

Targeting Racial Groups For Drug Tx Questioned

BY JOYCE FRIEDEN

Associate Editor, Practice Trends

WASHINGTON — Drugs like BiDil, which target a particular racial or ethnic group, do not represent the best approach for looking at health disparities, Dr. Francis S. Collins said at a meeting sponsored by the Department of Health and Human Services and the Office of Minority Health.

"It is a good thing that we have a drug that treats individuals with congestive heart failure and clearly improves their survival," said Dr. Collins, director of the National Human Genome Research Institute, in Bethesda, Md. "But are we sure this drug would not have benefited other groups?"

The original clinical trial for BiDil (fixed-dose isosorbide dinitrate and hydralazine) seemed to show that only African Americans clearly benefited from the drug, but "it was a relatively modest-sized study, and there could very well have been some benefit in others," he said. "Are we sure this has anything to do with being African American, or could it be that since African Americans

tend to have heart failure on the basis of hypertension, that this [study] says this drug works for hypertensive heart failure and not as well for heart failure from coronary artery disease, which is perhaps more common in other groups?"

With responders lumped into the category of a racial group, "there's a real risk that this will be interpreted as, 'Oh, well, that means black people really are biologically different. After all, there is this drug that only works for them,'" said Dr. Collins. "That is unjustified by the science that's been done here."

More drugs like BiDil may be coming, but "I don't think this is where we want to go," he said, noting it would be preferable to ask why the drug works for some and not for others. "What specific DNA variants are responsible for the variation in response? Let's check the individuals and find out whether they're likely to respond to the drug or not, and not use this murky and potentially misleading and damaging proxy called race, and pretend we're practicing really upscale medicine. We can do better than that."

Part of the problem with using racial groups to explain health disparities is that race is hard to define, Dr. Collins noted.

"First you have to decide exactly what you mean by race. Race has so much baggage; it carries with it connotations of history and discrimination, culture and society, and dietary practices. It carries a little bit of ancestral geography, of course, but that is probably in the minority of what most people are actually thinking of when the term race appears in the census," he said.

Another problem with separating people into races is that the genetic makeup of all humans is actually quite similar, said Dr. Collins, who leads the Human Genome Project. He noted that people are 99.9% the same, genetically speaking.

"We are much more alike ... than most other species on the planet. There's more diversity in a small group of chimpanzees living on one hillside than there is in the entire human race, because we're so new on the scene."

Most of the variation in the human genome over the last 100,000 years "relates to the ways in which those genes were spread as those people migrated out of Africa to other parts of the world," he

said. And although genomics may play a role in the reasons for health disparities, "it is almost always in concert with environmental factors."

When new mutations have occurred, for the most part they appear and then disappear, said Dr. Collins. One exception to that, however, is any mutation that gave people a selective advantage. Skin color is an example.

"If you're dark skinned in a northern climate

where there's not as much sun exposure, you're likely to get rickets, and someone with rickets will have a difficult time in childbirth. If you have light skin at the equator, you're going to end up with a very high risk of skin cancer," he said. The way in which lighter-skinned people evolved from their starting point as black Africans just proves that "we white people are actually mutants," he said.

Now that the Human Genome Project and other private groups have decoded the human genome, researchers are focusing on the 0.1% of the genome that varies among individuals. Dr. Collins is managing the International HapMap Project, a cooperative effort among researchers in six countries to build a catalog of human genetic variation.

"In the space of just 3 years, the HapMap has delivered this remarkable picture of how DNA variation has occurred across all chromosomes," he said. "This has been a gold mine of information for people trying to unravel the genetic contributions of diabetes, heart disease, mental illness, blindness, and a whole host of conditions that fill up our hospitals and our clinics." If medical researchers want to know how genetic variation affects predisposition to illness, "we're going to need more data, and the good news is, in another 2 or 3 years, we're going to have a lot more data on this subject and will be much more poised to do something about it," he said. ■

Information on the International HapMap Project can be found online at www.hapmap.org.

'Let's ... not use this murky and potentially misleading and damaging proxy called race, and pretend we're practicing ... upscale medicine.'

Some Fear HSA Tax Incentives May Divert Interest in 401(k)s

BY JOYCE FRIEDEN

Associate Editor, Practice Trends

As President Bush puts health savings accounts higher on his agenda, experts are debating whether they are a good idea for solving the problems of the uninsured.

"The more I think about these proposals, the more troubling I find them," Leonard Burman, codirector of the Urban-Brookings Tax Policy Center, said in a teleconference sponsored by the Center on Budget and Policy Priorities (CBPP). "I don't think the idea [that people will be more cost conscious] is going to play out."

Health savings accounts (HSAs) are accounts that employees contribute to in order to pay for the first several thousand dollars of their health care costs. The accounts are almost always combined with a high-deductible health insurance plan. Contributions to HSAs are tax free, as is money withdrawn for covered medical expenses. If the money is not used in a particular year, it can accumulate in the account.

The Galen Institute, an organization that supports consumer-driven health care, has a more positive view of HSAs. "HSAs give consumers even more control over their health spending decisions—and provide them with an incentive to spend wisely and save for future health care needs," the institute notes in statement. But critics argue that sick people are not always in a position to shop around for care; that making consumers more cost conscious won't help lower health care costs because most health care spending is for expenses higher than the amount of the deductible, which is out of the consumers' control; and that HSAs tend to attract mostly healthy people, which will drive up premiums for sicker individuals who remain in more traditional plans.

President Bush highlighted HSAs in his State of the Union address, vowing to "strengthen health savings accounts—making sure individuals and small business employees can buy insurance with the same advantages that people working for big businesses now get."

In a more detailed statement, White

House officials said that the president "proposes making premiums for HSA-compatible insurance policies deductible from income taxes when [these policies are] purchased by individuals outside of work. In addition, an income tax credit would offset payroll taxes paid on premiums paid for their HSA policies."

The president is also proposing to allow any spending on out-of-pocket health expenses incurred by HSA enrollees—up to \$10,500 per family—to be tax free, not just expenses pertaining to the deductible, as allowed under current law. Such changes would make HSAs even more tempting, said Jason Furman, senior fellow at the CBPP. "HSAs are already an unprecedentedly favored tax vehicle. This takes a system already tilted and adds a new tax credit."

If enacted, these proposals could make HSAs so attractive financially that they could begin to rival 401(k) plans as retirement savings vehicles, said Mr. Furman.

For example, suppose a family in a 25% tax bracket contributed the maximum \$10,500 to an HSA that is invested at a 3% interest rate. Under the president's proposal, they would owe a payroll tax of \$1,607, but they would also get a tax credit for that amount, so the entire \$10,500 would stay in the account. If they contributed the same amount into a 401(k), they would still owe the payroll tax, but would not get a tax credit, so only \$8,893 would be deposited into the 401(k) account. The HSA account would end up with \$25,486 in it by 2036, versus \$21,587 for the 401(k), Mr. Furman explained.

With such results, he said, "a lot of employers who offer 401(k) plans would have a lot less of an incentive to. Their employees could go on their own and get a much better deal from an HSA than from a 401(k), and avoid nondiscrimination rules."

Barry Barnett, a principal in PricewaterhouseCoopers' human resource solutions practice, said if employers started canceling 401(k) plans and offering HSAs instead, employees and Congress would argue that there has to be some form of retirement benefit, especially as government tries to cut back on Social Security and Medicare entitlements. ■

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