Jay D. Amsterdam: The paroxetine 352 bipolar study Ethical conduct

Email from Jay Amsterdam to Tom Ban, November 7, 2021
Second Office of Research Integrity Complaint

Email from Jay Amsterdam to Tom Ban, November 7, 2021, and Second Office of Research Integrity Complaint	June 2, 2022
Exhibit 1 from Second Office of Research Integrity Complaint	June 9, 2022
Letter from J. Larry Jameson, Penn Medicine, University of Pennsylvania Health Care, to Jay Amsterdam	June 16, 2022
Letter from Lazlo Gyulai, University of Pennsylvania Medical Center, to Jay Amsterdam	June 23, 2022
"Whose Article Is It?" The Lancet 1999;354:136	June 30, 2022
Case Study Publications for Peer Review (CASPER), "Once-daily Paxil, Paroxetine HCl"	July 7, 2022
"Paxil Study Under Fire" Nature 2011;475:153	July 14, 2022
"Penn Psychiatrist Accuses Five Colleagues of Plagiarism" Science Insider 2011	July 21, 2022
"Psychiatrist files ghostwriting complaint against Harvard doctor and four others." Boston Globe July 12, 2011	July 28, 2022
"Medical Ghostwriting: A University–Sanctioned Sleight of Hand?" Springer May 31, 2012	August 4, 2022
"Critics respond to dismissal of ghostwriting accusations." The Daily Pennsylvanian March 11, 2012	August 11, 2022
"The George Costanza Excuse for Medical Ghostwriting." madinamerica.com June 20, 2012	August 18, 2022
"UPenn Looks The Other Way At Ghostwriting." Pharmalot.com June 20, 2012	August 25, 2022
"Chair of Obama's Bioethics Commission Ignores Ghostwriting on Her Own Campus." pogoblog.typepad.com June 20, 2012	September 1, 2022
"Ghosts In The Pharma Attic: Jon & Jeff Explain." Pharmalot.com June 12, 2012	September 8, 2022

Email from Jay Amsterdam to Tom Ban, November 7, 2021

Second Office of Research Integrity Complaint

Dear Tom:

Thank you for your nice follow up email, and for your suggestions regarding the posting of the second tranche of the primary source documents pertaining to the study 352 paroxetine misconduct case.

As you may recall, there have been several letters from my lawyers to the Office of Research Integrity (ORI) of the Department of Health and Human Services that include the original July 8, 2011, study 352 paroxetine research misconduct complaint letter (containing primary source email and other documentation). These documents have already been posted on the INHN historical website from August 5, 2021, to January 13, 2022.

Regrettably, however, the letter from the University of Pennsylvania ORI Inquiry Committee, who was designated by Penn to investigate the allegations of research misconduct of July 8, 2011, was also designated by the Penn administration as being confidential. Therefore, the Penn Inquiry Committee report of allegations of misconduct is not directly available for posting on the INHN website.

However, despite this designation by Penn, a point-by-point rebuttal of the Penn Inquiry Committee's conclusions are now provided to the INHN historical record as part of a second, follow up complaint of research misconduct to the ORI by my lawyer. This second misconduct complaint provides the INHN reader with additional primary and secondary source documentation rebutting the original Penn Inquiry Committee's conclusion that no research misconduct had occurred when the Penn (and other) professors had appended their names to a ghost written, plagiarized article published in the American Journal of Psychiatry. This second complaint was made to the ORI on June 25, 2012.

As previously indicated, this second ORI complaint describes in exquisite detail, a point-by-point rebuttal of Penn's assertion that their professors did not engage in any form of academic or scientific misconduct.

In contrast, this second ORI misconduct complaint now includes additional evidence that ghost writing, plagiarism, editorial corruption, data manipulation and university obfuscation had indeed occurred, and that the university and its professors would assert plausible deniability of

wrongdoing by denying the existence of these vital inculpatory documents showing evidence to the contrary.

I believe that this second tranche of historical documents is vital to the understanding of how the clinical and scientific record can become corrupted by the Academy itself; and why a knowledge of this evidence is so important to the health and well-being of our field *writ large*.

With kind regards,

Jay

Second Office of Research Integrity Complaint

BAUM, HEDLUND, ARISTEI & GOLDMAN
A Professional Corporation

Washington, D.C. Office
1250 24th Street, N.W.
Suite 300
Washington, D.C. 20037-1124
Tel (202) 466-0513
Fax (202) 466-0527

12100 Wilshire Boulevard, Suite 950
Los Angeles, California 90025-7114
Tel (310) 207-3233
Fax (310) 820-7444
www.baumhedlundlaw.com

Philadelphia Office
1500 Market Street
12th Floor East Tower
Philadelphia, PA 19102-2100
Tel (215) 665-5659
Fax (215) 569-8228

Donald Wright, MD MPH
Acting Director, Office of Research Integrity
U.S. Department of Health and Human Services Office of Research Integrity
1101 Wootton Parkway, Suite 750 Rockville, Maryland 20852
Tel: 240-453-8200
Fax: 301-443-5351
Email: Don.Wright@hhs.gov

The challenge of pursuing science in a morally justified way
is one that every generation must take up.
— Amy Gutmann and James Wagner

Re: Complaint of Scientific Misconduct against Dwight L. Evans, Laszlo Gyulai, Charles Nemeroff, Gary S. Sachs and Charles L. Bowden

