Financial Ties Between Big Pharma and the Medical Establishment: 37 Selected Articles Published Between 2005 and 2008

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www.HonestMedicine.com

As I pointed out before ("Is It Possible Some Doctors Still Don't "Get" the Extent of Big Pharma's Connection to 'Standard of Care' Research?", I believe that many physicians have somehow managed **not to read** the numerous articles exposing the financial connections between Big Pharma and the Medical Establishment. Many articles have appeared in medical journals, such as the *New England Journal of Medicine* (*NEJM*) and the *Journal of the American Medical Association* (*JAMA*); as well as in well-regarded lay publications, such as the *Wall Street Journal, New York Times* and *Washington Post*.

But somehow, doctors seem not to have read them.

I believe that if more physicians had read these articles, they would not be so quick to rely on the "studies" financed by Big Pharma.

I have prepared the following list of 36 articles for doctors and patients to read. The articles attest to Big Pharma's influence on the results of clinical trials, on the doctors/researchers who conduct the trials, and on the doctors who prescribe these medications to their patients. With each article, I have included a few paragraphs, and have bolded certain portions for emphasis. I have also included hyperlinks, so you and your doctor can read the entire articles.

The articles appear in chronological order. You may also access this list as a pdf file, so that you can share it with your doctors.

1) http://www.guardian.co.uk/science/2005/apr/21/science.research -- Not In My Name, The Guardian, Adriane Fugh-Berman, MD, April 21 2005

> Last summer, I was asked by RxComms, a British medical communication company, to author a review of interactions between herbs and warfarin (a generic anticoagulant prescribed to prevent strokes or blood clots). **Well, not "author", exactly. The usual practice is for a complete article to be supplied; all I would have to do was review it and sign it off.**
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> Months later, I received a completed, 2,848-word draft, with an abstract, references, and a table, ready for submission to a journal, with my name on it. A note asked me to return it with any changes within seven days.
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> I asked why AstraZeneca, sponsor of the article, was funding a manuscript that mentioned none of its products, and I was informed by RxComms that the paper was part of a series meant to highlight problems with warfarin - in particular, "warfarin's high interaction potential, which can give rise to problems with anticoagulation control**". It seemed to me that the article was intended to help AstraZeneca lay the groundwork for a new drug, ximelagatran, to compete with warfarin.**

2) http://fugh-berman.com/files/Corporatecoauth.pdf -- The Corporate Coauthor, Adriane Fugh-Berman, MD, Society of General Internal Medicine, June 2005

> Drug marketing techniques include the sponsorship of articles signed by academic physicians or researchers and submitted to peer-reviewed medical journals. **Some of these articles are authored or coauthored by ghostwriters who work for pharmaceutical companies or medical education companies hired by pharmaceutical companies. Conflicts of interest may be difficult to detect** in the subset of articles and presentations sponsored by pharmaceutical companies that never mention the targeted drug, but focus on stimulating the perceived need for the targeted drug or highlighting problems with competing drugs. The current voluntary standards for declaring conflicts of interest to readers of medical journals and audiences at medical conferences are inadequate. A public database that contains conflicts of interest of physicians and researchers would be useful.

3) http://www.jabfm.org/cgi/reprint/18/5/414?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=abramson&searchid=1133391773154_665&stored_search=&FIRSTINDEX=0&sortspec=relevance&journalcode=jabfp -- The Effect of Conflict of Interest on Biomedical Research and Clinical Practice Guidelines: Can We Trust the Evidence in Evidence-Based Medicine? -- John Abramson, MD, MSFP and Barbara Starfield, MD, MPH, September–October 2005 Vol. 18 No. 5 , Journal of the American Board of Family Practice

> **Approximately 75% of clinical trials published in *The Lancet*, the *New England Journal of Medicine* (*NEJM*), and the *Journal of the American Medical Association* (*JAMA*) are industry funded."**
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> . . . among even the highest quality clinical research (included in Cochrane reviews) the **odds are 5.3 times greater that commercially funded studies will support their sponsors' products than noncommercially funded studies.**
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> In this highly commercialized environment, how do we sustain the ideals that brought us to family medicine? We now know enough about the limitations of "evidence" to be much more cautious about what passes for it. Perhaps the family medicine journals, individually or in concert, could start sections of their journals for the specific purpose of critically reviewing the results of published trials.
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> **Finally, we family physicians have a professional responsibility to be less naive about the inherent divergence of our patients' and the drug companies' best interests.** Our patients must come first.

