

**3<sup>a</sup> Conferenza Nazionale GIMBE®**  
Bologna, 8 febbraio 2008

## La Manipolazione delle Evidenze Scientifiche tra Miti e Realtà

Nino Cartabellotta

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## Evidence-based Medicine

The diagram shows three overlapping circles. The top circle is labeled "Clinical state and circumstances". The bottom-left circle is labeled "Patients' preferences and actions". The bottom-right circle is labeled "Research evidence". The central area where all three circles overlap is labeled "Clinical expertise".

Copyright © - GIMBE® Haynes RB, et al. BMJ 2002

## Evidence-B(i)ased Medicine

A triangle with vertices labeled "Industria" at the top, "Ricercatori" at the bottom-left, and "Editori" at the bottom-right.

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## Evidence-B(i)ased Medicine

- 1. Bias di commissionamento
- 2. Bias di pubblicazione
- 3. Etica della ricerca
- 4. Conflitti d'interesse
- 5. Frodi scientifiche

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*Naylor CD*

### Gray zones of clinical practice

Some limits to evidence-based medicine

*Lancet 1995*

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*Garattini S, Liberati A*

### The risk of bias from omitted research

Evidence must be independently sought and free of economic interests

*BMJ 2000;321:845-6*

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## 1. Bias di commissionamento

### QUALI STRUMENTI ?



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Remuzzi R, Schieppati A, Boissel GP, Garattini S, Horton R

### Independent clinical research in Europe

Lancet 2004;364:1723-26

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- A new **European funding agency**, with no commercial interests, should be established for independent clinical research...

Remuzzi R, et al. Lancet 2004

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Independent  
research on drugs  
**funded by  
the Italian  
Medicines  
Agency**

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## LA SPERIMENTAZIONE CLINICA DEI MEDICINALI IN ITALIA

### 6° Rapporto Nazionale

Sperimentazioni per anno e Promotore profit / no profit  
Sperimentazioni totali: 4.252 (esclusa Fase I)

Anno	Profit		No profit		Totale	
	SC	%	SC	%	SC	%
2000	460	82,6	97	17,4	557	100,0
2001	468	77,4	137	22,6	605	100,0
2002	403	72,2	155	27,8	558	100,0
2003	401	70,6	167	29,4	568	100,0
2004	434	70,9	178	29,1	612	100,0
2005	430	67,3	209	32,7	639	100,0
2006	461	64,7	252	35,3	713	100,0
<b>Totale</b>	<b>3.057</b>	<b>71,9</b>	<b>1.195</b>	<b>28,1</b>	<b>4.252</b>	<b>100,0</b>