Dear Dr. Wright:

On behalf of Dr. Jay D. Amsterdam, Professor of Psychiatry at the University of Pennsylvania, a charge of research misconduct was submitted to your office against Dr. Dwight L. Evans, Professor of Psychiatry and Chairman of the Department of Psychiatry at the University of Pennsylvania, Dr. Laszlo Gyulai, Associate Professor of Psychiatry at the University of

Pennsylvania, Dr. Charles B. Nemeroff, Professor of Psychiatry and Chairman of the Department of Psychiatry at the University of Miami, Dr. Gary S. Sachs, Professor of Psychiatry at Harvard University, and Dr. Charles L. Bowden, Professor of Psychiatry and Chairman of the Department of Psychiatry at the University of Texas at San Antonio. See Exhibit 1, July 8, 2011 Complaint.

In the Complaint, Dr. Amsterdam alleged that the individuals named above engaged in scientific misconduct by allowing their names to be appended to a manuscript that was drafted and revised by the medical communications company, Scientific Therapeutics Information, Inc. (hereinafter "STI"), which was hired by SmithKline Beecham, now known as GlaxoSmithKline ("GSK"), and which Dr. Amsterdam contended misrepresented information from a scientific research study (Paroxetine Study 352) funded by GSK and the NIH. The manuscript (herein-after "Study 352") was eventually published in the American Journal of Psychiatry (158:906-912, June 2001) and suggested that Paxil may be beneficial in the treatment of bipolar depression, without data to support this conclusion and without acknowledging contributions of STI and GSK in drafting and publishing the study report. The published manuscript was biased in its conclusions, made unsubstantiated efficacy claims and downplayed the adverse event profile of Paxil.[1]

Dr. Amsterdam's Complaint was filed with the Office of Research Integrity ("ORI") on July 8, 2011. The University Of Pennsylvania School Of Medicine commenced an internal inquiry into the allegations shortly thereafter, and completed its inquiry in December 2011, concluding that a formal investigation was not warranted. To date, none of the other academic institutions have initiated an internal inquiry of the research misconduct allegations. On December 5, 2011, Dr. Amsterdam received a letter from J. Larry Jameson, M.D., Ph.D., Dean of the University of Pennsylvania School of Medicine stating:

> The University considers allegations of this type to be very serious. I am confident that the Committee reviewed your allegations thoroughly and fairly, in accordance with University policy. Having reviewed the Committee's report, I accept their findings and conclusion that further investigation is not warranted.

See Exhibit 2. We respectfully submit that the University of Pennsylvania Committee's inquiry lacked depth and completeness, and was selective in its examination of the available evidence.[2]

Contrary to the University's claim of a "thorough review," the University intentionally chose not to obtain and examine important documentary evidence it was aware existed from the files of the ghostwriting firm, STI, which would have provided the Committee highly relevant information not otherwise available to them. The Inquiry Committee relied on the word of the two University

---

[1] A copy of the manuscript was attached as Exhibit A to Dr. Amsterdam's July 8, 2011 Complaint.

[2] For the reference of On we are including a complete copy of the Committee's Report and accom panying Exhibits (two volumes).

of Pennsylvania Respondents as factual, while the unexamined STI documents appear to contradict the Respondents' testimony. More disappointing was that, despite essentially acknowledging that the article in question was ghostwritten, the University held that Drs. Evans and Gyulai were not guilty of any violations because, according to the University, ghostwriting was an acceptable practice during the relevant time period (1998-2001). The University's conclusions not only contradict common sense, but further contradict the University's own previous statements on this issue. In 2009, for instance, the University of Pennsylvania told the U.S. Senate Investigating Committee that it considered ghostwriting to be plagiarism and a violation of the University's policies. The University's representation to the U.S. Senate appears to have been forgotten and ignored when it came to judging the acts of its own faculty. It is disappointing that an Ivy League school which claims to be driven by a credo of ethics has given sanctuary to such conduct.

We also submit that Dr. Evans may not have provided the Inquiry Committee with all available evidence in his possession (e.g., email correspondence that may still exist on the University of Pennsylvania server). This important information may have been withheld from the Committee or may have been overlooked by the Committee.

Finally, we believe the Inquiry Committee, in choosing not to examine important evidence in this case, arrived at incorrect conclusions regarding the scope and degree of scientific misconduct and conflict-of-interest that was inherent in the preparation of the study 352 manuscript, the degree of efficacy data misrepresentation, safety data omission, publication bias, and misrepresentation of study 352 results (see Exhibits described herein).

Thus, we believe Dr. Jameson's conclusion, that "further investigation is not warranted," is erroneous and we encourage further investigation of Dr. Amsterdam's allegations by ORI. Our basis for this opinion is set forth herein. In conducting its inquiry, we would encourage ORI to do what the University of Pennsylvania failed to do, which is to obtain the STI documents which confirm the veracity of Dr. Amsterdam's allegations and contradict the testimony and statements given by the Respondents.[3] We would be more than willing to assist ORI (or any other Governmental investigative agency) in guiding them to the key STI documents that are probative to this issue, supportive of Dr. Amsterdam's allegations, confirm the flaws of the Committee's conclusions and shed further light on the erroneous testimony provided by the Respondents.