4) http://www.commondreams.org/views06/0107-28.htm -- Drug Profits Infect Medical Studies -- by John Abramson, MD, January 7, 2006, Los Angeles Times

> Then the lead author of a seminal article published in the journal Science reporting the creation of viable stem cells from cloned human embryos **admitted he falsified results and resigned his academic post in disgrace.**

5) http://www.msnbc.msn.com/id/14944098/ -- Cancer docs profit from chemotherapy drugs, Situation begs the ethical question: Are they overprescribing?, Rehema Ellis, September 21, 2006

> **"The significant amount of our revenue comes from the profit, if you will, that we make from selling the drugs,"** says Dr. Peter Eisenberg, a private physician who specializes in cancer treatment.
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> Doctors in other specialties simply write prescriptions. But **oncologists make most of their income by buying drugs wholesale and selling them to patients at a marked up prices.**
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> "So the pressure is frankly on to make money by selling medications," says Eisenberg.

6) http://www.newscientist.com/article/mg19225755.100?DCMP=NLC-nletter&nsref=mg19225755.100 -- Patient groups special: Swallowing the best advice?, Jessica Marshall, Peter Aldhous, October 27, 2006

> They [patient groups] are supposed to be grassroots organisations representing the interests of people with serious diseases. But Drummond Rennie, professor of medicine at the University of California, San Francisco, and deputy editor of the *Journal of the American Medical Association,* believes that **some patient groups are perilously close to becoming extensions of pharmaceutical companies' marketing departments.** "There's a crisis here," he contends.

7) http://www.bmj.com/cgi/content/full/333/7576/1027?ijkey=g0spTSn4hbnro4G&keytype=ref, Doctors must not be lapdogs to drug firms, British Medical Journal**,** Adriane Fugh-Berman, November 11, 2006

> Last month I gave a talk at Presbyterian Hospital in Albuquerque, New Mexico, about the influence of the drug industry on continuing medical education. As usual, pharmaceutical companies contributed funds to the conference, and there was a small exhibition area with the usual monopoly of drug firms.
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> Immediately after my talk, one pharmaceutical company representative announced to a conference organiser that her company would no longer support the annual conference. Another packed up his exhibit and walked out. Other drug representatives were observed muttering angrily into their cell phones, which may, or may not, have been related to the near total exhibitor boycott the next day. Only one exhibitor showed up, prompting a physician friend of mine to remark, "Maybe he missed your talk."

8) http://www.shillfactor.net/images/FDA_Rule_Limits_Role_of_Advisers_Tied_to_Industry_-_New_York_Times.pdf -- F.D.A. Rule Limits Role of Advisers Tied to Industry, Gardiner Harris, March 21, 2007

Expert advisers to the government who receive money from a drug or device maker would be barred for the first time from voting on whether to approve that company's products under new rules announced Wednesday for the F.D.A.'s powerful advisory committees.

Indeed, **such doctors who receive more than $50,000 from a company or a competitor whose product is being discussed would no longer be allowed to serve on the committees, though those who receive less than that amount in the prior year can join a committee and participate in its discussions.**

A "significant number" of the agency's present advisers would be affected by the new policy, said the F.D.A. acting deputy commissioner, Randall W. Lutter, though he would not say how many. The rules are among the first major changes made by Dr. Andrew C. von Eschenbach since he was confirmed as commissioner of food and drugs late last year.

9) http://www.nytimes.com/2007/03/21/us/21drug.html -- Doctors' Ties to Drug Makers Are Put on Close View, Gardiner Harris and Janet Roberts, March 21, 2007

Dr. Allan Collins may be the most influential kidney specialist in the country. He is president of the National Kidney Foundation and director of a government-financed research center on kidney disease.

In 2004, the year he was chosen as president-elect of the kidney foundation, the pharmaceutical company Amgen, which makes the most expensive drugs used in the treatment of kidney disease, underwrote more than $1.9 million worth of research and education programs led by Dr. Collins, according to records examined by The New York Times. In 2005, Amgen paid Dr. Collins at least $25,800, mostly in consulting and speaking fees, the records show.

