

# Re: Cholesterol Guidelines A Gift For Merck, Pfizer

Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2004-07/0654.html>

---

**From:** Robert (*Robert\_at\_hotmail.com*)

**Date:** 07/15/04

Date: Thu, 15 Jul 2004 11:59:49 -0700

"MrPepper11" <MrPepper11@go.com> wrote in message  
news:57cfd534.0407150924.4c79e203@posting.google.com...

>

<http://www.newsday.com/news/health/ny-hschol0715.0.847235.story?coll=ny-health-headlines>

>

> *Panel's ties to drugmakers not cited in new cholesterol guidelines*

> *BY DELTHIA RICKS AND RONI RABIN*

> *STAFF WRITERS*

>

> *July 15, 2004*

>

> *Guidelines published by a government panel earlier this week, calling  
> for aggressive use of statin medications to lower cholesterol in  
> people at high risk of heart attacks, failed to list panelists' links  
> to pharmaceutical companies, many of which manufacture statin drugs.*

>

> *Of the nine panelists, six had received grants or consulting or  
> speakers' fees from companies that produce some of the most popular  
> statin medications on the market, according to published material from  
> 2001. Those drugs include Pfizer's Lipitor; Bristol-Myers Squibb's  
> Pravachol, Merck's Lovastatin and AstraZeneca's Crestor.*

>

> *Dr. James Cleeman, coordinator of the national Cholesterol Education  
> Program, a division of the National Heart, Lung and Blood Institute,  
> called the omission of financial disclosures an oversight. In response  
> to Newsday's inquiries, he said panelists' pharmaceutical company  
> relationships will be posted on the National Heart, Lung and Blood  
> Institute's Web site within the next few days.*

>

> *Such financial links to drug companies were printed in the Journal of  
> the American Medical Association when the original guidelines were  
> published three years ago. Many of the same panelists returned to  
> produce this week's amendments to the rules, which were published in  
> the journal Circulation, a publication of the American Heart  
> Association. "We now understand, in the current climate, it is wise to  
> make that information [researchers' financial connections] as  
> transparent as possible," Cleeman said. " ... There is certainly no*

- > *intent to obscure information."*
- >
- > *Cardiologists expressed no doubts about the quality of the research*
- > *leading to the updated guidelines. But observers say the public*

Now watch the extremist here say that Cardiologists are all on the take and that the research was funded with drug money. There is no end to that paranoia. Dr Phillips who did an independent study does not say to stop Statin use.

- > *deserves to have as much information as possible about panelists who*
- > *are making such sweeping regulations. The guidelines also could serve*
- > *to improve the bottom line of major corporations.*
- >
- > *"It should have been there," said Dr. Steven Nissen, a cardiovascular*
- > *researcher at the Cleveland Clinic in Ohio, referring to financial*
- > *disclosure information. He added that "it is hard to work in the lipid*
- > *field and not have gotten a grant from a pharmaceutical company.*

Most research today involving clinical studies with hospitals involve drug therapies. My estimate is about 90% of all research today is from new meds being evaluated. Any hospital doing research has done drug research period. It is unavoidable.

- >
- > *"Certainly if it were me, I would have disclosed it. But it is*
- > *important to point out that these are reputable people," Nissen said*
- > *of the panelists. "They are leaders in the field, people of*
- > *integrity." Nissen's research helped influence the new guidelines.*
- >
- > *An estimated 36 million people in the United States are already on*
- > *statin therapy, drugs that earn pharmaceutical companies \$20 billion a*
- > *year. The new rules by the Cholesterol Education Program essentially*
- > *establish a new standard of care for people with the worst forms of*
- > *cardiovascular disease.*
- >
- > *The National Cholesterol Education Program is entirely*
- > *government-funded, Cleeman said, and operates on a budget of about \$1*
- > *million a year. The program does not receive any money from*
- > *pharmaceutical companies, he said.*
- >
- > *The program invites outside experts to serve as panelists and to*
- > *review scientific data that will be considered for treatment*
- > *guidelines. The information is further vetted by 90 to 100 outside*
- > *experts, including heart specialists from the American College of*
- > *Cardiology and the American Heart Association.*
- >
- > *"There are multiple layers of review," Cleeman said.*
- >
- > *Dr. H. Bryan Brewer, a physician-scientist at the National Heart, Lung*
- > *and Blood Institute, was one of the guidelines' authors. He was the*

- > *subject of a letter to the director of the National Institutes of*
- > *Health last week from a consumer watchdog, Public Citizen's Health*
- > *Research Group. The advocacy organization charged that Brewer had*
- > *failed to disclose his ties to AstraZeneca. Brewer, according to the*
- > *letter, had written a glowing report in a medical journal about*
- > *Crestor without disclosing that he is a paid consultant and had*
- > *presided over a company-sponsored symposium.*
- >
- > *Dr. Sidney Wolfe, director of watchdog group, said he wrote the letter*
- > *because NIH officials -- and the public -- should be aware of*
- > *potential conflicts of interest.*
- >
- > *"The public has a right to know every amount," Wolfe said Wednesday.*
- >
- > *Panelist Dr. Sidney Smith of the American Heart Association said in an*
- > *interview that he has received consulting fees from Merck. But he said*
- > *he was only peripherally involved in the enrollment of patients in a*
- > *Merck-supported clinical trial about a year ago.*
- >
- > *"One of the problems we have is that 80 to 90 percent of the evidence*
- > *from clinical trials comes from the need of drug companies to get new*
- > *drugs to market," he said. The Institute of Medicine -- panels*
- > *convened by Congress to investigate urgent issues in health care --*
- > *has suggested a different approach to funding such research, he said.*
- > *Those suggestions include the allocation of "\$17 billion from the*
- > *government to get evidence from treatment studies and not have to*
- > *depend on drug company money."*

Exactly what I said but in reality it is too costly for the government to do. If government regulatory bodies can not be trusted because of so called drug ties than what good is it for the government researchers to do the research if it will be the same people in the eyes of people who see drugs in every closett.

- >
- > *The failure to disclose financial information comes on the heels of*
- > *investigations by both the NIH and Food and Drug Administration to*
- > *root out any conflicts of interest among staff scientists involved in*
- > *outside consulting.*
- >
- > *The guidelines published by the panel called for lowering cholesterol*
- > *to the lowest possible levels. For the sickest patients, that means a*
- > *low-density lipoprotein -- LDL -- of 70 mg. or below. Doctors never*
- > *before have been asked to reduce patients' cholesterol to such a*
- > *level, though the trend toward lower numbers had become evident in*
- > *scientific studies in recent years.*
- >
- > *"The guidelines are somewhat conservative and not that favorable to*
- > *industry," Nissen said. He added that the guidelines should not be*
- > *construed as a "a pro-industry document. There's a lot of information*
- > *in the document [calling for] lifestyle changes," too.*