INQUIRY COMMITTEE'S ANALYSIS

[3] It is our understanding that STI was willing to forward its documents to the University of Pennsylvania for review, however, the University intentionally chose not to review these highly probative documents. The University's struthious approach to the probative and available STI documents is disturbing and creates the impression that its inquiry was anything but intended to discover the truth.

A. Allegations Relating to Authorship and "Ghostwriting"

The Committee determined the allegations relating to authorship and ghostwriting essentially posed two questions:

- The first allegation - that Dr. Evans and Dr. Gyulai allowed their names to be appended to a manuscript drafted by a medical communications company and, thereby, Dr. Evans and Dr. Gyulai were not legitimate authors of the manuscript.

- The second allegation - that the manuscript was "ghostwritten" by STI and that the authors of the published manuscript failed to appropriately acknowledge STI's contribution.

I. Are Dr. Evans and Dr. Gyulai Legitimate Authors of the Publication?

(a) Contrary to the Committee's Conclusions, Dr. Evans Was Not a Legitimate Author of the Publication

Relying solely upon the testimony of Dr. Evans, the Committee concluded that Dr. Evans satisfied the criteria for authorship as established by the International Committee of Medical Journal Editors (ICMJE). We believe there is reason to doubt whether Dr. Evans participated sufficiently in the design and conduct of study 352, or in the preparation and review of the manuscript, to be considered a legitimate author. As Dr. Amsterdam explained to the Inquiry Committee, Dr. Evans told Dr. Amsterdam (during Dr. Amsterdam's initial telephone conversation with Dr. Evans in March of 2001, about possible plagiarism associated with the 352 study), that Dr. Evans' research site at the University of Florida had recruited only one or two study subjects and that these subjects who were recruited were treated by Dr. Evans' associate, Dr. Jeffrey Staab. This information was provided by Dr. Amsterdam to the Inquiry Committee on August 8, 2011. However, it does not appear the Committee made any attempt to verify the extent of Dr. Evans' involvement in the study while he was at the University of Florida by either retrieving the research records from Dr. Evans' investigative site in Florida or by contacting Dr. Staab (currently at the Mayo Clinic in Rochester, Minnesota). Certainly, the recruitment of only two study subjects into a project that sought to recruit a total of 186 subjects would not constitute a significant contribution to the conduct of the study. Moreover, there were a total of 19 investigative sites in the study, with the majority having a low subject enrollment. In this regard, draft one of the manuscript (and all subsequent extant drafts of the manuscript) indicates that 14 of the 19 investigative sites had recruited fewer than eight subjects. The modest contribution of these investigators was only mentioned in the "acknowledgements" section of the published article. It appears the Inquiry

Committee relied solely upon the word of Dr. Evans to verify that he made a significant contribution to the conduct of the study.

Despite the above facts, it does not appear the Committee inquired into who selected or determined that a particular investigator should (or should not) be assigned as an author on the manuscript, or which author or non-author investigator (if any) should receive a draft of the manuscript for review and revision. It also appears that the Committee did not investigate the extent of the contribution made to the study by the GSK-named authors, or by what criteria authorship on the manuscript was determined. This information would have been important for the Committee in making a determination of whether (or not) Dr. Evans (or any of the GSK-designated authors) satisfied the Committee's criteria for legitimate authorship.

As to the issue of significant contribution to drafting and revising the article, again, the Committee relied solely upon Dr. Evans' word that he made editorial contributions to the writing of several drafts of the manuscript. It does not appear that Dr. Evans provided any documentary evidence to the Inquiry Committee to support the conclusion that he met the requirements for authorship on the manuscript. In this regard, Dr. Evans failed to provide any handwritten or typed drafts of the manuscript to the Committee that would demonstrate a substantial contribution. Notably, the Committee acknowledged that **"Neither Dr. Evans nor the Committee could locate any written record of Dr. Evans's revisions."** See Committee Report at 8.

Moreover, the Committee deliberately chose not to examine important documents which could have been provided to them by Scientific Therapeutics Information, Inc. (STI). The documents likely would have provided a clearer picture of Dr. Evans' involvement (or lack thereof) in the manuscript preparation. These documents would also likely have provided the Committee with additional information about Dr. Evans' involvement with the 'ghostwriting' firm (STI) and GSK in the preparation of the manuscript, and that Dr. Evans had little or no editorial or scientific input into the drafting of the manuscript. The fact that the Inquiry Committee chose to ignore these important documents raises serious questions about the veracity of the inquiry and doubts about the Committee's conclusions.

Indeed, the evidence produced by GSK demonstrates that the preliminary drafts of the study 352 article were conceptualized and drafted by STI and not by any of the named authors. For example, Exhibit 9 of the Committee Report indicates that draft one of the manuscript was written by STI expressly for GSK. Similarly, Exhibit 10 of the Committee report indicates that draft two of the manuscript was also written by STI (after receiving approval and revisions of draft one by GSK). Thus, at this stage of the manuscript development, there was no indication of authorship, either academic or non-academic.

Thus, despite the Inquiry Committee's conclusion that Dr. Evans fulfilled the three main requirements for authorship on draft three of the manuscript (prepared by STI and GSK), the

available evidence does not support the Committee's conclusion that Dr. Evans made a substantive contribution to the preparation of the manuscript.