10) http://www.nytimes.com/2007/05/09/business/09anemia.html?ei=5070&em=&en=aee4656d498823af&ex=1178942400&adxnnl=1&adxnnlx=1218168867-EMZS4Uv+5GJOG3bs4QsZwA -- Doctors Reap Millions for Anemia Drugs
Alex Berenson and Andrew Pollack, May 9, 2007

Two of the world's largest drug companies are paying hundreds of millions of dollars to doctors every year in return for giving their patients anemia medicines, which regulators now say may be unsafe at commonly used doses.

The payments are legal, but very few people outside of the doctors who receive them are aware of their size. Critics, including prominent cancer and kidney doctors, say the payments give physicians an incentive to prescribe the medicines at levels that might increase patients' risks of heart attacks or strokes.

11) http://www.shillfactor.net/images/Drug_firms_accused_of_biasing_doctors.pdf, Drug firms accused of biasing doctors' training: The uneasy link between industry and education, Nature.com**,** Jim Giles, November 20, 2007

Can the pharmaceutical industry be trusted to fund doctors' compulsory education without introducing bias? The issue is

dividing Congress, academics and drugs companies. Now, preliminary data have emerged suggesting that industry sponsored courses skew training material in favour of commercial interests.

12) http://www.nytimes.com/2007/11/25/magazine/25memoir-t.html?pagewanted=1&ei=5087&em&en=9566036ef7d6cac9&ex=1196139600 -- Dr. Drug Rep, Daniel Carlat,: November 25, 2007

On a blustery fall New England day in 2001, a friendly representative from Wyeth Pharmaceuticals came into my office in Newburyport, Mass., and made me an offer I found hard to refuse. He asked me if I'd like to give talks to other doctors about using Effexor XR for treating depression. He told me that I would go around to doctors' offices during lunchtime and talk about some of the features of Effexor. It would be pretty easy. Wyeth would provide a set of slides and even pay for me to attend a speaker's training session, and he quickly floated some numbers. **I would be paid $500 for one-hour "Lunch and Learn" talks at local doctors' offices, or $750 if I had to drive an hour.** I would be flown to New York for a **"faculty-development program," where I would be pampered in a Midtown hotel for two nights and would be paid an additional "honorarium."**

13) http://blogs.wsj.com/health/2008/01/18/conflicts-in-ct-lung-cancer-research-back-in-spotlight/ -- Conflicts in CT Lung Cancer Research Back in Spotlight -- David Armstrong, Wall Street Journal, January 18, 2008

Last October, the Health Blog reported that **researchers who are among the most vocal proponents of widespread lung cancer screening using CT scans also have business relationships that could benefit from an uptick in screening.**

Now comes The Cancer Letter, an influential chronicler of cancer research, with an in-depth look at the disclosure issues surrounding the researchers, who are affiliated with Cornell Medical/New York-Presbyterian.

14) http://www.insidehighered.com/news/2008/01/21/conflicts -- Call for Crackdown on Research Conflicts – Doug Lederman, (Inside Higher Education), January 21, 2008

On Friday, the inspector general of the Department of Health and Human Services, of which the NIH is a part, released an audit in which it found that the **NIH did relatively little to gauge the extent of financial conflicts of interest among academic researchers.**

15) http://www.gooznews.com/archives/000991.html, Curbing Conflicts of Interest in Medicine, Merrill Goozner, March 14, 2008

There isn't a corner of modern medicine unaffected by conflicts of interest. Two-thirds of medical research is industry-funded; a third of institutional review board members have ties to industry; drug and device firms'

salespersons shower practitioners with gifts; half of physicians' continuing medical education is financed by medical suppliers; industry-funded clinicians dominate many clinical practice guideline-writing committees; and doctors with conflicts of interest make up one-fifth to a quarter of government advisory panels.

16) http://www.healthday.com/Article.asp?AID=613860 -- Some Cancer Trials Overstate Findings, (Analysis Claims Group-randomized research sometimes uses inappropriate statistical analysis of a prevention effort), March 25, (HealthDay News)

TUESDAY, March 25 (HealthDay News) -- The effectiveness of public campaigns or efforts to prevent cancer can often be overstated in certain kinds of cancer trials because **of inappropriate statistical analysis**, a new report claims.