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## LA SPERIMENTAZIONE CLINICA DEI MEDICINALI IN ITALIA

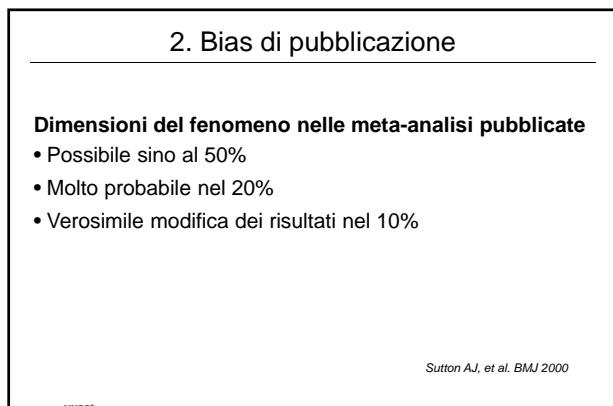
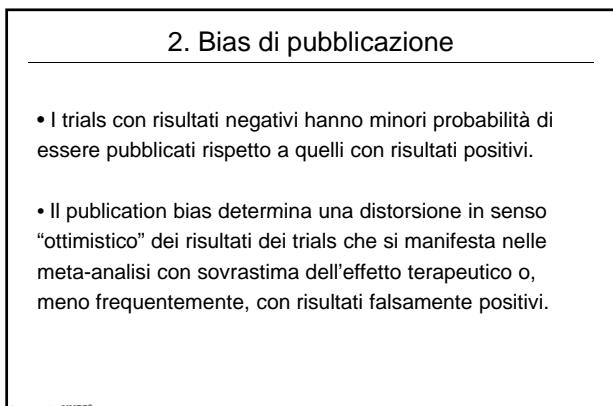
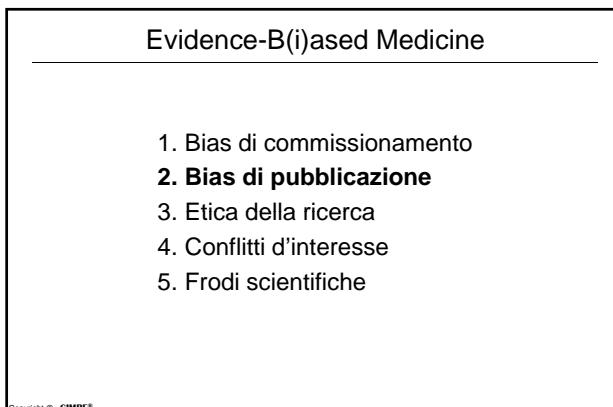
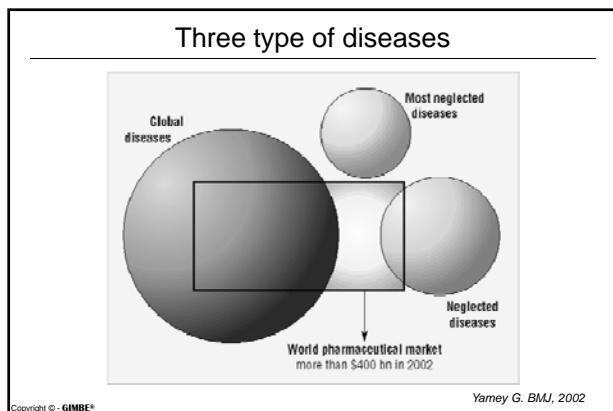
### 6° Rapporto Nazionale

Sperimentazioni per tipologia di Promotore no profit  
Sperimentazioni: 1.195 (esclusa Fase I)

Tipologia	SC	%	Promotori
ASL o Azienda ospedaliera	437	36,6	73
IRCCS pubblico o privato	373	31,2	24
Associazione scientifica	168	14,1	49
Università	138	11,5	21
Altro *	79	6,6	27
<b>Totale</b>	<b>1.195</b>	<b>100,0</b>	<b>194</b>

\* Enti di ricerca, Fondazioni, Enti governativi

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*Chalmers I*

## Underreporting research is scientific misconduct

JAMA 1990;263:1405-1408

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## 2. Bias di pubblicazione

### QUALI STRUMENTI ?



Copyright © - GIMBE®

*Horton R, Smith R*

## Time to register randomised trials

The case for registering all clinical trials is now unanswerable

BMJ 1999;319:865-6  
Lancet 1999;354:1138-9

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## Clinical Trial Registration

A statement from the International Committee of Medical Journal Editors

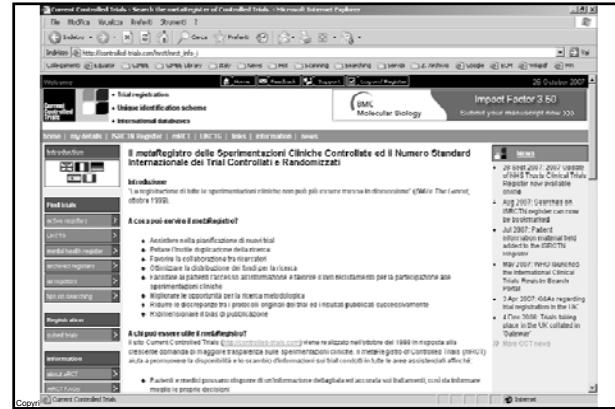
September 9, 2004

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**Signed by Editors of:**

- JAMA
- New England Journal of Medicine
- New Zealand Medical Journal
- Norwegian Medical Journal
- CMAJ
- The Lancet
- MEDLINE
- Annals of Internal Medicine
- Croatian Medical Journal
- Dutch Journal of Medicine
- Journal of the Danish Medical Association
- Medical Journal of Australia

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The NEW ENGLAND JOURNAL of MEDICINE

**Clinical Trial Registration — Looking Back and Moving Ahead**

4 June 2007

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The research community has embraced trial registration. Before the ICMJE policy, ClinicalTrials.gov, the largest trial registry at the time, contained 13,153 trials; this number climbed to 22,714 1 month after the policy went into effect.<sup>3</sup> In April 2007, the registry contained over 40,000 trials, with more than 200 new trial registrations occurring weekly (Zarin D: personal communication).