Additional doubt as to Dr. Evans' substantial input into the preparation of the manuscript comes from a statement written by Dr. Gyulai in a letter to Dr. Amsterdam dated July 5, 2001. See ORI Complaint Attachment L. Dr. Gyulai stated that he had not seen any drafts of the manuscript after draft two before he briefly saw the final pre-submission draft of the STI and GSK-produced manuscript one week prior to submission to the American Journal of Psychiatry.

In sum, it appears that Dr. Evans' contribution to the preparation of the manuscript was limited to his commenting on, and approving, STI and GSK ghostwritten drafts of a manuscript on which he was designated as second author, and of which he had no direct knowledge of the accuracy of the data analyses, data interpretation (i.e., the inclusion or exclusion of particular data analyses related to safety and efficacy), or the accuracy, or the information that was written in the manuscript (by the ghostwriters). In consequence, Dr. Evans allowed his name to be appended as an author to a ghostwritten manuscript as part of a study for which he made only a minimal contribution.

Moreover, in contrast to the Committee's conclusion that the lack of evidence supporting Dr. Evans' statements did not "undercut his representations to the Committee," we would suggest that there were, in fact, some compelling reasons for doubting the veracity of Dr. Evans' statements to the Inquiry Committee.

In this regard, on November 29, 2010, only six months prior to the filing of the current ORI Complaint of research misconduct against Dr. Evans et al., the Project on Government Oversight sent an open letter to Dr. Francis Collins, Director of the National Institute of Health, alleging that Dr. Evans had appended his name as an author to a ghostwritten article that was prepared by Sally Laden at STI and published in the scientific journal Biological Psychiatry in 2003 (see http://www.pogo.org/pogo-files/letters/public-health/ph-iis-20101129.html).

Evidence of the ghostwritten article with Dr. Evans as author was provided in the letter to Dr. Collins in the form of an e-mail letter from Sally Laden to a GSK administrator asking for compensation for writing the article on behalf of Dr. Evans in Biological Psychiatry (see http://pogoarchives.org/m/ph/gw/gw-attachment-b.pdf). Coincidentally, STI writer, Sally Laden, the person who ghostwrote Dr. Evans' 2003 Biological Psychiatry article, is the same individual who drafted and ghostwrote the Study 352 manuscript that is at issue in this complaint.

Thus, it appears Dr. Evans has been engaged in lending his name to ghostwritten articles with the same "ghosts" (i.e., Sally Laden) at STI beginning in 1997 to at least 2003, and that he had little or no involvement in the drafting and revision of the study 352 manuscript prior to its submission for publication.

In fact, the very same Sally Laden has been identified in at least three other ghostwriting scandals, including the Nemeroff/Schatzberg Psychopharmacology Handbook for Primary Care Physicians (also published by the American Psychiatric Association), the Cyberonics VNS article which resulted in Dr. Nemeroff's resignation as editor of the journal in which it was published, and the now infamous GSK study 329 on Paxil for pediatric depression.[4]

(b) Contrary to the Committee's Conclusions, Dr. Gyulai was Not a Legitimate Author of the Publication

Dr. Gyulai has likewise engaged in scientific misconduct by allowing his name to be appended to a ghostwritten industry-drafted manuscript.

As outlined in Dr. Amsterdam's initial complaint, Dr. Amsterdam was a co-principal investigator on the Study 352 clinical trial. Specifically, when Dr. Gyulai faced difficulties recruiting research subjects, Dr. Amsterdam's highly productive research unit was brought into the study by Dr. Gyulai's supervisor (Dr. Karl Rickels). Dr. Amsterdam was designated as Co-Principal Investigator by the University of Pennsylvania Office of Regulatory Affairs (or the Institutional Review Board) at his Penn investigative site. Dr. Amsterdam's involvement proved to be a success as he ultimately recruited at least 19 study subjects, or more subjects than most, if not the most, of all of the investigative sites. When Dr. Amsterdam agreed to participate in Study 352, it was his understanding that his role was not just limited to patient recruitment, but that he would be involved in all aspects of the study, including data review, data analysis, and manuscript preparation. Dr. Amsterdam was, however, left out of the post-clinical trial data analysis and manuscript preparation. It is Dr. Amsterdam's contention that he was intentionally left off from the review of the data and the drafting of the manuscript because the study sponsor, GSK, and the other "authors" knew Dr. Amsterdam's professional ethics would not allow him to lend his name to a ghostwritten work, and most importantly, his morals would not allow the alteration and manipulation of data and would not allow the other "authors" to turn a failed study into an undisclosed promotional marketing manuscript for the sponsor.

Moreover, in contrast to the Inquiry Committee's conclusion that "Dr. Gyulai was actively involved in drafting and revising the manuscript," Exhibits 9, 10, and 11 of the Committee Report demonstrate that Dr. Gyulai did not assume the responsibility for preparing the first, second, or third drafts of the manuscript (which was ghostwritten by STI and GSK).

---

[4] See Wilson, D. "Drug Maker Wrote Book Under 2 Doctors' Names, Documents Say," The New York Times, November 30, 2010, B3; Holden, C. "The Undisclosed Background of a Paper on a Depression Treatment," Science, 2006, 313/5787: 598-599; Shashok, K., Jacobs, A. "Who's watching whose ethics? Slanted reporting of the medical writer's role in the Neuropsychopharmacology-Cyberonics case," The Write Stuff, 2007, 16/1: 1-3; McHenry, L., Jureidini, J. "Industry-sponsored ghostwriting in clinical trial reporting: a case study," Accountability in Research, 2008, 15:152-167.

