**Take Back Xtandi - a student-driven campaign at UCLA to urge the university to drop its patent claim on a publicly funded life-saving prostate cancer drug**

**Overview of the Campaign:**

The *Take Back Xtandi* Campaign was launched at the University of California, Los Angeles (UCLA) to urge the university to drop its pursuit of a patent claim in India on the cancer drug enzalutamide (brand name Xtandi). This life-saving prostate cancer drug was developed at UCLA with the support of publicly-funded grants from the National Institutes of Health (NIH) and Department of Defense. Although this drug is not yet patent protected in India, where prostate cancer is among the top ten most commonly diagnosed forms of cancers, UCLA filed a patent claim with Delhi High Court on behalf of two pharmaceutical giants—Pfizer and Astellas—who acquired the rights to this publicly-funded medicine. If the patent is granted, it will obstruct the introduction of a more affordable generic competitor in the Indian market. **This will have a devastating impact on life-expectancy for patients in India and other lower income countries whose access to medicines is dependent on the Indian generic market.**

**Background:**

UCLA currently hold the three patents for enzalutamide (or as it’s marketed, Xtandi), which like many other universities, they licensed to Medivation, a biotech firm based in San Francisco and later acquired by Pfizer. The firm later entered into a collaboration agreement with Astellas. In March 2016, UCLA sold its royalty interests on the patents for the drug to Royalty Pharma for $1.14 billion. Later that year, Xtandi’s patent application was rejected by the Indian Patent Office on the grounds of “obviousness and lack of patentable invention.” This decision would allow the manufacturing and marketing of generic alternatives of this life-saving treatment that would cost significantly less than the brand-name version.

Following this rejection, the University of California (UC) General Counsel filed a patent appeal suit within the Delhi High Court at the request of Medivation, now Pfizer and Astellas. [An analysis of the court documents by The Wire magazine](https://thewire.in/health/xtandi-ucla-patent-india-cancer-drug) indicate that that there is no mention of the UC’s relationships with the pharmaceutical companies. Over the last year, several organizations including the patient group, Union for Affordable Cancer treatment and 56 civil society organizations such as Universities Allied for Essential Medicines (UAEM) along with academic experts [have urged UCLA](https://cancerunion.org/wp-content/uploads/2017/08/SherryLansingFoundation-9Aug2017.pdf) and [the University of California Board of Regents](https://cancerunion.org/wp-content/uploads/2017/05/UACT-U-Cal-Xtandi-Patent-India-2017May24.pdf) through multiple communications to drop the patient claim in India. In response, [Dr. John Mazziotta, UCLA Health System CEO replied](https://cancerunion.org/wp-content/uploads/2017/09/ucla2uact-7Sep2017.pdf) that the patent appeal in India has been “filed and is being controlled and managed by and at the request of Medivation and its commercial partner Astellas”. He saysMedivation is the commercial licensee for Xtandi and “[t]he licensee usually has a significant role in the prosecution of patent applications,” including paying for its cost and choosing which countries to pursue patents. Within his response, he also cited UCLA’s Global Access Licensing principles that were adopted in 2009 due to the advocacy efforts of UAEM students and faculty members.

In response, students across the UCLA campuses have attended UC Board of Regents meetings to urge their members to drop the patent appeal in India. Students have been attending meetings across the state including in [San Diego](https://cancerunion.org/2017/09/13/uact-uaem-press-regents-to-drop-xtandi-patent-case-in-india/), [Los Angeles](https://cancerunion.org/2017/09/20/david-geffen-school-of-medicine-at-ucla-responds-of-xtandi-patent-dispute-in-india/), and [San Francisco](https://www.globalgiving.org/donate/39891/universities-allied-for-essential-medicines-corp/reports/?page=1) urging the Regents to drop the suit. Their efforts have garnered press attention across a number of news outlets including the [*STAT News*](https://www.statnews.com/2018/03/30/students-ucla-xtandi-patent/), [*Intellectual Property Watch*](http://www.ip-watch.org/2018/09/06/students-activists-swarm-demand-ucla-drop-indian-high-court-patent-claim/)and the [*Chronicle of Higher Education*](https://www.chronicle.com/article/Higher-Ed-Inc/244704?key=40t1HyvNc9fWSmBHhIazDg6rIvOiCXG57Jxvydebi-QXbgEWnXraofcUeMOtl2YqVjI5WVlWUmRic29pNkVLR09qZGZGd2l5YVAyZ0ZUdGxPdjZNQ2FuYzV0Yw)*.* Besides attending Board of Regents meetings, UAEM and Public Citizen worked together to inform the public about the issue. Together, [they collected 3500 signatures](https://uaem.org/cms/assets/uploads/2018/09/Xtandi-petition-press-release.pdf), informing them about the UC’s actions and how their tax dollars were being used to prevent affordable access to a treatment needed worldwide. In October 2018, these signatures were presented to the UC Board of Regents as well as to the Health Services Committee.

More importantly, students have pushed the Board of Regents to place Xtandi on their agenda. In August 2018, the [Board of Regents through its Health Services Committee](https://regents.universityofcalifornia.edu/minutes/2018/hs8.pdf) began to consider alternative proposals to increase access to Xtandi. Dr. Mazziotta had suggested utilizing a portion of their royalties from the drug to create a fund to allow for certain underserved populations to access the drug. The Regents also discussed having this be arranged as a matching program with the pharmaceutical companies. No mention of considering dropping the patent appeal was made during these discussions. In response to these proposals, UCLA students and representatives from UAEM met with Dr. Mazziotta as well as other administrators from the David Geffen School of Medicine twice, once in July 2018 and again in October 2018. They expressed their concern that such a solution, which had been employed by the pharmaceutical companies for decades, would be time-limited and unsustainable, restricted to certain patient populations. They also noted that should the Delhi High Court rule in favor of the UC system and the pharmaceutical companies, this could set a dangerous precedent where the generic industry in India would not enter the market in fear of legal retaliation and universities would continue to serve as proxies for the pharmaceutical industry.

Since then, students and UAEM representatives have been in continued communication with the UC Board of Regents and UCLA administrators including Dr. Mazziotta. They have brought forward alternative proposals including amending the current contract the UC system has with the pharmaceutical companies to allow a license to be given to the Medicines Patent Pool or Indian generic companies, such as what occurred at [Johns Hopkins University with the MDR-TB drug, sutezolid](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2815%2900285-5/fulltext). They also asked for a meeting with the UC General Counsel and the companies alongside legal advocates from the access to medicines movement who have negotiated such agreements in the past. The case was last heard at the Delhi High Court on November 27, 2018. In December, Dr. Mazziotta issued a response to the students stating that they would not be able to drop the lawsuit due to their contractual obligations, but they would be moving forward in meeting separately with the UC General Counsel and the pharmaceutical companies to discuss alternative arrangements. When asked if this would be an open meeting, no response was given.

In the upcoming months, students will continue to mount public pressure on the UC system at upcoming Board of Regents meetings. Other legal strategies are being discussed as well including filing a potential pre-grant opposition in India to potentially block awarding of the patent to UCLA, thereby allowing for generic production.