To the Editor:

The November 2005 Supplement to CHEST, “Improving Outcomes in Respiratory Failure: Ventilation, Blood Use, and Anemia Management,” contained eight review articles1–8 concerning transfusion medicine. Publication was supported by an educational grant from Ortho Biotech, the manufacturer of recombinant human erythropoietin (epoetin). Not surprisingly, the articles are not supportive of transfusion: five articles1-4,6-8 discuss the risks of blood transfusion in respiratory failure, and three articles1,4,5 mention epoetin as an alternative therapeutic option. One review article4 discusses at length the benefits of epoetin seen in a randomized trial in long-term acute care patients, even though the results of this trial have not undergone peer review.9

Although Ortho Biotech was disclosed as the sponsor, no information was given regarding their role in choice of topic, selection of authors, or potential influence over content. One half of the articles list authors who either received consultancy fees from Ortho Biotech or are members of their Speaker’s Bureau. These financial ties raise serious questions about their objectivity. This is particularly problematic in the case of review articles, which do not make primary data accessible to readers and are therefore more vulnerable to author bias.

In addition, when a journal Supplement is supported by industry, the journal itself acquires a financial conflict of interest that casts doubt on its editorial independence. For this reason, many of the most reputable journals (for example, the New England Journal of Medicine, JAMA, and Lancet) do not produce sponsored Supplements. We regret that CHEST is not among these. Supplements such as these erode the confidence of the readers in the scientific objectivity of the editors and create a dangerous blurring of the line between the medical literature and pharmaceutical industry marketing.

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REFERENCES

To the Editor:

I read with interest the letter written by Drs. Kahn and Goitein concerning the Supplement published by CHEST in November 2005. Included in that Supplement was an article that I wrote entitled “The Impact of Anemia in Patients With Respiratory Failure.” Kahn and Goitein express concern about the selection of authors for the Supplement and the influence of the sponsor, Ortho Biotech, over the content of the articles. My interest in the impact of anemia on outcomes in critically ill patients receiving mechanical ventilation stems from research that I conducted in the late 1990s. I did not receive outside funding for this research but later received honoraria from Ortho Biotech for giving lectures in this area. I was invited by CHEST to prepare an article that was similar in content to a lecture that I gave at an annual meeting of the American College of Chest Physicians. The lectures that I have given on this topic and the article published in CHEST are my work products.

I do admit to being biased; I am biased in favor of good outcomes for my patients in my ICU. Unfortunately, critically ill patients who are anemic fare poorly. Worse, the treatments offered by modern medicine for anemic critically ill patients do little to change this fact. Kahn and Goitein state that my article is not supportive of transfusion. I would be indebted to them if they would provide me with some evidence that transfusions help my anemic critically ill patients receiving mechanical ventilation. Kahn and Goitein also state that I “mention epoetin as an attractive alternative.” In my article, I clearly state that the only outcome measure in critically ill patients that has been demonstrated to be altered by erythropoietin in prospective, randomized, controlled clinical trials is the number of packed RBCs transfused. The outcomes that are important to my critically ill patients such as mortality, length of stay, ventilator-free days, and reventilation rates have not been shown to be effected by erythropoietin administration. I suspect that the critical reader of my article will agree with me that erythropoietin is not an “attractive alternative” to transfusions but an agent that merits further study in the treatment of anemia in critically ill patients.

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Pharmaceutical Industry Sponsorship of Journal Supplements

CHEST

Correspondence

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From the Editor:

We thank Drs. Kahn and Goitein for their interest in reading the November 2005 Supplement to CHEST, entitled “Improving Outcomes in Respiratory Failure: Ventilation, Blood Use, and Anemia Management” and for taking the time to comment on it. Because the publication was supported by an educational grant from a pharmaceutical company, Drs. Kahn and Goitein have expressed concerns that the Journal “acquires a financial conflict of interest that casts doubt on its editorial independence” and “supplements such as these erode the confidence of the readers in the scientific objectivity of the editors.”

In preparing our response, we reread the Supplement in question from cover to cover. The series of articles that make up the Supplement are well written and fair and accurate reviews of the field, and they contain useful educational and patient management literature for our readers. While the reviews do not provide much primary data, review articles usually don’t. Nevertheless, references to the primary data have been provided by the authors. These articles were based on proceedings of a symposium that was held at the Annual Meeting of the American College of Chest Physicians (ACCP) on October 28, 2003, in Orlando, FL. The Scientific Program Committee selected and approved the speakers and their topics. The speakers were chosen because they are experts in the field. Each disclosed any potential conflicts for all to review. Before the Supplement was accepted for publication, each article and the entire Supplement were independently peer reviewed.

The ACCP and CHEST are cognizant of the potential concerns that Drs. Kahn and Goitein voice and have strict policies and firewalls in place to guard against them (www.chestjournal.org/misc/reprints.shtml). The ACCP Continuing Education Policies). In brief, because an educational grant from industry was involved, the ACCP had to meet the guidelines of the Accreditation Council for Continuing Medical Education, specifically the 2004 updated standards of commercial support with attention to sections four and six. The ACCP also follows guidelines as outlined by the American Medical Association under their Council on Ethical and Judicial Affairs and their Physician’s Recognition Award and credit system. In accordance with these collective guidelines, grants for educational programs must be unrestricted and disclosed to the learner. Such was the case with this grant.

Without the unrestricted educational grant from Ortho Biotech, it would not have been possible to offer this symposium to our readers. Moreover, without unrestricted grants from industry, it would also not have been possible for the ACCP to have published other highly regarded supplements such as The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy: Evidence-Based Guidelines, The Diagnosis and Management of Cough: ACCP Evidence-Based Clinical Practice Guidelines, The Diagnosis and Management of Pulmonary Arterial Hypertension: ACCP Evidence-Based Clinical Practice Guidelines, or the Diagnosis and Management of Lung Cancer: ACCP Evidence-Based Guidelines.

CHEST will continue to publish high-quality, peer-reviewed Supplements, even if they are supported by unrestricted educational grants from industry, because they are too important to our patients, our members, and our field, and because not all journals publish them, as Dr. Kahn and Goitein have pointed out. Nevertheless, we will remain ever vigilant to avoid the very important concerns of Drs. Kahn and Goitein because scientific objectivity and credibility are core values of this journal and the editorial board.

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Dr. Irwin discloses that he has no real or potential personal or financial conflict of interest. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians (www.chestjournal.org/misc/reprints.shtml).

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REFERENCES

6 Diagnosis and management of cough: ACCP evidence-based clinical practice guidelines. Chest 2006; 129(Suppl):1S–328S
7 Diagnosis and management of pulmonary arterial hypertension: ACCP evidence-based clinical practice guidelines. Chest 2004; 126(Suppl):1S–92S

Aerosol Delivery Devices

To the Editor:

The conclusions reached by Dolovich and colleagues in a special report of meta-analyses of randomized controlled clinical trials of aerosol delivery devices and inhaled therapy for patients with asthma and COPD are concise and show that devices used for the delivery of bronchodilators and steroids can be equally efficacious. However, we believe that when selecting a delivery device, much more prominence should be given to a patient’s ability to use the selected device correctly. The conclusion that all devices can be equally efficacious was obviously obtained from analyses of randomized controlled clinical trials in which patient participation required the ability of patients to use the devices being studied correctly. That there were no differences in drug efficacy between different delivery systems is therefore expected.


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