Moreover, even if Dr. Gyulai did make revisions to draft two of the manuscript, he must have been aware that he was appending his name as first author to a manuscript that was ghostwritten by STI and GSK and that was provided to him at the draft-two level by GSK (see Committee Report Exhibits 9, 10, and 11).

Further, in a July 5, 2001 letter (see ORI Complaint Attachment L), Dr. Gyulai admitted that he had not seen a draft of the study 352 manuscript after he made his revisions to draft two, until he was provided with a pre-submission draft of the manuscript (probably draft seven) until one week prior to its submission to the American Journal of Psychiatry. Thus, Dr. Gyulai was approving a scientific manuscript for publication for which he had insufficient knowledge of the accuracy of the data provided by GSK. This comports with the evidence Dr. Gyulai provided to the Inquiry Committee in Appendix A of the Committee Report which indicates that Dr. Gyulai had very little input into the preparation, review, or revision of the manuscript after early 1997 until just prior to its submission to the American Journal of Psychiatry in 1999.

In sum, Dr. Gyulai knowingly signed the copyright agreement for a manuscript that was ghostwritten by STI and GSK, he knowingly lent his name to a manuscript for which he had not seen the data and for which he had little or no knowledge of the accuracy of the data analyses and made conclusions that he could not substantiate.

By knowingly appending their names as authors to a ghostwritten manuscript, Drs Evans and Gyulai were in violation of the "Responsible Conduct of Biomedical Research: A Handbook for Biomedical Graduate Studies Students" on plagiarism that was in use at the time of publication (see http:/ /www.med.upenn.edu/bgs/docs/BIOETHICSHANDBOOK4-04.pdf).

II. Should Another Contributor to the Publication Have Been Named as an Author or Listed in the Acknowledgment Section?

After reviewing the evidence presented by Dr. Amsterdam, the Inquiry Committee was forced to concede that STI and GSK played a significant role in preparing and drafting the manuscript. Notably, the evidence revealed STI and GSK wrote the initial manuscript drafts one and two without any input from the researchers who participated in study 352 (see Committee Report Exhibits 9 and 10). The authors listed on the title page of the manuscript draft three were solely determined by GSK after manuscript draft two was produced by STI and GSK (see Committee Report Exhibit 11). Subsequent drafts of the manuscript were primarily revised and prepared by STI and GSK with little or no input from the GSK-designated authors. As the Committee noted, despite STI's significant role in the preparation and drafting of the manuscript, the final published article makes no mention of STI's role in the article and does not mention that three of its authors, Ivan P. Gergel, M.D., M.B.A., Rosemary Oakes, M.S. and Cornelius Pitts, R.Ph. are GSK employees.

Instead of admonishing Drs. Evans and Gyulai for their involvement in a ghostwritten and plagiarized work, the Committee, unfortunately, went out of its way to find a path to whitewash the conduct of its employees. Significantly, the Committee acknowledged that, according to the University's current policies as well as assurances the University recently gave Senator Grassley's Office,[5] the practice of ghostwriting and failing to identify as author an individual who made substantial contributions to the writing constitutes plagiarism and is a violation of the University's rules and regulations. See Committee Report at 12. Specifically, the University Guidelines Provide:

> [University of Pennsylvania] Professionals are prohibited from allowing their professional presentation of any kind, oral or written, to be ghostwritten by any party, including Industry. Ghost-writing (also referred to as ghost authorship) is the failure to identify as an author, someone who has made substantial contributions to research or writing of a manuscript or professional presentation that merited authorship, or an unnamed individual who participated in writing the manuscript or professional presentation. Ghost authorship may range from authors for hire with the understanding that they will not be credited, to major contributors not named as an author, to commercial entities or contractors writing an article, manuscript or other professional presentation and listing a non-participating physician as an author.

See Exhibit 17 to the Inquiry Committee's Report. Thus, the University's current guidelines clearly acknowledge that ghostwriting is prohibited, and the Inquiry Committee essentially concluded that Drs. Evans and Gyulai violated the current University guidelines and engaged in plagiarism by appending their names to a ghostwritten manuscript. Nonetheless, because the guidelines did not go into effect until 2006, five years after the publication of the manuscript, the Committee concluded that Dr. Evans' and Gyulai's conduct was not prohibited or unethical at the time the manuscript was published, in 2001.

Essentially, and contrary to the University's representations to Senator Grassley's Office, the Committee effectively concluded that, at all times prior to 2006, plagiarism was an acceptable practice at the University of Pennsylvania. The Committee's conclusions defy logic and are an offense to common sense. To support its proposition that plagiarism was an accepted practice in 2001, the Committee cites a study showing "evidence of ghost authors" in 11% of articles published in 1996 (see Committee Report at 10) and states that certain journals, including the American Journal of Psychiatry, which published the offending manuscript, had not yet placed any restrictions on ghostwritten articles. Thus, the Committee effectively concludes that, because a small minority of academics with questionable ethics (11%) were involved in ghostwritten work,

[5] United States Senator Charles Grassley has been at that forefront of investigating the unethical practice of ghostwriting in medical journal articles.

this justifies the practice. Allowing the unethical conduct of a few to set the ethical standard of the majority is unacceptable.

