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# Physician Views: How do Indian oncologists plan to use biosimilar Herceptin?

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## Abstracts

Biocon's CANMAb – a biosimilar version of Roche's HER2-positive breast cancer treatment Herceptin (trastuzumab) – is to launch on the Indian market in the first week of February.

Kiran Mazumdar-Shaw –managing director of Biocon – has been quick to speculate that the availability of CANMAb will increase patient access to trastuzumab therapy, primarily due to the cost of Biocon's product, which will sell at a 25 percent discount to the list price of Roche's branded version.

Such claims have caused some consternation among activists, who suggest that the cost of CANMAb will differ immaterially to the discounted price of Herceptin and to the price of a locally branded version of Herceptin – sold as Herclon – that Roche licenses to the domestic player Emcure.

Shaw suggests that the pricing strategy for CANMAb will trigger price cuts by Roche for branded Herceptin, thus expanding market access further. It remains to be seen, however, that if this is the case, whether Biocon can benefit sufficiently from market share gain.

Not only is Herceptin an internationally recognised brand, but Roche has placed significant attention over the past few years on working to increase access to the drug and facilitating improved rates of diagnosis of HER2-positive breast cancer patients.

Furthermore, some question marks over CANMAb remain; the study used for approval was limited in size (132 metastatic breast cancer patients versus a 557-patient study for Celltrion's CT-P6, which has just been approved in South Korea), while Biocon has yet

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to make any of the clinical data supporting approval of CANMAb publicly available.

With the launch of CANMAb certain to drive a notable shift in the Indian trastuzumab market, this week's Physician Views poll asks Indian oncologists to provide their initial views on what its availability will mean. Specifically, FirstWord will ask them:

Which product (Herceptin, Herclon, CANMAb) they expect to be prescribing most in a year's time – assuming the pricing considerations that have been announced at this point?

By what percentage they expect the trastuzumab market to expand by (i.e. new patients) due to the launch of CANMAb?

Whether they expect to use CANMAb in metastatic breast cancer patients only (where Biocon trialled the drug) or across the HER2-positive breast cancer treatment paradigm?

How confident they are in using CANMAb given the relative size of Biocon's study and lack of publicly available clinical data?

What percentage of treated breast cancer patients they estimate to accurately be diagnosed as being HER2 positive?

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