The review, published in the March 25 online issue of the *Journal of the National Cancer Institute*, **suggests that some of the 75 group-randomized cancer trials it studied may have reported these interventions were effective when in fact they might not have been.**

"We cannot say any specific studies are wrong. We can say that the analysis used in many of the papers suggests that some of them probably were **overstating the significance of their findings**," review author David Murray, chairman of epidemiology in the College of Public Health at Ohio State University, said in a prepared statement.

16) http://abcnews.go.com/Health/HeartDiseaseCenter/Story?id=4564347&page=1 -- Congress: Vytorin Makers Held Bad News: Congress Releases Evidence Merck, Schering-Plough, Delayed Releasing Bad Vytorin Results, By LINDA A. JOHNSON, AP Business Writer, April 1, 2008

A congressional committee, investigating whether the makers of cholesterol drug Vytorin withheld data that would hurt sales, released new evidence supporting such suspicions Monday.

The Senate Finance Committee said **even the researcher who led a crucial study of the drug accused Vytorin makers Merck & Co. and partner Schering-Plough Corp. of withholding negative results to boost sales.**

17) http://www.nytimes.com/2008/04/01/business/01drug.html?pagewanted=print -- Accusations of Delays in Releasing Drug Results, Alex Berenson, April 1, 2008

CHICAGO — The lead outside investigator on a crucial trial of two widely used heart drugs said in an e-mail message last July that **Merck and Schering-Plough, the companies that make the drugs, were deliberately delaying the release of the trial results "to hide something."**

The companies did not release the preliminary results of the trial, called Enhance, until January, almost two years after the trial was finished. When they were finally released, the trial's results showed that the drugs, Vytorin and Zetia, did not work to reduce plaque in

arteries. The results led a panel of cardiologists to recommend on Sunday that the drugs be used only as a last resort.

18) **http://www.consumersunion.org/blogs/pfc/2008/04/welcome_to_pharmageddon_where.html** -- **Welcome to Pharmageddon, Where Pills Make Us Sicker**, Daniela Nunez, Consumers Union, April 2, 2008

> Across the Atlantic, the folks over at *Social Audit* cooked up a neat idea: they invited people to submit a 350-word (or less) argument on "Pharmageddon" and heard from both patients and professionals. Pharmageddon is "the prospect of a world in which medicines and medicine produce more ill-health that health, and when medical progress does more harm than good."
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> Everyday it seems like we may be getting closer to a Pharmageddon reality. **On any given day you can read about some entity that's challenging a drug company on their product's safety.** Pharmageddon reminds me of lines from singer Ani DiFranco's "Decree": *Cancer, the great teacher / has been opening schools / downstream from every factory / still, everywhere fools / are squinting into microscopes / researching cells / trying to figure out a way / we can all live in hell.*

19) http://www.nytimes.com/2008/04/15/business/15cnd-vioxx.html?_r=1&oref=slogin -- Ghostwriters Used in Vioxx Studies, Article Says, Stephanie Saul, April 15, 2008

> **The drug maker Merck drafted dozens of research studies for a best-selling drug, then lined up prestigious doctors to put their names on the reports before publication, according to an article to be published Wednesday in a leading medical journal.**

20) http://www.ncbi.nlm.nih.gov/pubmed/18413874 -- Guest authorship and ghostwriting in publications related to rofecoxib [Vioxx]: a case study of industry documents from rofecoxib litigation, JS Ross, KP Hill, DS Egilman, HM Krumholz, Journal of the American Medical Association (JAMA), April 16, 2008. (The whole article may be found for free online at http://www.scribd.com/doc/2546514/Study-Merck-Employees-Ghostwrote-and-Guest-Authored-VioxxRofecoxib-Clinical-Drug-Study-Manuscripts)

> CONCLUSIONS: This case-study review of industry documents demonstrates that **clinical trial manuscripts related to rofecoxib [Vioxx] were authored by sponsor employees but often attributed first authorship to academically affiliated investigators who did not always disclose industry financial support. Review manuscripts were often prepared by unacknowledged authors and subsequently attributed authorship to academically affiliated investigators who often did not disclose industry financial support.**