Moreover, contrary to the Committee's conclusions, ghostwriting was never an acceptable practice. Indeed, as the Committee concedes, in 1995, long before the Study 352 manuscript was published, prestigious journals such as the Journal of the American Medical Association (JAMA) had recognized that ghostwriting was unacceptable and clarified its policies mandating that all individuals who provide writing and editing assistance be acknowledged in the manuscript. See Committee Report at 10.

More importantly, the Committee did not need to resort to adopting the standards of other journals and unethical practitioners. Rather, in 1999, the University of Pennsylvania's own Bioethics professor, Arthur Caplan, Ph.D., publicly admonished the practice of ghostwriting as an unacceptable practice. Specifically, in a July 10, 1999 article published in the medical journal, The Lancet, Dr. Caplan is quoted as stating:

> [T]he reader has a right to expect that the person whose name is on an article in a scientific journal is the person who wrote it...I don't think we should have to be looking for ghosts, goblins, or any other spirits that might have been involved, but aren't credited or acknowledged... [the offer of the help of a ghost author] is a lure to some people because it's an easy way to get a publication and covers the fact that they aren't good writers, or are too busy to do it themselves. But none of these seem to me to be effective reasons or justifications.

Larkin, "Whose Article is it Anyway," The Lancet Vol. 354 (July 10, 1999) (attached as Exhibit 4). Thus, three years prior to the publication of the study 352 article, it was common knowledge at the University of Pennsylvania that ghostwriting was a form of plagiarism and was ethically reprehensible.[6]

Indeed, in addition to JAMA and The Lancet article referenced above, even prior to the publication of the study 352 manuscript, a number of physicians and medical journal editors had already gone on the record in the late 1990s lamenting that the pharmaceutical industry had created a "crisis of credibility" by infiltration and pollution of the medical literature. See e.g., Cullen, D., "Ghostwriting in Scientific Anesthesia Journals," Journal of Clinical Anesthesia, 1997, 9: 349-350; Rennie, D., Yank, V. Emanuel, L. "When Authorship Fails," JAMA, Aug. 20, 1997, 278/7: 579-585; Flanagin, A., Cary, L., Fontanarosa, P., et al., "Prevalence of Articles with Honorary Authors and Ghost Authors in Peer-Reviewed Medical Journals," JAMA, July 15, 1998, 280/3:222-224; Rennie, D., Flanagin, A., Yank, V., "The Contribution of Authors," JAMA, July 5, 2000, 285/1: 89-91. In sum, contrary to the Committee's conclusion, in 2001 ghost-writing was

[6] It appears the Inquiry Committee did not even bother to question its own Bioethics professor regarding this issue. Had it bothered to do so, it likely would have learned that, even at the time of the publication of the Study 352 manuscript, the practice of ghostwriting was an unacceptable and unethical practice.

not an acceptable practice, but rather was viewed by the majority of academics, including the University's own Bioethicist, as an unacceptable and unethical practice.

Finally, one might reasonably question whether the Committee's stated criteria of "only those with key responsibility for the material in the article should be listed as authors" actually occurred in the case of the study 352 manuscript. While the Inquiry Committee seemed preoccupied with understanding the policy of whether (or not) the listed authors should (or should not) acknowledge the writing contribution of ghostwriters and a pharmaceutical company in the production of scientific manuscripts in 2001, concerns over policy in 2001 appears to sidestep the more important issue of scientific accuracy and potential bias in scientific journal articles ghostwritten and/or ghost-managed, i.e., those articles that originate from a pharmaceutical company's publication strategy, are produced by a for-profit medical communication or public relations company, are funded by the pharmaceutical company and remain the property of that company until the legal transfer of ownership when the article is submitted for publication.

This is certainly the circumstance of the study 352 manuscript and hundreds, if not thousands, of other ghostwritten articles produced in like manner. In spite of the efforts of ICMJE to formulate policies to curb ghostwriting, many former and current ghostwriters have gone on record to reveal how they continue to ghostwrite comfortably within the policies. See especially, Matheson, A., "How Industry Uses the ICMJE Guidelines to Manipulate Authorship —And How They Should Be Revised," PloS Medicine, 2011, 8:e1001072; Logdberg, L., "Being a Ghost in the Machine: A Medical Ghostwriter's Personal View," PloS Medicine, 2011, 8:e1001071.

In the case of the study 352 manuscript, it appears that most of the GSK-designated authors did not have hands-on knowledge in the conduct of the study, nor did they have "key responsibility for the material in the article." In this regard, Dr. Nemeroff and Dr. Evans had very little, if any, direct input into the daily conduct of the 352 study, and certainly not enough to warrant being listed as the first and second authors on a manuscript published in one of the world's leading medical journals. Rather, their positions as authors on the manuscript were solely determined by GSK for the purpose of appending the names of "key opinion leaders" to the manuscript for marketing and commercial promotion of paroxetine.

Should there be any question about this strategy of using key opinion leaders as named 'authors' in publications for increasing market share for paroxetine or differentiating GSK's product from its competitors, numerous GSK business and publication plans for paroxetine in the late 1990s make it clear that this is precisely the intention of the marketing department. GSK's Case Study Publications for Peer Review (CASPPER) program is one such instance of how this worked for paroxetine. See e.g., Exh. 5 (De-classified Paxil document, PAR000570546).

