MEDICAL NEWSLETTERS: FUNDING AND INTERESTS SHOULD BE STATED

The relationship between the pharmaceutical industry and the medical community continues to receive attention ("Academic medicine and the pharmaceutical industry: a cautionary tale," *Can Med Assoc J* 1994; 150: 951–953, by Dr. Gordon Guyatt, and "Methodologic quality and relevance of references in pharmaceutical advertisements in a Canadian medical journal," *Can Med Assoc J* 1994; 151: 47–54, by Drs. Joel Lexchin and Anne Holbrook). It appears that the pharmaceutical industry will form even closer ties with the academic community as more joint government–industry research occurs. In medical journals, advertising, mainly by drug companies, is clearly separated from peer-reviewed articles and easily identified; it thus may inspire needed critical analysis and appropriate scepticism. (Similar skills are also beneficial in reading peer-reviewed articles, of course).

I am concerned about the involvement of the pharmaceutical industry in some of the medical newsletters I have recently received. These two-page flyers, distributed free of charge through direct mailing to physicians, report on presentations at international meetings, symposia, review articles and even hospital grand rounds.

Let us consider two recently published articles. The first, entitled "Acute MI: the first twelve hours" is a report from cardiology rounds given at the coronary intensive care units of the Toronto Hospital on September 28, 1994. Featured is a prominent US cardiologist from Duke University, Durham, NC, who discusses the published 30-day results of the GUSTO (Global Utilization of Streptokinase and tPA for Occluded Arteries) trial of r-tPA therapy for acute myocardial infarction.[1] This cardiologist was a co-investigator in this expensive clinical trial, which was largely sponsored by the manufacturers of r-tPA. The 30-day results of the GUSTO trial and many critiques were published in peer-reviewed journals more than 1 year ago.[2–5] Not one reference to these peer-reviewed articles was supplied in the newsletter. Several mentions of the 1-year data from the GUSTO trial are equally troubling; the actual analyses are not presented and have not yet been published in a peer-reviewed journal.

It is difficult, but critically important, to distinguish between the personal views of the US cardiologist, Dr. Robert M. Califf, and the peer-reviewed results of GUSTO. For example, the article states that "the results suggest that there are few patient groups for which streptokinase could be considered equivalent to r-tPA on a clinical basis;" however, this conclusion does not appear to be completely supported by the GUSTO results. In a predefined subgroup analysis of the 25 000 patients with nonanterior myocardial infarction, there was no statistically significant advantage of r-tPA over streptokinase. In regard to the high cost of r-tPA therapy, Dr. Califf supplies two statements supporting its cost-effectiveness: (1) it is cheap by comparison with bone-marrow transplantation performed routinely to manage breast cancer, and (2) 98% of what physicians do has not been subjected to cost–benefit analysis. It is doubtful that this rationale would pass a peer-review process.

The second article reports on the 47th annual meeting of the Canadian Cardiovascular Society (CCS), held in Edmonton, Oct. 25 to 29, 1994. The CCS presents hundreds of abstracts, meetings and symposia over the 4 days of its annual meeting; however, we are again given a presentation on the GUSTO trial and the importance of administering r-tPA. There is also a discussion of the LATE (Late Assessment of Thrombolytic Efficacy) study, which also involved r-tPA therapy for acute myocardial infarction.[6] This original research was published more than 1 year ago. The remainder of the CCS meeting is assigned three small paragraphs. A noncardiologist could be forgiven for thinking that there is nothing more to modern cardiology than the administration of r-tPA.

What are the problems with newsletters like these? First, they should, at a very minimum, be obliged to disclose all sources of their funding so that the reader can judge any potential conflict of interest. Furthermore, speakers featured in the newsletters should be obliged to follow the same disclosure rules that must be met by authors writing for peer-reviewed journals: they should report all potential conflicts of interest in regard to the manufacturer of the drugs being discussed, including equity positions, payment of travel expenses or consulting fees and other such involvement. References to published, peer-reviewed articles should be provided. There is also the possibility of a selection bias in the choice of articles. Like selection bias in case–control studies or publication bias in meta-analysis, such a bias in the choice of articles presented could result in erroneous conclusions. Most serious, the reader may be misled by the ambiguity between "peer-reviewed" scientific articles and "peer opinion," as these newsletters call their articles.