21) http://www.ncbi.nlm.nih.gov/pubmed/18413875 -- Reporting mortality findings in trials of rofecoxib for Alzheimer disease or cognitive impairment: a case study

based on documents from rofecoxib [Vioxx] litigation, BM Psaty and RA Kronmal, *Journal of the American Medical Association* (*JAMA*), April 16, 2008. (The entire article may be found online for free at http://documents.scribd.com/docs/2k6lyisiekbbu71xg8g3.pdf)

> Sponsors have a marketing interest to represent their products in the best light. This approach conflicts with scientific standards that require the symmetric and comparable reporting of safety and efficacy data. Selective reporting of the results of clinical trials can misrepresent the risk-benefit profile of drugs. **We summarize how the sponsor represented mortality findings associated with rofecoxib in clinical trials of patients with Alzheimer disease or cognitive impairment.**
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> **In December 2001, when the FDA raised safety questions about the submitted safety data, the sponsor did not bring these issues to an institutional review board for review and revealed that there was no data and safety monitoring board for the protocol 078 study**. The findings from this case study suggest that additional protections for human research participants, including new approaches for the conduct, oversight, and reporting of industry-sponsored trials, are necessary.
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> **NOTE**: In a surprising move, JAMA sent out a video news release (VNR) -- a polished video, ready for airing on television stations -- which it distributed to media outlets throughout the country. You may view the VNR at http://www.thejamareport.org/wmPlayer.php?daFile=files/vids/JAMA_REPORT_WMV_4_15_08.wmv&fim=649&par=98. Or if your computer isn't video-ready, you may read the transcript of the video here: http://pubs.ama-assn.org/media/2008j/0415.dtl#vnrscript

22) http://www.ncbi.nlm.nih.gov/pubmed/18413880 -- Impugning the Integrity of Medical Science: The Adverse Effects of Industry Influence, Editorial by Catherine D. DeAngelis, MD and Phil B. Fontanarosa, MD, The Journal of the American Medical Association (JAMA), April 16, 2008. (The abstract is not yet online at PubMed. The editorial in its entirety may be found for free at http://www.scribd.com/doc/2569022/Unser-Medikament-soll-schoener-werden-III.

> **THE PROFESSION OF MEDICINE, IN EVERY ASPECT— clinical, education, and research—has been inundated with profound influence from the pharmaceutical and medical device industries. This has occurred because physicians have allowed it to happen, and it is time to stop.**
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> **Two articles in this issue of *JAMA* provide a glimpse of one company's apparent misrepresentation of research data and its manipulation of clinical research articles and clinical reviews**; such information and articles influence the education and clinical practice of physicians and other health professionals. The direct influence of for-profit companies on education and clinical practice has been well documented, so this Editorial deals primarily with clinical research.
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Primum non nocere does not only hold true for physicians directly treating patients, but also holds true for all involved in medical research, biomedical publication, and medical education. When integrity in medical science or practice is impugned or threatened—such as by the influence of industry—patients, clinicians, and researchers are all at risk for harm, and public trust in research is jeopardized. **Ensuring, maintaining, and strengthening the integrity of medical science must be a priority for everyone.**

23) http://www.washingtonpost.com/wp-dyn/content/article/2008/04/15/AR2008041502086.html?emc=el&m=1629984&l=35&v=e244fc329a -- Maker of Vioxx Is Accused of Deception -- By David Brown, Washington Post Staff Writer, April 16, 2008

Simultaneously, **Merck was using what the JAMA authors call "guest authorship and ghostwriting" to make it appear that research done by its employees or contractors was the work of scientists at medical schools and universities.** That presumably gave the findings more credibility when they were published, in medical journals, boosting Vioxx's profile in the crowded painkiller market.

24) http://medicine.plosjournals.org/archive/1549-1676/5/5/pdf/10.1371_journal.pmed.0050095-L.pdf -- How Do US Journalists Cover Treatments, Tests, Products, and Procedures? An Evaluation of 500 Stories, Gary Schwitzer, May 2008

News stories about new treatments, tests, products, and procedures appear daily. Such reporting should ideally be accurate, balanced, and complete so that health care consumers are properly informed and ready to participate in decision making about their health care. If reporting is inaccurate, imbalanced, or incomplete, consumers may have unrealistic expectations and demand of their physicians care that would be of little value or even harmful.