B. Allegations Relating to Misrepresentation of Data and Bias

In his complaint, Dr. Amsterdam also alleged that the Respondents engaged in research misconduct by (a) misrepresenting post hoc analyses as a priori; (b) made unsubstantiated efficacy claims; (c) failed to adequately report adverse events and safety information; and (d) that the involvement of GSK and STI caused the published manuscript to be "biased in its conclusions."

I. Did the Manuscript Misrepresent Post Hoc Analyses as A Priori.

The Committee erroneously concluded that the published version of the manuscript accurately reflected the primary efficacy analysis as specified in the study protocol and thus was a priori.

In contrast to the Committee's conclusion, the analysis comparing the change from baseline in Hamilton Rating Scale for Depression (HAMD) scores in the high versus low lithium level subgroups did appear to be a post hoc analysis. In this regard, the amended protocol clearly defined the a priori primary and secondary analyses for the study, and a comparison of high versus low lithium level subgroups does not appear (see Exhibit 18 of the Committee Report):

1) The statistical methodology in section 4.3.3; has been revised to include analyses related to lithium stratification. Section 4.3.5 now specifies that "the comparison of primary interest is paroxetine versus placebo across (regardless of) lithium strata; this test will be performed at a two-tailed significance level of a = 0.05" (Exh. 18, p. 6, Amendment #1, ¶ 5);

2) Primary efficacy parameters Change from baseline in Hamilton Rating Scale for Depression (HAMD) total score (1st 17 items). Change from baseline in Clinical Global Impressions (CGI) severity of illness item" (Exh. 18, p. 11, Synopsis, ¶ 5);

3) Secondary efficacy parameters:
   - Proportion of patients responding (HAMD score < 7 at endpoint).
   - Proportion of patients with CGI global improvement score < 2 (Exh. 18, p.12.)

4) "The time point of primary interest for all efficacy assessments will be each patient's last observation. Of secondary interest will be data from earlier time points (weekly visits)" (Exh. 18, p. 12);

5) "Safety evaluations will consist of adverse event monitoring, laboratory evaluations, vital signs and the DSM-HI-R Mania/ Hypomania Assessment to determine the following:
   - Proportion of patients experiencing adverse events.
   - Proportion of patients withdrawn due to adverse events.
   - Proportion of patients experiencing manic or hypomanic reactions.

   (Exh. 18, p. 12.)

Moreover, the primary analysis of paroxetine versus placebo was "negative" in the 352 study and there was no statistically significant group interaction effect observed between stratified high and low lithium level groups. Therefore, there was no a priori statistical need to examine this group interaction effect as either a primary or secondary study outcome measure. In addition, the purpose of the high/low lithium level stratification was methodological in nature and made as an a prior statistical correction. Thus, the purpose of the lithium level stratification was to assure that the three main treatment groups in the study (i.e., paroxetine, imipramine, and placebo) would be evenly balanced with subjects having high and low baseline lithium levels. Notably, even the Inquiry Committee questioned the reason for performing separate statistical analyses on subgroups of patients with high or low baseline serum lithium levels (despite the Committee's conclusion that it was an a prior, rather than post hoc, analysis).

Finally, STI documents (which the Inquiry Committee chose not to examine) contain evidence that contradict the conclusions of the Committee on these issues.

The Committee also concluded that the safety analyses in the publication accurately describe the analyses specified in the protocol and, thus, were a priori. Again, we respectfully disagree with the Committee's conclusion that "the reporting of the safety data was not a deviation from accepted practices in the reporting of research results." For example, at the time study 352 was designed and conducted, there was much concern and debate in the psychiatric community about the nature and rate of antidepressant-induced manic reactions. The publications listed below represent only a small sample of the many articles published on this subject and provide a glimpse of the extent of the controversy and concern over antidepressant-induced mania in patients with bipolar depression:

Peet M: Induction of mania with serotonin re-uptake inhibitors and tricyclic antidepressants. Br T Psychiatry, 164:549-550, 1994.

Sachs GS et al.: A double-blind trial of bupropion versus desipramine for bipolar depression. I Clin Psychiatry 55:391-393, 1994.

Altshuler LL, et al.: Antidepressant-induced mania and cycle acceleration: a controversy revisited. Am I Psychiatry 152:1130-1138, 1995.

Prien RF, Klett CJ & Caffey EM Jr: Lithium carbonate and imipramine in prevention of affective episodes: a comparison in recurrent affective illness. Arch Gen Psychiatry 29:420-425, 1973.

Welu. TA & Goodwin FK: Rapid cycling in manic-depressives induced by tricyclic antidepressants. Arch Gen Psychiatry 36:555-559, 1979.

Altshuler L, et al.: The impact of antidepressant discontinuation versus antidepressant continuation on 1-year risk for relapse of bipolar depression: A retrospective chart review. T Clin Psychiatry 62:612-616, 2001.

Grunze H, et al.: New perspectives in the acute treatment of bipolar depression. World I Biol Psychiatry 1:129-136, 2000.

Cohn JB, et al.: A comparison of fluoxetine, imipramine and placebo in patients with bipolar depressive disorder. Int Clin Psychopharmacology 4:313-322, 1989.

Kupfer DJ, et al.: Citalopram as adjunctive therapy in bipolar depression. I Clin Psychiatry 62:985-990, 2001.

