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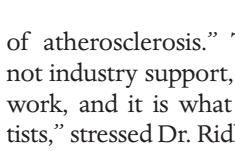
Money's Only Part of the COI Story



DIANA MAHONEY

"Any senior scientist will tell you that the biggest conflict of interest he or she has has nothing to do with the [disclosures] they list on their PowerPoints or in their publications," Dr. Paul M. Ridker said at his talk on the inflammatory hypothesis of atherosclerosis at the meeting of the International Society on Hypertension in Blacks in Boston. "It has to do with our individual belief in the biology of what we're doing."

For this reason, his lengthy disclosure slide was less relevant than his fundamental bias, which is his belief that inflammation is "part and parcel, if not the cause, of atherosclerosis." That type of bias, not industry support, "is what drives my work, and it is what drives most scientists," stressed Dr. Ridker of Brigham and Women's Hospital in Boston.

That contention is likely a nod to the diatribe that followed the 2008 publication of the JUPITER trial results, in which he and his coinvestigators attributed a 44% reduction in cardiovascular events to the ability of rosuvastatin (Crestor) to both lower LDL cholesterol and reduce C-reactive protein (CRP) levels (N. Engl. J. Med. 2008;359:2195-207).

Following the publication of the findings, cardiology colleagues questioned the interpretation and veracity of the data in the face of what they deemed to be an unacceptable degree of commercial bias. They were referring not only to the fact that the study was funded by AstraZeneca, the drug's manufacturer, and that 9 of the 14 authors disclosed financial ties to the company, but also that Dr. Ridker holds the legal patent on CRP testing technology. Without question, the skeptics argued, Dr. Ridker had much to gain from the acceptance of his research.

For his part, Dr. Ridker vigorously defends the quality of the JUPITER data. He has also introduced a salient argument, that the COIs that have the most potential to bias research are the ones that defy enumeration. He does not argue against financial disclosures, but he does warn that they don't tell the "whole story." ■

Ms. Mahoney is the New England Bureau Chief for Cardiology News.

Blognosis

Fan Bids Cypher Stent Adieu

MITCHEL L. ZOLER

Cypher will soon morph into cipher, and it's not just about the why, but also the whence and the what once was and the what came next.

Cypher is, of course, the sirolimus drug-eluting stent, the first, the original coronary DES, the one that burst onto the scene a decade ago and launched a new era in interventional cardiology. And soon it will be no more.

Cypher's manufacturer, Johnson & Johnson, announced that it would pull the stent off the market by the end of this year, citing "evolving market dynamics." What they meant was that Cypher's time has come and gone. I've written on this blog on how the second-generation coronary DES have set new efficacy standards for the field. Cypher had become a 10-year old dinosaur. Presumably the demise of the other first-generation DES, the paclitaxel-eluting Taxus stent, by Boston Scientific, is just around the corner.

But I write not so much to