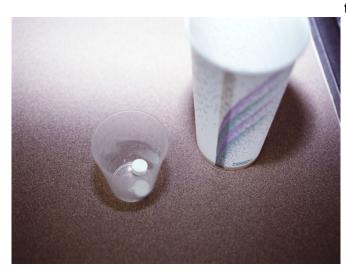


Strategies compared for cancer medication submission lags

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the number of late-initiation BG studies has not decreased, we propose first that pharmaceutical companies should initiate clinical <u>development</u> as early as possible in Japan so that they can choose the GT strategy as a first option at the next step, and second when they cannot choose the GT strategy after investigating differences in exposure between Japanese and non-Japanese in a phase 1 study, they should select the early BG strategy to avoid future drug lag."

Two authors are employees of Daiichi Sankyo Co.

More information: <u>Abstract</u> <u>Full Text (subscription or payment may be required)</u>

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(HealthDay)—For development of oncology drugs in Japan, the global trial (GT) strategy and earlyinitiation bridging (BG) strategy are associated with shorter submission lag (SL) than late-initiation BG strategy, according to a study published online June 19 in the *Journal of Clinical Pharmacology*.

Seiji Kogure, from Nihon University in Funabashi, Japan, and colleagues examined the potential factors that impact SL and compared the differences in SL among the early- and lateinitiation BG strategies, and the GT strategy for <u>oncology drugs</u>.

The researchers note that development start lag and development style potentially shorten SL. SL was found to be significantly shorter in the GT strategy and the early-initiation BG strategy compared with the late-initiation BG strategy.

"The findings in our study suggest that the lateinitiation BG strategy may not contribute to shortening <u>drug</u> lag," the authors write. "Because



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