*N Engl J Med, 2007*

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**Evidence-B(i)ased Medicine**

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1. Bias di commissionamento
2. Bias di pubblicazione
- 3. Etica della ricerca**
4. Conflitti d'interesse
5. Frodi scientifiche

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**Placebo-controlled trials are caught in a battle between two orthodoxies**

**1. Placebo orthodoxy**  
Placebo should be used as a control unless there is an increased risk of death or irreversible morbidity associated with its use.

**2. Active-control orthodoxy**  
If an effective therapy exists, the use of a placebo should be prohibited.

*Emanuel EK, et al. N Engl J Med, 2001*

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**3. Etica della ricerca**

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- Dimostrare la superiorità di nuovi farmaci rispetto ai vecchi (interesse legittimo dal punto di vista dell'industria, ma non necessariamente coincidente con quello della salute pubblica) può essere facilitato dal pianificare trials dove il nuovo farmaco viene confrontato con:
  - placebo
  - farmaci meno efficaci
  - farmaci a dosaggio minore (gioco delle dosi)
  - farmaci con maggiori effetti avversi

*Barbui C. BIF 2002*

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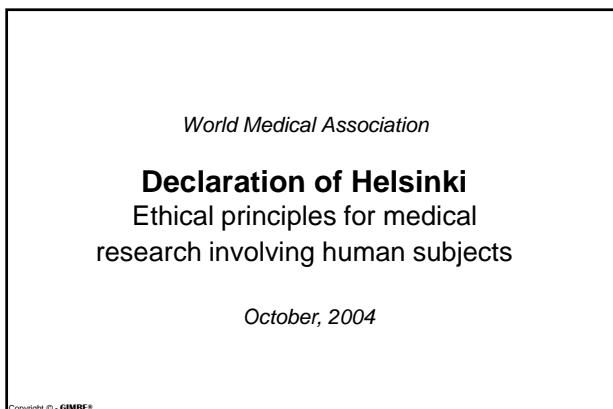
**3. Etica della ricerca**

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**QUALI STRUMENTI ?**



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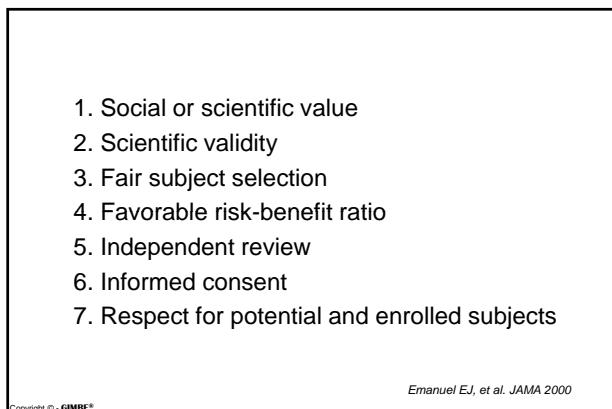
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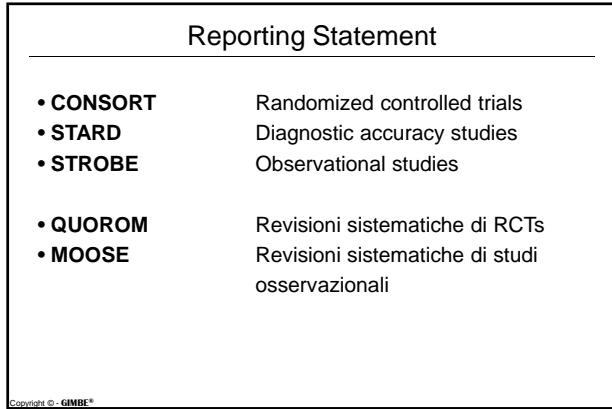
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Emanuel EJ, et al. JAMA 2000



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### Reporting Statement

- |                  |  |
|------------------|--|
| • <b>CONSORT</b> | Randomized controlled trials                   |
| • <b>STARD</b>   | Diagnostic accuracy studies                    |
| • <b>STROBE</b>  | Observational studies                          |
| • <b>QUOROM</b>  | Revisioni sistematiche di RCTs                 |
| • <b>MOOSE</b>   | Revisioni sistematiche di studi osservazionali |

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Stelfox HT, Chua G, O'Rourke K, Detsky AS.

