

sudden death and ischemic stroke, when compared with other NSAIDs or with placebo. Rofecoxib was also associated with more frequent hypertension in the VIGOR trial, with mean blood pressure increases (systolic, 4.6 mm Hg; diastolic, 1.7 mm Hg) comparable but opposite to the mean effect of ramipril in the HOPE⁷ trial. Equivalent data were not available from the CLASS study. Pending clarification from a prospective trial specifically assessing cardiovascular effects of COX-2 selective NSAIDs, the authors suggest “we urge caution in prescribing these agents to patients at risk for cardiovascular morbidity.”

Competing interests: Dr. Perry works part time for the University of British Columbia Therapeutics Initiative.

References

1. Silverstein FE, Faich G, Goldstein JL, Simon LS, Pincus T, Whelton A, et al. Gastrointestinal toxicity with celecoxib vs nonsteroidal anti-inflammatory drugs for osteoarthritis and rheumatoid arthritis. The CLASS study: a randomized controlled trial. *Celecoxib Long-term Arthritis Safety Study*. *JAMA* 2000;284(10):1247-55.
2. Bombardier C, Laine L, Reicin A, Shapiro D, Burgos-Vargas R, Davis B, et al. Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis. VIGOR [Vioxx Gastrointestinal Outcomes Research] study group. *N Engl J Med* 2000;343:1520-8.
3. Mukherjee D, Nissen SE, Topol EJ. Risk of cardiovascular events associated with selective COX-2 inhibitors. *JAMA* 2001; 286(8):954-9.
4. Okie S. Missing data on Celebrex: Full study altered picture of drug. *Washington Post* 2001 Aug 5;Sect A:11.
5. Lichtenstein DR, Wolfe MM. COX-2-selective NSAIDs: New and improved? [editorial]. *JAMA* 2000;284(10):1297-9.
6. Davidoff F, DeAngelis CD, Drazen JM, Nicholls MG, Hoey J, Hojgaard L, et al. Sponsorship, authorship and accountability. *CMAJ* 2001;165(6):786-8.
7. Yusef S, Sleight P, Pogue J, Bosch J, Davies R, Dagenais G, for the Heart Outcomes Prevention Evaluation Study Investigators. Effects of an angiotensin-converting-enzyme inhibitor, ramipril, on cardiovascular events in high-risk patients. *N Engl J Med* 2000;342:145-53.

Correspondence to: Dr. Tom Perry, Department of Medicine, University Hospital, 2211 Wesbrook Mall, Vancouver BC V6T 2B5; tperryjr@interchange.ubc.ca

Editor's note: My *Concise Oxford Dictionary* defines the adjective *honest* as “free of deceit; truthful and sincere.” It defines *ethical* as, “of or relating to moral principles or the branch of knowledge concerned with these.” These are simple enough concepts and ones that those in the health care professions should naturally embrace.

Pharmaceutical companies play a large role in our health care system. They have gained academic credibility by infiltrating prominent universities and courting influential physicians. Drug company funded studies now comprise a substantial proportion of all research published in peer-reviewed medical journals, and their increasing influence on medical practice is a growing controversy. For-profit companies wish to portray their products in a positive light, and physicians should interpret research findings with this in mind; but if the “industry standard” is to release only selected trial data to clinical investigators and medical editors, how can we believe anything we read?

The recent scandal surrounding the CLASS study was perhaps the last straw, and 11 of the world's most prominent medical journals have joined forces to try to ensure articles have a sound, non-industry biased foundation. The editors of these journals may now refuse to print pharmaceutical-sponsored studies unless the researchers involved are guaranteed scientific independence and full access to the data.

CJEM applauds this move and encourages readers to cultivate and maintain their own critical appraisal skills.

John Ross, MD

Associate Editor
CJEM

PS: The next time you're gorging yourself at a drug company sponsored event, take time to reflect on the line that separates knowledge enhancement from marketing.