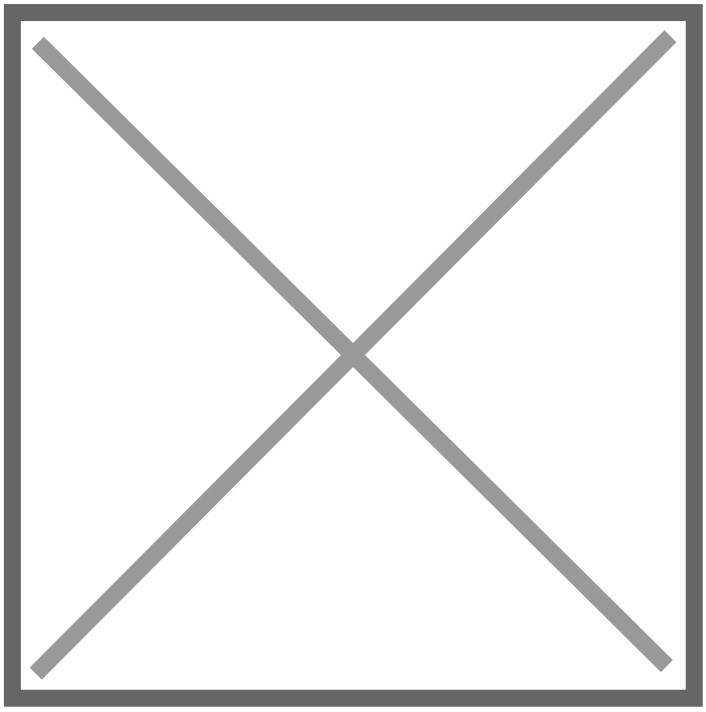
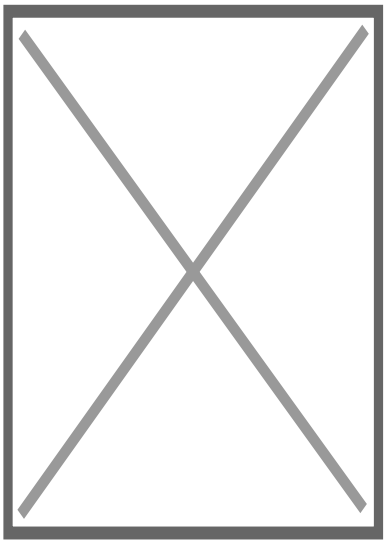
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"Dabur Pharma will be amongst top three global oncology companies in the coming five years"

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Dr Anand Burman, chairman, Dabur Pharma, is upbeat about the company's forays in the oncology segment. In an exclusive interview, he shares his vision and elaborates on the recently launched anti-cancer drug.

How did Dabur choose to focus on the oncology segment more than 10 years ago?

That happened more by design than by chance. And it was a pretty good deal that it happened. Going forward, we have many new things coming up in the oncology sector-not just drugs, but also diagnostic services that we have launched in the oncology area. These are high-tech services that we offer through Dabur OncQuest.

With the current focus in this segment, where do you see Dabur Pharma five-ten years from now?

I see Dabur Pharma as being among the top three oncology companies in the world five years from now. We are good at what we do and we do it with real passion. There are certain products that we have not preferred to launch, as we do not want to launch at risk. We want to make sure that whatever we bring to the market is the finest that we can offer. Most of the bigger

companies work on a slew of drugs and oncology is just one of the focus areas, whereas we are completely focused on it. This is all that we do. At the end of the day, we are competing with the same companies all over the South East Asia, in Russia and the rest of the world. In South East Asia, we are the number 1 today. On that basis, we can give them a stiff competition in the rest of the world as well.

How will be the future the recently launched Nanoxel drug?

One should not look at it as the future of a single product, but as the future of a family of products. Nanoxel is our first drug delivery system to be out in the market. We have got different products in the same drug delivery system and different products in different drug delivery systems, which are in the pipeline right now. We see that there is a huge unmet need in the oncology area because a lot of oncology products are notoriously insoluble. We have got the technology to put them into solution, like Nanoxel, and we feel that we have got at least three-four products in the pipeline which we can launch in India and the world over in the next five-seven years. Nanoxel has great potential as we will start doing the studies internationally in the next six months and then take it forward.

What is the market potential of the drug?

The market is big. The market for Paclitaxel worldwide is just under $1 billion. And that is the market on the generic side. So the market of a drug delivery system product will be much higher than that. Now, how much of the pie we are able to grab depends on us and on our marketing ability.

What about the cost effectiveness of the drug? How expensive is it as compared to the conventional Paclitaxel?

I think that it is brilliant. There is much more increased efficacy, which means that the patient does not have to go back to the hospital frequently, does not have to take unrelated pre medication. It benefits the patient that there is much less side effect.

One should not look at just the cost of the drug itself but look at the cost of the system. If one looks at the cost of the system and gives conventional Paclitaxel, then the patient will have to come to the hospital more often with side effects and there is cost associated with that. The patient has to take other medication and there is a cost associated with that. So if one puts all the costs together and compare it with the cost of Nanoxel, it will be very similar.

What are the other drugs in the pipeline?

We have got a large number of products in the pipeline. We have got many other drug delivery systems in the pipeline; drug delivery systems with other drugs. There are so many other drugs, which have got a huge solubility issue around them and we can do something about it. There is a huge unmet need that we can address. Right now there is a promising peptide molecule DRF 7295 which is undergoing Phase II clinical trials. And we are pleasantly surprised by the short-term results that we have seen so far. There is another small organic molecule DRF 4012, which is at an initial stage, at the preclinical stages. We are very excited about that too as it is looks very good pre-clinically.

Rolly Dureha