## Conflict of interest in the debate over calcium-channel antagonists

*N Engl J Med* 1998; 338: 101-6

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**TABLE 3.** AUTHORS WITH FINANCIAL RELATIONSHIPS WITH PHARMACEUTICAL MANUFACTURERS.

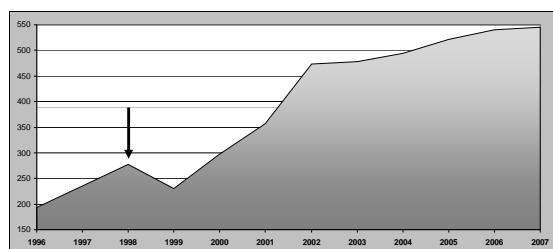
MANUFACTURER	SUPPORTIVE AUTHORS (N = 24)	NEUTRAL AUTHORS (N = 15)	Critical AUTHORS (N = 30)	CHI-SQUARE FOR LINEAR TREND	P VALUE FOR TREND
no. of authors (%)					
Manufacturer of calcium-channel antagonist	23 (96)	9 (60)	11 (37)	22.02	<0.001
Manufacturer of competing product	21 (88)	8 (53)	11 (37)	14.84	<0.001
Any manufacturer	24 (100)	10 (67)	13 (43)	22.68	<0.001

Stelfox HT, et al. *N Engl J Med* 1998

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## MEDLINE

conflict\* [ti] AND interest\* [ti] OR conflict of interest [mh]



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Angell M

## Is academic medicine for sale?

*New Engl J Med* 2000;342:1515-1518

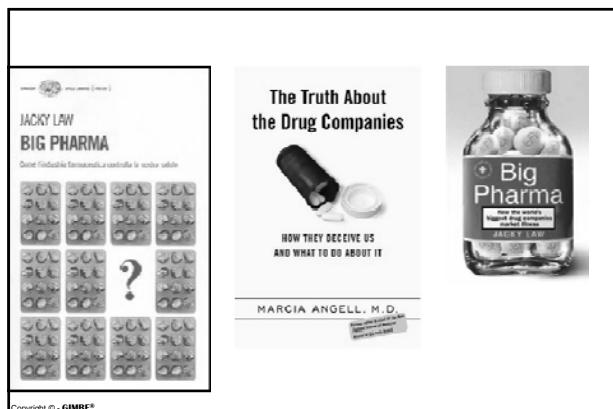
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Bodenheimer T

## Uneasy alliance. Clinical investigators and the pharmaceutical industry

*New Engl J Med* 2000;342:1539-1544

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**ORIGINAL INVESTIGATION**

## Adverse Effects of Inhaled Corticosteroids in Funded and Nonfunded Studies

Antonio Nofre, MD; Angel Marzo, MD; Pilar Rafael Jiménez, MD; Juan J. Jiménez, MD; Amparo Latorre, MD, PhD;  
Fernanda Oliver Jiménez, MD; Alejandra Medina-Hernández, MD; F. Javier Nieto, MD, PhD

OPEN ACCESS freely available online  
**Perspectives**

**Does Industry Sponsorship Undermine the Integrity of Nutrition Research?**

Marijke B. Katan

Financial ties and concordance between results and conclusions in meta-analyses: retrospective cohort study

Veronica Yank, clinical instructor;<sup>1</sup> Drummond Rennie, professor;<sup>2</sup> Lisa A. Bero, professor<sup>3</sup>

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**SPECIAL ARTICLE**

## Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy

Erick H. Turner, M.D., Annette M. Matthews, M.D., Elinika Linardatos, B.S., Robert A. Tell, L.C.S.W., and Robert Rosenthal, Ph.D.

N ENGL J MED 358;3 WWW.NEJM.ORG JANUARY 17, 2008

**A. Studies (N=14)**  
FDA Decision

Decision	No. of Studies	%
Positive (N=10)	37	26%
Quasiconclusive (N=4)	8	6%
Negative (N=4)	34	26%
Total (N=14)	79	100%

**B. Patients in Studies (N=12,554)**  
FDA Decision

Decision	No. of Patients	%
Positive (N=10)	10,717	85%
Quasiconclusive (N=2)	1,114	9%
Negative (N=2)	2,689	7%
Total (N=12,554)	14,520	100%

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## 4. Conflitti d'interesse

**QUALI STRUMENTI ?**

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## Sponsorship, Authorship, and Accountability

