

# Antabuse (disulfiram) as a pilot case of nonprofit drug

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Dear Editor,

Recently, Keiser *et al.*<sup>1</sup> published a work on predicting new molecular targets for known drugs which has a deep social context. Generic drugs could save today's health care systems and protect them from rising costs. This is the view of the European Commission, as reported in *The Economist* ("Patently absurd," Dec 4, 2008). People ask why expensive, branded drugs should be financed by public resources. The problem is even more acute in the third world.

One way to lower the price of the drugs is to invent a new use for old drugs.<sup>2,3</sup> Nonetheless, if the old drug is patented, it would be relatively expensive. The more promising approach, it seems to me, is for governments or charities to finance phase II/III clinical trials for generic drugs and to allow the companies focused on generic drugs to use the clinical data obtained to enable them to sell the drug cheaply for a new use around the world. Such drugs would be developed by nonprofit making agencies. I suggest an old and inexpensive antialcoholic drug antabuse as a pilot case for such a "nonprofit" drug. Findings summarized elsewhere<sup>4</sup> were the starting point for an ongoing clinical trial at the Huntsman Cancer Institute in Utah (ClinicalTrials.gov Identifier: NCT00742911) where antabuse, with copper gluconate, is administered in patients to combat "refractory solid tumors involving liver."

Should generic drugs become the new inexpensive and safe anticancer remedies (in the case of antabuse, side effects are negligible in comparison with classical chemotherapy), it requires not only further research into the way they act but also special clinical trials financed by charities or governments (which is the aim of non-for-profit medical organization GlobalCures founded by Harvard Medical School professor Vikas P. Sukhatme and his wife). As the drug would be "nonprofit-making," the trials ought to provide open access

to all data and stimulate further research into the field to get antabuse to be used clinically against as many kinds of cancer as possible. Such an idea needs to be communicated to the leading nonprofit supporters of biomedical/clinical research (the Wellcome Trust, the US National Institutes of Health, the European Research Council), which seem not yet prepared for this type of challenge.<sup>5</sup>

Yours sincerely,  
Boris Cvek

## References

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