Researchers deny any attempt to mislead the public over *JAMA* article on arthritis drug

Scott Gottlieb *New York*

Researchers at the centre of a row over data presented to *JAMA,* the journal of the American Medical Association, which showed the results of only the first six months of a trial of a new arthritis drug have defended their actions, following a controversial article in the *Washington Post* earlier this week (5 August).

The newspaper article accuses researchers of intentionally giving a prominent gastroenterologist incomplete data on the safety of a popular arthritis drug so that he might write a more favourable editorial about their study.

The editorial, published in the 13 September issue of *JAMA* (2000;284:1297-9) was cowritten by Dr Michael Wolfe, a gastroenterologist at Boston University, and concerned data from a then unpublished study involving more than 8 000 patients. The drug involved, celecoxib, was associated with lower rates of stomach and intestinal ulcers than two older drugs for arthritis, diclofenac and ibuprofen.

The data made available to Wolfe encompassed only the first six months of the study. *JAMA*'s editors reportedly wanted to rush these findings into print, and Wolfe and a colleague provided a favourable editorial to accompany the paper.

But in February Wolfe was shown the complete data from the same study as a member of the Food and Drug Administration's arthritis advisory committee, and he saw a different picture, said the story in the *Washington Post.*

The study, already completed at the time Wolfe wrote the editorial, had lasted a year, not six months as he had thought, and almost all of the ulcer complications that had occurred during the second half of the study were in users of celecoxib. When all of the data were considered, some of the drug's apparent safety advantage was diminished.

"For a group of researchers to send incomplete information to a journal for consideration while knowing that a more complete set will be reviewed by an authority figure like the FDA would seem very strange," said former *JAMA* editor in chief George Lundberg. "That is, unless the time-sensitive marketing advantage of a drug with blockbuster sales potential was so compelling that the manufacturer was willing to take that chance to gain an early mass sales advantage."

Jay Goldstein, professor of medicine at the University of Illinois in Chicago and one of the study's authors, said the *Washington Post's* account was inaccurate. He said the issue largely involved how best to present the results of the trial after there were an unusually large number of dropouts from the diclofenac arm of the study, mostly because of adverse events. "To put it bluntly, if you were looking to see if patients bleed at a different rate then when a lot of patients that leave are on diclofenac, you really can't continue the study."

Goldstein said the best data on outcomes in all three arms of the study were available by looking at the six month timeframe. The 12 month data were widely available, so there was never an effort to deceive the public, he said. "The original intent was to follow patients for at least six months and compare [the three drugs], so for that particular study, the researchers believed that data best reflected the comparisons they were trying to make." □

AIDS campaigners to take South Africa's health ministry to court

Pat Sidley *Johannesburg*

About 100 paediatricians in the Treatment Action Campaign, which campaigns for access to treatment for HIV and AIDS, are to take legal action against the South African health ministry over its continuing refusal to supply antiretroviral drugs for the prevention of transmission of the virus from HIV positive pregnant mothers to their babies.

The government announced last year that it would set up limited sites to test the effects of nevirapine, an antiretroviral drug registered for use in adult and paediatric HIV infection but not then registered in South Africa for use in prevention of transmission from mother to child.

However, previous trials, including one in Uganda, have found nevirapine to be effective, safe, and inexpensive in reducing the incidence of babies contracting the virus from their mothers.

It was subsequently registered by South Africa's Medicines Control Council and is being widely used, as well as the GlaxoSmithKline drug AZT, in the private sector.

The government has, however, stubbornly refused to make it widely available in the public sector, where women need it most. This has been widely attributed to President Thabo Mbeki's eccentric views on AIDS and a resulting paralysis of action in his cabinet.

The 18 sites countrywide at which the government was prepared to make the drug available were also very slow in getting off the ground, and it has become apparent that politicians, health department officials, and health-care professionals are divided on how to take the issue forward. Many doctors and nurses and senior officials of the health department, as well as some of the provincial politicians, believe that lives of babies are being needlessly lost.

Mark Heywood of the Treatment Action Campaign said a lawyers' letter had been sent to the health minister, Dr Manto Tshabalala-Msimang, asking her to immediately supply the drug to all doctors in the public health system who wanted to provide it for their patients or to give good reasons why this should not happen.

AP PHOTO/THEMBA HADEBE

Nozipho Mazibuko, 23, and her son Nhlakanipho, from Durban, who are both HIV positive

He said about 75 000 babies were born HIV positive in South Africa every year. If the drug was supplied immediately at least 20 000 of those babies' lives could be saved, given the fact that not all women would gain access to it straightaway. It is understood that several officials in the health department would like to be able to reply to the letter by making the drug available.

Health minister Tshabalala-Msimang replied without addressing the specific questions asked. Instead, her five page letter recounted the history of research and attempts by the department of health to establish guidelines to minimise the transmission of HIV/AIDS from mother to child. The letter raised several potential problems with the drug, all of which have been raised in the past.

Mr Heywood said he found the letter disappointing and that the matter seemed certain to have to be resolved in court.

● A statement given last week by the South African Catholic bishops' conference condemning "widespread and indiscriminate promotion of condoms as an immoral and misguided weapon in our battle against HIV/AIDS" has angered AIDS activists. "Condoms dramatically reduce the risk of HIV infection, and every infection averted is a life saved," said David Harrison, director of loveLife, a South African non-governmental organisation. □