September 2001

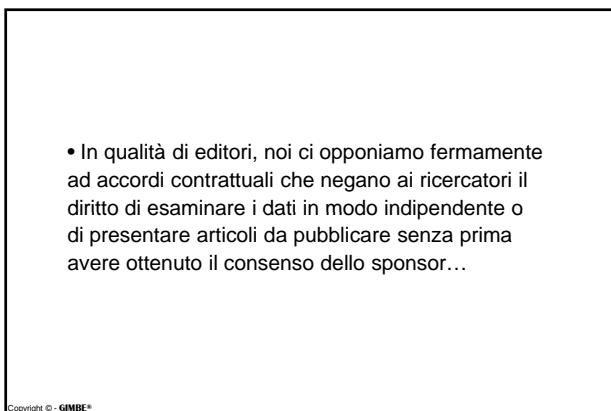
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## Sponsorship, Authorship, and Accountability

**Signed by Editors of:**

1. Annals of Internal Medicine
2. Journal of the American Medical Association
3. New England Journal of Medicine
4. Canadian Medical Association Journal
5. Journal of the Danish Medical Association
6. Lancet
7. MEDLINE/Index Medicus
8. New Zealand Medical Journal
9. Journal of the Norwegian Medical Association
10. Dutch Journal of Medicine
11. Annals of Internal Medicine
12. Medical Journal of Australia
13. Western Journal of Medicine

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ISS - 3 novembre 2003

Società scientifiche  
e Aziende sanitarie  
alle prese con i conflitti di interesse

Marco Bobbio  
Divisione Universitaria di Cardiologia  
Torino

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**cirB** Coordinamento per l'Integrità della Ricerca Biomedica

Questionario inviato a 149 Direttori Generali di Aziende Ospedaliero aderenti alla FIASO.  
99 (66%) ha risposto

Domande su:

- comitati etici
- ricerca indipendente
- conflitto di interessi

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**cirB** Coordinamento per l'Integrità della Ricerca Biomedica

Siete a conoscenza dei vincoli imposti dalle ditte sponsor nei contratti?

- 33% no
- 65% si, ma la maggior parte ritiene che sia tratti di un problema decisionale del CE

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PLOS MEDICINE

OPEN ACCESS Freely available online  
Essay

**Regulation of Clinical Research Sponsored by Pharmaceutical Companies: A Proposal**

Julio Sotelo

DOI: 10.1371/journal.pmed.0003096.g001  
A third party—the CRC—should be placed between drug companies and clinical researchers  
Illustration: Rusty Heaton, sossie & design

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## Why I declined an invitation to a drug company seminar

PERSONAL VIEW Murad Moosa Khan



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Khan MM. BMJ, 2007

Fava G.

## Conflict of Interest and Special Interest Groups

The making of a counter culture

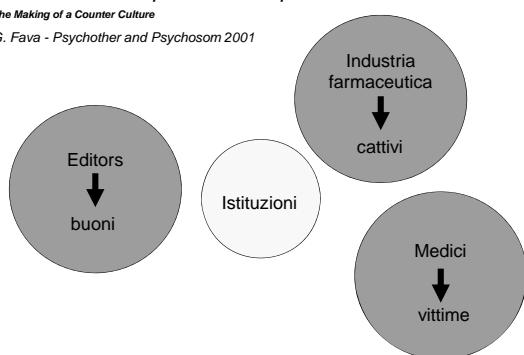
*Psychother and Psychosom 2001*

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### Conflict of Interest and Special Interest Groups

*The Making of a Counter Culture*

G. Fava - *Psychother and Psychosom 2001*



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### 5. Frodi scientifiche: esempi

- Pubblicazione di dati "fabbricati"
- Pubblicazione di dati "gonfiati"
- Pubblicazione di review apparentemente imparziali, orientate a promuovere un farmaco (scrive un "ghost writer" dell'industria e firma un esperto indipendente)
- Pubblicazione ripetuta dei dati di un singolo RCT, in articoli firmati da Autori diversi
- Publication bias
- Plagio: pubblicazione di dati altrui