Is the news media doing a good job of reporting on new treatments, tests, products, and procedures? Ray Moynihan and colleagues analyzed how often news stories quantified the costs, benefits, and harms of the interventions being discussed, and how often they reported potential conflicts of interest in story sources [1]. Of the 207 newspaper and television stories that they studied, 83 did not report the benefits of medications quantitatively, and of the 124 stories that did quantify the benefits of medications, only 18 presented both relative and absolute benefits. **Of all the stories, 53% had no information about potential harms of the treatment, and 70% made no mention of treatment costs. Of 170 stories that cited an expert or a scientific study, 85 (50%) cited at least one with a financial tie to the manufacturer of the drug, a tie that was disclosed in only 33 of the 85 stories.**

25) http://www.slate.com/id/2190775/ -- Stealth Marketers: ARE DOCTORS SHILLING FOR DRUG COMPANIES ON PUBLIC RADIO? Shannon Brownlee and Jeanne Lenzer, May 9, 2008

A few weeks ago, devoted listeners of National Public Radio were treated to an episode of the award-winning radio series *The Infinite Mind*, called “Prozac Nation: Revisited.” The segment featured four prestigious medical experts discussing the controversial link between

antidepressants and suicide. **In their considered opinions, all four said that worries about the drugs have been overblown.**

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Credible, that is, except for **a crucial detail that was never revealed to listeners: All four of the experts on the show, including Goodwin, have financial ties to the makers of antidepressants.** Also unmentioned were the "unrestricted grants" that *The Infinite Mind* has received from drug makers, including Eli Lilly, the manufacturer of the antidepressant Prozac.

26) http://www.nytimes.com/2008/06/08/us/08conflict.html?ex=1370664000&en=a8295c43acc64e60&ei=5124&partner=permalink&exprod=permalink -- Researchers Fail to Reveal Full Drug Pay, Gardiner Harris and Benedict Carey, June 8, 2008

A world-renowned Harvard child psychiatrist whose work has helped fuel an explosion in the use of powerful antipsychotic medicines in children **earned at least $1.6 million in consulting fees from drug makers from 2000 to 2007 but for years did not report much of this income to university officials,** according to information given Congressional investigators.

27) http://blogs.wsj.com/health/2008/06/09/harvard-psychiatrists-under-fire-for-drug-company-funding/ -- Harvard Psychiatrists Under Fire for Drug-Company Funding, Scott Hensley, June 9, 2008

A controversial Harvard psychiatrist whose research and recommendations have paved the way for the wide use of antipsychotic drugs in kids **has received more than $1.6 million in consulting fees from drugmakers since 2000, and he failed to properly disclose** much of the funding, the New York Times reports.

28) http://blogs.wsj.com/health/2008/07/25/drugmakers-fund-journalism-group/ -- Drugmakers Fund Journalism Group, David Armstrong, July 25, 2008

Doctors and medical associations have taken plenty of lumps for relying on drug companies to sponsor continuing medical education courses. Critics say the sessions are often biased in favor of a particular medicine or drugs over alternative treatments for disease.

Now add journalists to the groups that are getting professional education subsidized by Big Pharma.

At the Unity convention in Chicago -– a gathering of thousands of minority journalists -– the diabetes drug maker Novo Nordisk sponsored a lunch yesterday called, “The Diabetes Explosion: A Call to Action for Journalists of Color.”

30) http://www.alternet.org/story/92430/ -- Big Pharma Pushes Drugs That Cause Conditions They Are Supposed to Prevent, Martha Rosenberg, July 24, 2008

Like gastroesophageal reflux and bipolar disease, osteopenia began to inflict millions when a drug to treat it was patented.

"Osteopenia, or the risk of developing osteoporosis, was concocted as a disease at a World Health Organization osteoporosis conference in Rome in 1992 that was sponsored by two drug companies and a drug company foundation," writes Susan Kelleher in the *Seattle Times*.

Using the bone density measurements or "T scores" of a 30-year-old woman as a standard, the new condition, osteopenia, had "boundaries so broad they include more than half of all women over 50," writes Kelleher. And it didn't hurt that 10,000 bone density measuring machines appeared in doctors' offices to detect the new disease -- only 750 existed in 1995 -- many owned and financed by Merck, whose anti-bone-thinning drug Fosamax came online in 1995.

