ್ಲ ಮೆಡಿಸಿನ್‌ಗಳ ಬೆಲೆ ನಿಯಂತ್ರಣಾಧಿಕಾರ

■ **ಟಿಎನ್ಸ್ನೆನ್** ಹೊಸದಿಲ್ಲಿ

ದೇಶದಲ್ಲಿ ಔಷಧಗಳ ದರದ ಮೇಲೆ ಕಡಿವಾಣ ಹಾಕುವ ಉದ್ದೇಶದಿಂದ ಕೇಂದ್ರ ಸರಕಾರ ಈಗಿರುವ ದರ ನಿಗದಿ ಕಾರ್ಯ ವಿಧಾನವನ್ನು ಬದಲಿಸಿ ಹೊಸ ದರ ಸೂಚ್ಯಂಕವನ್ನು ಜಾರಿಗೆ ತರಲು ಮುಂದಾಗಿದೆ. ಈ ಹೊಸ ಹೊಸ ವಿಧಾನ ಜೂನ್ ತಿಂಗಳ ಅಂತ್ಯದಿಂದಲೇ ಚಾಲ್ತಿಗೆ ಬರುವ ನಿರೀಕ್ಷೆಯಿದೆ.

ಸರಕಾರ ಜಾರಿಗೆ ತರಲಿರುವ ಹೊಸ ದರ ಸೂಚ್ಯಂಕವು ದೇಶದಲ್ಲಿ ಮಾರಾಟವಾಗುವ ಎಲ್ಲ ಔಷಧಗಳ ದರ ನಿಗದಿಗೆ ಮಾನದಂಡವಾಗಲಿದೆ. ದರ ನಿಗದಿ ನಿಯಂತ್ರಾಧಿಕಾರದಿಂದ ಪ್ರಸಕ್ತ ಹೊರಗಿರುವ ಹಲವು ಔಷಧಗಳೂ ಈ ಕಾರ್ಯವ್ಯಾಪ್ತಿಗೇ ಒಳಪಡಲಿವೆ.

ಈಗಿರುವ ವ್ಯವಸ್ಥೆಯಡಿಯಲ್ಲೂ ಕೇಂದ್ರ ಸರಕಾರ ಸಾರ್ವಜನಿಕರ ಹಿತಾಸಕ್ತಿಯಿಂದ ಎಲ್ಲ ಔಷಧಗಳ ದರವನ್ನು ಸೀಮಿತವಾಗಿ ನಿಯಂತ್ರಿಸುತ್ತದೆ. ಸುಮಾರು 850 ಔಷಧಗಳಿಗೆ ಸರಕಾರವೇ ಗರಿಷ್ಠ ಮಾರಾಟ ದರವನ್ನು ನಿಗದಿಪಡಿಸುತ್ತದೆ. ದರ ನಿಯಂತ್ರಣ ಅಧಿಕಾರ ಹೊಂದಿರುವ ರಾಷ್ಟ್ರೀಯ ಔಷಧ ದರ ಪ್ರಾಧಿಕಾರ ಸಗಟು ಮಾರಾಟ ಸೂಚ್ಯಂಕ ಆಧರಿಸಿ ವರ್ಷ ಕ್ಕೊಮ್ಮೆ ದರ ಪರಿಷ್ಕರಣೆ ಮಾಡುತ್ತದೆ. ಉಳಿದ ಔಷಧಗಳ ದರವನ್ನು ವರ್ಷಕ್ಕೆ 10 ಶೇಕಡಾಕ್ಕಿಂತ ಹೆಚ್ಚಿಲ್ಲದಂತೆ ಹೆಚ್ಚಿಸಲು ಕಂಪನಿಗಳಿಗೆ ಅಧಿಕಾರ ನೀಡಲಾಗಿದೆ.

ಹೊಸ ಕಾರ್ಯ ಯೋಜನೆಯಡಿ, ಔಷಧಗಳನ್ನು ಹೊಸ ಔಷಧ ದರ ಸೂಚ್ಯಂಕ ದಡಿಗೆ ತರಲು ಕೇಂದ್ರ ಉದ್ದೇಶಿಸಿದೆ. ತಯಾರಕರು ಕೇವಲ ಬೇಡಿಕೆಯ ಆಧಾರ ದಲ್ಲಿ ವರ್ಷಕ್ಕೊಮ್ಮೆ ದರ ಪರಿಷ್ಕರಿಸಲು ಅನುಮತಿ ನೀಡಲಾಗುತ್ತದೆ.

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ಹಾಲಿ ಸ್ಥಿತಿ-ಗತಿ

- 850 ಅವಶ್ಯಕ ಔಷಧಗಳ ಬೆಲೆ ಸರಕಾರದಿಂದ ನಿಗದಿ
- ಪರಿಷ್ಕರಣೆಗೆ ಸಗಟು ಮಾರಾಟ ಸೂಚ್ಯಂಕ ಮಾನದಂಡ
- ಉಳಿದ ಔಷಧ ದರ ವರ್ಷಕ್ಕೆ 10% ಹೆಚ್ಚಿಸಲು ಕಂಪನಿಗಳಿಗೇ ಅಧಿಕಾರ

ಪ್ರಸ್ತಾವಿತ ಪ್ಲಾನ್

- ದೇಶದಲ್ಲಿರುವ ಎಲ್ಲ ಔಷಧಗಳು ಹೊಸ ಸೂಚ್ಯಂಕ ವ್ಯಾಪ್ತಿಗೆ
- ಸರಕಾರಕ್ಕೆ ಪರಮಾಧಿಕಾರ, ಕಂಪನಿಗೆ ಸ್ವಯಂ ಅಧಿಕಾರವಿಲ್ಲ
- ಕಂಪನಿಗಳು ಇನ್ನು ಬೇಕಾಬಿಟ್ಟಿ ದರ ಏರಿಸುವಂತಿಲ್ಲ

ಪರಿಣಾಮವೇನು?

- ಈಗ ಇರುವ 17% ಬದಲು ಎಲ್ಲ 100% ಔಷಧಗಳ ದರಕ್ಕೆ ಕಡಿವಾಣ.
- ಔಷಧಗಳ ದರ ಏರಿಕೆ ಪ್ರಮಾಣ ಈ ಹಿಂದಿನಷ್ಟು ಇರುವುದಿಲ್ಲ.