Peer-reviewed medical journals, professional societies and the Pharmaceutical Advertising Advisory Board should intervene and insist on regulation of this type of medical-news publication.

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References

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2. Rapaport E: GUSTO: assessment of the preliminary results. *J Myocard Ischemia* 1993; 5: 15–24
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6. LATE Study Group: Late Assessment of Thrombolytic Efficacy (LATE) study with alteplase 6–24 hours after onset of acute myocardial infarction. *Lancet* 1993; 342: 759–766

[The editor-in-chief comments:]

Dr. Brophy, quite apart from the specific examples he cites, raises very important ethical issues regarding the myriad of material sent to physicians in the name of continuing medical education. However accurate the information in documents that they prepare and distribute, is it appropriate for the publisher to withhold from readers the name of the sponsoring organization, be it commercial or nonprofit? Also, should readers know the circumstances under which the material was selected and prepared?

In Brophy's example, the material was a report of presentations given by physicians. Was the report checked for accuracy by the physicians before publication? Did anyone other than the person giving the presentation and the reporter have a hand in selecting the topics to be reported or the slant to be given in the report? Who paid the publishing house to prepare and distribute the material free of charge to physicians?

All published material supported by advertising dollars or a commercial firm is susceptible to the perception that it may be biased to reflect the sponsoring firm's interest. Responsible publications attempt to minimize that possibility by clearly explaining to readers not only how the material was selected and prepared, but also who paid for it to be published. Failure to do so opens the publisher, rightly or wrongly, to the allegation that he who paid the piper did call the tune. Indeed, failure to indicate who paid for the publication can suggest to more suspicious readers that they were being deliberately misled.

The specific material to which Brophy refers is irrelevant. More important is whether readers know who really shaped the purported educational material and what changes in practice behaviour were really being sought. Caveat emptor!

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Controversy over use of pregnant mare's urine

In the article "Canada's huge pregnant-mare-urine industry faces growing pressure from animal-rights lobby" (*Can Med Assoc J* 1994; 151: 1009–1012), by Lynne Sears Williams, animal rights activists are very careful to stake out the moral high ground while they attack the Premarin (conjugated estrogens) industry. However, if one listens carefully to what they say, one realizes that they have no claim to this territory.

A national director of People for the Ethical Treatment of Animals (PETA), the organization discussed in the article, has been quoted as saying that "a rat is a pig is a dog is a boy," that "six million people died in concentration camps, but six billion broiler chickens will die this year in slaughterhouses" and that "mankind is the biggest blight on the face of the earth."[1] I doubt that many reasonable people share these views.

It is time that animal-rights activists were recognized as vicious misanthropes and their yammerings ignored.

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Reference
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As the wife of a physician and the owner of several horses, I have long been concerned about the pregnant-mare-urine (PMU) farms operating in our province. It was with great interest that my husband and I read the article in *CMAJ* justifying the presence of the PMU industry to the medical profession. If more physicians were aware of what happens to the by-product of this industry (namely the foals produced), they would be more hesitant to prescribe Premarin.

Although I consider myself an animal lover, I agree that if the death of an animal will save the life of a person, we must consider the human life the one to preserve. In this case, it has not been proven that human lives would be lost without the use of Premarin, and a synthetic equivalent is available. However, by involving the agriculture industry in the production of the equine version of these hormones, the excellent financial reports from PMU farmers make government officials and private industry look good because they are "working together" for the economic benefit of the farmers.

How Wyeth-Ayerst Canada Inc., which is making huge profits, can state that it is not responsible for the by-product of PMU operations (the foals) is beyond me. We require other industries such as the pulp-and-paper and petroleum industries to be responsible for the by-products they produce. In this case, leaving the farmer to dispose of, on average, 100 foals per farm per year results in inhumane treatment. With 500 PMU operations in North America 50 000 or more unwanted foals must be disposed of each year. A farmer living hundreds of miles from a slaughterhouse is not going to pay for transportation. Just look at a newborn foal — you will see very little meat to