Pfizer acquires Medivation for $14 billion

Pfizer has sealed the deal to acquire US cancer drug company Medivation for close to $14 billion, in a move to reinforce its oncology portfolio. The board of directors for both companies have unanimously approved the merger for $81.50 a share in cash.

The news comes following reports that Pfizer, Sanofi, Celegene and Gilead Sciences had all expressed interest in acquiring the company, with MSD the latest to join the race. Sanofi had made a rejected offer of $9.8 billion to acquire the company back in April and had engaged in a very public, acrimonious pursuit.

"The proposed acquisition of Medivation is expected to immediately accelerate revenue growth and drive overall earnings growth potential for Pfizer," says Ian Read, chairman and CEO at Pfizer. "The addition of Medivation will strengthen Pfizer's Innovative Health business and accelerate its pathway to a leadership position in oncology, one of our key focus areas, which we believe will drive greater growth and scale of that business over the long-term. This transaction is another example of how we are effectively deploying our capital to generate attractive returns and create shareholder value."

This enables Pfizer to market Medivation's largest-selling prostate cancer drug Xtandi, which currently holds 51% of the market and is projected to help Pfizer generate $1.3 billion in annual sales by 2020. This is the company's highest-profile move since its attempted inversion with Allergan fell through in April.

"We believe the combination with Pfizer is the right next step in our growth trajectory and is a testament to the passion and dedication by which the Medivation team has delivered on our mission to profoundly transform patients' lives through medically innovative therapies," comments David Hung, founder, president and CEO of Medivation. "This compelling transaction will deliver significant and immediate value to our stockholders and provides new opportunities for our employees as part of a larger company. We believe that Pfizer is the ideal partner to extend the reach of our blockbuster Xtandi franchise and take our promising, late-stage assets – talazoparib and pidiluzimab – to their next stages of development so that they can be made available to patients as quickly as possible."

Pfizer does not expect the transaction to impact its current financial guidance for 2016.

Roche cuts ties with Inovio in hepatitis B development

Inovio Pharmaceuticals has announced that it will independently continue development of hepatitis B immunotherapy, INO-1800, after Swiss drugmaker Roche issued notice that it would cease its licensing collaboration on the drug.

Roche only paid $10 million upfront to co-develop some of Inovio's early stage pipeline assets, including INO-1800, but the deal was worth a potential $422 million through milestone payments.

All rights granted to Roche related to INO-1800, including the right to license the product to other parties, will now be returned to Inovio. The company has signalled their intent to continue its current Phase I study of INO-1800, with enrolment anticipated in Q1 2017, and results expected in Q2 later that year.

CEO Dr Joseph Kim says: "While we acknowledge Roche's strategic decision in the area of hepatitis B, we are optimistic that our potent immunotherapy platform will make a difference in this globally important chronic viral infection, similar to what we have demonstrated in HPV-related disease. Inovio was already managing the Phase I clinical trial so the study will continue on track without disruption."

Investors didn't share Kim's optimism, with shares at Inovio falling 6% at the time of writing.

Helsinn and MEI Pharma join forces to develop leukaemia drug pracinostat

Swiss pharmaceutical group Helsinn has entered an agreement with MEI Pharma over the licensing, development and commercialisation of pracinostat (SB939) as a treatment of acute myeloid leukaemia (AML) and other haematologic diseases.

The partnership allows the sharing of mutual resources to accelerate the Phase II-tested drug's journey into Phase III clinical development and explore other treatment applications such as high-risk myelodysplastic syndrome (MDS).

Under the terms of the agreement, Helsinn possesses exclusive worldwide rights to the manufacture and commercialisation of pracinostat in exchange for funding its global development. MEI Pharma will receive $20 million in near-term cash payments and up to $444 million in potential milestone payments, as well as tiered royalties on future sales in selected territories.

Riccardo Braglia, Helsinn Group vice chairman and CEO, says: "Helsinn is delighted to be entering into this agreement with MEI Pharma, for the exclusive rights on pracinostat, a promising late-stage novel asset. In the first instance we will target acute myeloid leukaemia (AML), an area of huge unmet medical need. As part of the development, we will also target additional indications. Helsinn is committed to helping people survive cancer and offer a better quality of living.

"This agreement broadens our focus beyond cancer supportive care products and into the development of oncology therapeutics," Braglia continues. "Helsinn Therapeutics (HTU), our US sales organisation, will allow us to accelerate the development and commercialisation of this product, once approved, as we will be able to leverage our clinical and regulatory expertise coupled with our existing oncology specialist sales organisation."

Pracinostat is an oral histone deacetylase (HDAC) inhibitor, recently granted Breakthrough Therapy Designation by the FDA for treatment in combination with azacitidine. Phase II results taken from 50 participants showed a median overall survival of 19.1 months and a complete response (CR) rate of 42% for a combination of the two drugs, compared to a median overall survival of 10.4 months with azacitidine alone and a CR rate of 19.5%.

"Helsinn is an ideal strategic partner to entrust the development of pracinostat," says Daniel Gold, president and chief executive officer of MEI Pharma.

Transparency for patients: how much is too much?

SV synergy vision

Eileen Gallagher
Executive Director

Transparency is a tricky concept. We know what we think it means, and that it is important when it comes to giving patients information about drugs or clinical trials. But are we getting it right?

Patients need to be told about side effects and risks as well as benefits. But how much information should we give? Lengthy detailed documents are likely to be pushed aside unread, while sharing too little information risks pharma companies being accused of deliberately withholding unpalatable facts.

It is a difficult balance to strike at the best of times. But the requirement from regulators and ethics committees that risks are spelt out in fine detail – although well intentioned – has added complexity without improving understanding.

Patient information that is too long, too detailed and too technical rarely serves a purpose other than to tick a box that protects pharma companies and their regulators. Patients deserve better.

As medical communicators we have a role in ensuring that patients receive transparent information. But what exactly do we mean by transparency? Most people would agree that it means being equally open about risks and benefits. But it is more than that. Openness without clarity and accountability is meaningless.

We have to be able to communicate with patients in a way that is clear and easy to understand. Only then can we expect them to be able to make informed choices about their health and stick to an agreed treatment programme.

Accountability is an inherent part of being transparent. If patients are to be accountable for the actions they take based on the information they receive, pharma companies must be accountable for the quality of information they provide.

So how do we achieve transparency? Should pharma companies work with regulators to agree how to strike the right balance between complexity and clarity? Perhaps asking patients about what information they need and how they want it would be a good place to start. It is a debate that we need to have, and one in which medical communicators have an important role to play.