31) http://blogs.wsj.com/health/2008/07/31/lilly-trained-reps-to-neutralize-zyprexa-diabetes-link/ -- Lilly Trained Reps to 'Neutralize' Zyprexa-Diabetes Link, Jacob Goldstein, July 31, 2008

"We will NOT proactively address the diabetes concern," reps selling Eli Lilly's antipsychotic drug Zyprexa were advised in 2002. "The competition wins if we are distracted into talking about diabetes."

That company dictum comes from court documents unsealed in Alaska, Bloomberg reports this morning. The state sued Lilly earlier this year before settling for $15 million. Lilly didn't admit wrongdoing in the case.

32) http://blogs.wsj.com/health/2008/07/31/feds-may-fund-program-to-counter-drug-rep-sales-pitches/ -- Feds May Fund Program to Counter Drug Rep Sales Pitches, Jacob Goldstein, July 31, 2008

The government could start paying impartial experts to visit doctors to talk about the safety, effectiveness and cost of prescription drugs and other treatments.

The idea would be to give presentations along the lines of those given by company drug reps. But the federally funded presentations would provide a counterweight to the industry messages on specific drugs.

33) http://blogs.wsj.com/health/2008/08/01/brain-infections-return-for-multiple-sclerosis-drug-tysabri/ -- Brain Infections Return for Multiple Sclerosis Drug Tysabri, Jacob Goldstein, August 1, 2008

Two patients taking the multiple sclerosis drug Tysabri have developed the type of brain infection that caused the drug to be temporarily pulled from the market a few years back.

(Honest Medicine EDITOR'S NOTE: This is one of the drugs that doctors often prescribe for MS patients rather than Low Dose Naltrexone.)

34) http://blogs.wsj.com/health/2008/08/04/senator-kohl-asks-questions-about-cardiology-pact/ -- Senator Kohl Asks Questions About Cardiology Pact, Scott Hensley, August 4, 2008

> When it comes to interventional cardiology, we wouldn't know a guidewire without a guidebook. But we do know that the gadgets the interventionalists snake into clogged vessels to clear them are big business.
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> Now Sen. Herb Kohl (D-Wisc.) is asking questions about **whether business interests are at issue in the American College of Cardiology's decision this spring to enter a five-year partnership with the Cardiovascular Research Foundation to produce the ACC's annual interventional meeting**.

35) http://blogs.wsj.com/health/2008/08/04/fda-puts-50000-cap-on-conflicts-in-advisory-hearings/ -- FDA Puts $50,000 Cap on Conflicts in Advisory Hearings, Sarah Rubenstein, August 4, 2008

> The FDA has finalized some new rules of the road for its committees of expert advisers to bolster the public's confidence in their advice.
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> A significant thrust is a clampdown on conflicts**. The new rules bar the participation of an expert, if that person, their spouse or minor child has conflicting financial interests of more than $50,000.**
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> Until now, the FDA has screened committee members for conflicts of interests and sometimes granted waivers allowing them to participate despite such conflicts. Under the new rules, there generally won't be waivers for conflicts above $50,000, and waivers for smaller conflicts will be allowed only if the FDA determines "there is an essential need for the adviser's particular expertise." The FDA said it wants to cut down on waivers, though, and certain ones will never be allowed — for instance if the expert is principal investigator of clinical trial of product that the committee will consider.
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> In a conference call, some reporters asked the FDA if it would face a challenge recruiting for its committees with the cap in place.

36) http://content.nejm.org/cgi/content/short/359/6/559?query=TOC
August 7, 2008 -- **Volume 359:559-561,** *Robert Steinbrook, M.D*

> **Most physicians in the United States have financial relationships with industry, ranging from the acceptance of meals to the receipt of large sums of money for consulting, speaking, or conducting research.**

37) http://blogs.wsj.com/health/2008/08/18/was-a-vioxx-study-marketing-framed-as-science/ -- Was a Vioxx Study 'Marketing Framed As Science'?, Wall Street Journal, Jacob Goldstein, August 18, 2008

> **A study of Merck's painkiller Vioxx may have been published in a reputable medical journal, but it was designed as a marketing tool, not a scientific investigation**. That's the argument put forward in a paper published today – in Annals of Internal Medicine, the same journal that published the study in the first place.

Nonsense, says Merck, the trial was good science designed to answer meaningful questions.