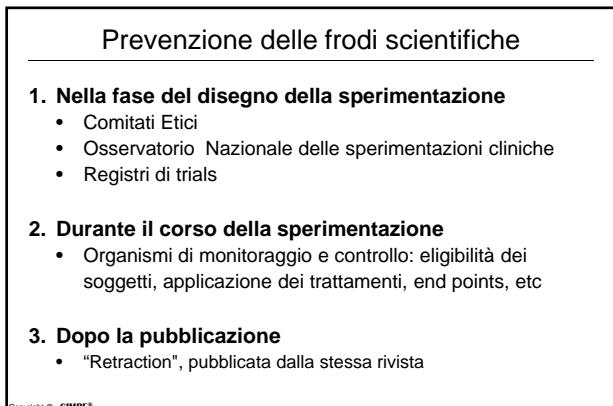
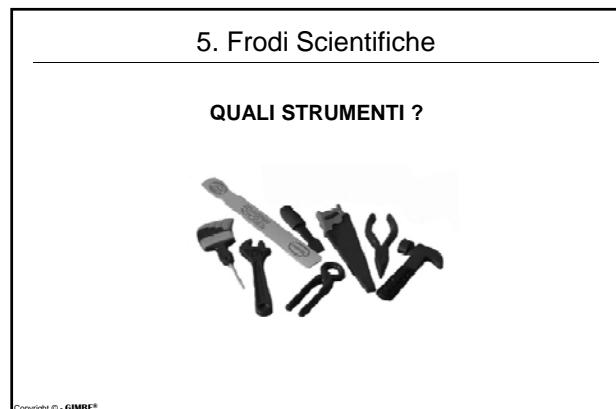
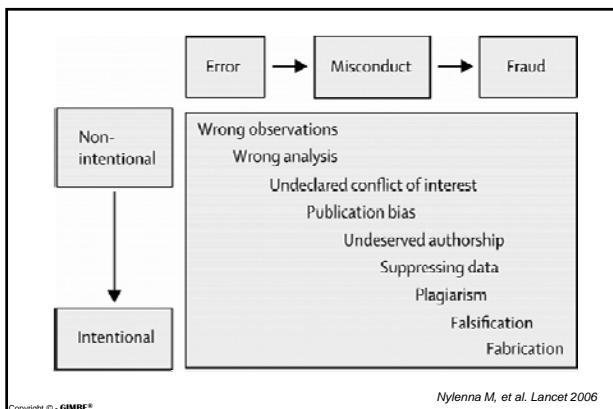
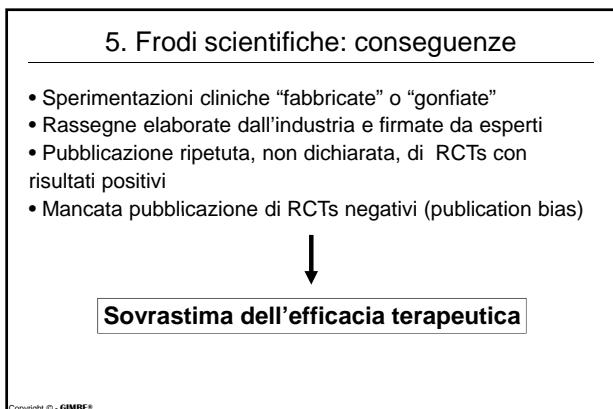
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## POLICING PLAGIARISM

The internet has made both copying other people's work and detecting plagiarism much easier.



Cross M. BMJ, 2007



## Retraction of publication

- Dichiarazione di "misconduct" e pertanto di non validità di studi già pubblicati

### Retraction: Interferon alfa-2b. . . in Behçet's disease

Lancet 2000;356:1292

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von Elm E

### Research integrity Collaboration and research needed

Lancet 2007;370:1403-1404

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Korn D, Ehringhaus S

### Principles for strengthening the integrity of clinical research

PLoS Clin Trials 2006;1:e1

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Editorial Policy Committee (2005-2006),  
Council of Science Editors  
[www.CouncilofScienceEditors.org](http://www.CouncilofScienceEditors.org)

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#### Key Messages

- There is growing public skepticism about the accuracy and completeness of reporting of clinical trial results.
- Academic medical institutions and their faculty often play leading roles in performing and reporting clinical trials.
- Clinical research in humans can only be justified ethically when it leads to generalizable knowledge, which means results should be disclosed.
- AAMC has developed principles for conducting and reporting clinical research that ensure to investigators full right of independent access to and analysis of the underlying data.
- The principles aim to ensure that the conduct and reporting of clinical research conform to the highest standards of scientific and ethical integrity.

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## Evidence-Based Medicine



ATTENZIONE:  
MANIPOLARE  
CON PRUDENZA

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