

I am Dr. J Gregory Rosenthal, MD., a fellowship-trained retinal surgeon in Toledo, Ohio. My medical degree is from Washington University in St. Louis. I was a resident and Chief Resident at St. Louis, University, and did my retinal fellowship at the Irwin Retina Institute and Rush Medical College. I am now the Director of the Retinal Service of Vision Associates in Toledo, Ohio and Chief of Ophthalmology at The Toledo Hospital and Toledo Children's Hospital. I have no financial interest in any pharmaceutical company except undetermined and incidental interests as may apply to mutual funds.

I would like to expound on several comments offered by Dr. Kassirer as they apply to the field of retinal surgery. In the last several years, we have seen the rapid evolution of the "age of pharmaceutical influence" in our field. This has created a growing rift in the retinal community. Physicians for Clinical Responsibility (PCR) is a grass roots organization opposing what one of our patriarchs described as "the pathetic slide of our profession into the hands of the drug companies".

We are living in an era of massive corporate sponsorship of sports and entertainment, which manifests itself as appropriate support of those activities. Similar sponsorship of medical activities by pharmaceutical companies becomes inappropriate when such activity influences research and care according to pharmaceutical company interests. Such activity has been growing and has created a clear threat to public welfare. In the retinal field, this is a particular threat to seniors due to the prevalence of macular degeneration and diabetes, common in this group.

We are literally trading independent medical integrity for corporate profits. In the retinal world, this is manifesting as

- Companies taking over the administration of randomized controlled trials which are inappropriately linked to marketing efforts
- Companies recruiting and compensating "Key Opinion Leaders" (KOLs) to influence decision making in the retinal community
- Companies providing money, travel, and false research prestige for community docs
- Corporate-funding of chaired professorships and other academic funding
- Influence through "Unrestricted Grants" for journals, societies, meetings, and websites
- Control of speakers, agendas, and presentation of CME courses and materials
- Companies creating bogus expert panels to promote products and treatments

This inappropriate influence of physicians by drug companies has created a schism in the retinal community between the majority of retina docs who want to take optimal and cost effective care of their patients and the growing minority of strategically cultivated doctors willing to help corporate interests in exchange for valuable consideration of various sorts.

To quote one well-respected and non-conflicted retinal physician:

It is becoming increasingly obvious to me that many speakers on the AMD circuit, the so called experts, are puppets serving their needs and the companies that pay them... While many of us may not be Key Opinion Leaders, we are Key Care Leaders, and as such, it is up to us to promote the interests of our patients and society at large.

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This opinion is not unique. Many others have spoken up in the last year. Following is a brief synopsis of many e-mails received by PCR:

- *I have also been disappointed by my friends and colleagues who at least in appearance, seem shills for the Pharmaceutical companies. My disappointment in no way implies that I am not appreciative of the R&D of the pharmaceutical companies, which has helped make American medicine the best in the world. I also appreciate the research efforts of our colleagues in full-time academia.--it's the suspicion of loss of objectivity that is bothersome.*
- *My opinion of pharma has changed steadily over my 7 years in practice, and (the situation with) Lucentis was the last nail in the coffin.*
- *Those who pretend that the speaker's fees and such don't affect their judgment are just "full of it."*

The influence of "Big Pharm" on retinal medicine is pervasive. The layers of control include clinical research and patient care. Research used to be independently funded and designed, but with decreased independent funding in recent years, and with the emergence of pharmaceutical-based retinal treatments, the drug companies have moved in aggressively. The Independent Randomized Controlled Trial (IRCT) has been replaced by the corporate sponsored RCT (CSRCT), which differs from the former in critical ways. Although bias in CSRCTs has been well documented, companies have promoted the idea that only CSRCT data (i.e. their sponsored data) is valid and is in fact the only data that should be considered in patient care. In recent years there has been growing pressure to ignore any data that is not in the CSRCT. There have also been efforts to block, suppress, or ignore data that might conflict with CSRCTs.

In redefining the RCT, pharmaceutical companies are exerting increasing control over

- What to study
- Study design
- Which questions to ask or not ask (according to corporate interests)
- The IRB process
- Data analysis; what to report; what not to report
- Presentation of the data
- Tightly coordinating the study with post-study marketing

Research and the post-research marketing have been melded by recruiting doctors to do research with conflicts of interest ranging from cash to stock options to lab and professorship funding. Doctors are then cultivated as “Key Opinion Leaders” who are compensated for giving talks at meetings and other venues to support the corporation’s interpretation of their studies and to promote the company’s, and therefore their own interests. I recently spoke with an MD employed by a major drug company whose actual title was “Thought Leader Liaison” and whose job was to recruit and tend to the KOLs. By co-opting those identified as our specialty’s “leaders”, there is a significant pressure to influence the behavior of doctors “on the front lines” of patient care.

Even good research is tainted, and it is virtually impossible to know what and what not to believe. I have recently had to decline participating in a study of a promising drug simply because the study design was so “juiced” that participation would have violated my ethical requirement to avoid financial conflicts.

The drug companies also work at the community level. Doctors whose only qualification is that they use a product are recruited to be on “expert” panels and travel to exotic destinations to discuss (i.e. promote) products. Invitation to nominal “Scientific Advisory Boards” are made on a similar basis. They are brought in to “consult” at exotic destinations, where meetings can be little more than a venue to “wine and dine” the “consultants”, who provide no more input than could be obtained from a phone call.

Rank and file retina doctors have repeatedly complained that society meetings have lost their credibility since almost every speaker is compromised by financial relationships. We have reached the point where it would be more convenient for speakers to simply wear NASCAR style jackets emblazoned with their sponsors’ logos. These same meetings serve as little more than preliminaries for the company-sponsored focus seminars, usually in luxurious hotels, where doctors can receive more CME credits for listening to further promotional presentation.

Societies themselves and our medical journals have become dependent upon the infamous “unrestricted grant” from numerous pharmaceutical companies. In this context, “unrestricted” means, ‘use this for whatever you want, but if you ever want

another, don't displease us.' I have had two recent experiences that punctuate this problem in a small way. Last year, I wrote an op-ed criticizing conflicts of interest, and although it was hailed by several retinal leaders as "great", "very important", and "the right thing to do", it proved unpublishable. Several journal editors praised the article but indicated that they could not publish it in large part due to their concern about their advertisers' opinions or their reviewers' relationships with the pharmaceutical companies. All were careful not to put this in print. I was to speak on this topic at a recent meeting, but literally five minutes before the talk I was asked to change topics because the society had just received a large sponsorship check from a drug company.

Physicians face a difficult choice. One path is to go along. With corporate money you can, for example, increase your income, increase your (perceived) prestige, build your practice, fund a department, and fund research and professorships. The middle ground is to look the other way.

The hard choice is to fight back. The road back to credibility is long. Opposing forces are well funded and well motivated, but there are a growing number of retinal specialists who are disturbed by the slide of our profession. The formation of Physicians for Clinical Responsibility is a first step. Current dynamics as outlined by Dr. Kassirer, Dr. Marcia Angell and others will continue to permit uncontrolled compromise of the public trust for personal and corporate gain. Dr. Kassirer and others have also outlined steps that can be taken to restore the independent, evidence based practice of medicine. The majority of physicians desire to practice honest medicine in their patients' best interest, and these doctors would welcome guidelines and/or regulatory changes that would mitigate financial conflicts and restore credibility to our research, educational system, and practice of medicine.