Diler RS & Avci A: SSEI-induced mania in obsessive-compulsive disorder. Am Acad Child Adolesc Psychiatry 38(1): 6-7, 1999.

Christensen RB: Paroxetine-induced psychotic manias, Am I Psychiatry 152(8): 399-400, 1995.

In contrast, the study 352 published manuscript makes no mention of the fact that specific mania rating measures, like the DSM-III-R Mania/ Hypomania Assessment and Young Mania Rating Scale (YMRS), were obtained during the conduct of the study, nor does it present these critical data in the published manuscript. In this regard, Exhibit 18 of the Committee Report displays the study 352 protocol that was amended on November 23, 1993. The protocol mentions the inclusion of the YMRS and other mania symptom rating measurements:

> The Young Mania Scale (YMS) will be used to assess severity of hypo-manic/manic symptoms. The relationship between changes from baseline for the YMS and HAMD total scores will be evaluated.

See Committee Report Exhibit 18 at page 25.

> Also assessed as a safety endpoint will be the proportion of patients who develop manic or hypomanic reactions. Patients will be assessed using the Mania/ Hypomania Assessment derived from the DSM-III-R criteria (see appendix D). Mania or hypomania, if experienced during the course of the trial, will be recorded as an adverse event and these patients will be withdrawn from the study.. The Young Mania Scale will be administered to patients developing such symptoms.

See Committee Report Exhibit 18 at page 4.

> 4.4.3 Mania and Hypomania
> Mania and hypomania defined by criteria fisted in the DSM-III-R, will be analyzed using Logistic Regression methodology. Effects in the model will include treatment, investigator and treatment by investigator interaction; if the interaction is not

significant then it will be dropped from the model. These analyses will be performed using the LOGISTIC procedure of the SAS system.

See Committee Report Exhibit 18 at page 26.

On the other hand, Exhibit 9 of the Inquiry Committee Report displays draft one of the study 352 manuscript, which was prepared on March 1, 1997, for Muriel L. Young, M.D. at GSK by Grace Johnson and Sally Laden at STI. This draft mentions only DSM-III-R measures of mania and hypomania, but makes no mention of the YMRS measure.

Exhibit 10 of the Inquiry Committee Report displays draft two of the study 352 manuscript dated April 7, 1997, prepared for Muriel Young, M.D. at GSK by Grace Johnson and Sally Laden at STI. Similarly, this draft mentions only DSM-III-R measures of mania and hypomania, but makes no mention of the YMRS measure.

In contrast, Exhibit 11 of the Committee Report displays draft three of the study 352 manuscript dated September 24, 1997, prepared for Muriel Young, M.D. at GSK and now displaying GSK-designated authors (Laszlo Gyulai, M.D., Gary Sachs, M.D., Dwight Evans, M.D., Charles Nemeroff, M.D. PhD, Muriel L. Young, M.D., Cornelius D. Pitts, RPh, William D. Bushnell, MS, Ivan P Gergel, MD), does mention that the YMRS measure was completed at each study visit but presents no data analysis of this measure.

However, in Exhibit 13 of the Committee Report, draft three (actually draft four) dated June 24, 1998, makes no mention of the YMRS measure. This draft was prepared for Cornelius Pitts, R.Ph. at GSK by Grace Johnson and Sally Laden at STI, and was assigned the following GSK-designated authors: Charles B. Nemeroff, MD, PhD, Dwight L. Evans, MD, Gary Sachs, MD, Laszlo Gyulai, MD, Charles L. Bowden, MD, Muriel L. Young, MD, Cornelius D. Pitts, RPh, William D. Bushnell, MS, Ivan P. Gergel, MD.

Finally, in the 2001 published article (see ORI Complaint Attachment A) "authored" by Charles B. Nemeroff, MD, PhD, Dwight L. Evans, MD, Laszlo Gyulai, MD, Gary S. Sachs, MD, Charles L. Bowden, MD, Ivan P. Gergel, MD, MBA, Rosemary Oakes, MS, Cornelius D. Pitts, RPh, no mention is made of the YMRS measure having been obtained during the study. Rather, the published article merely provides a numerical listing of clinician-identified manic episodes.

A similar pattern of under-reporting important safety data is also apparent with respect to the DSM-III-R Mania/ Hypomania Assessment rating scale. Although this measure is mentioned in drafts one, two, three, and four of the manuscript (see Exhibits noted above), no mention of this safety measure being obtained in the study was included in the published article (see ORI Complaint Attachment A). Thus, the ratings of drug-induced manic symptoms were not reported in the published manuscript.

In sum, contrary to the Committee's conclusion, the discrepancy in the reporting of protocol safety data throughout the manuscript draft preparation and final published article clearly represents a deviation from accepted practices in the reporting of research results.

The Committee correctly determined that the published manuscript did not accurately reflect the a priori sample size estimates as described in the protocol. Specifically, the Committee found:

> that this discrepancy in reporting of the sample size represents a deviation from accepted scientific practice in reporting research methods. In particular, the statement that "[t]he study was designed to enroll 35 patients per arm" is not an accurate representation of the a priori study design as described in the protocol.

See Committee Report at 14. Notwithstanding this finding, the Committee went on to conclude that this deviation was not a serious deviation and further concluded that "the reporting of the statistical power in the manuscript (estimated at 70%) provides the reader with a clear indication that the statistical power of the study did not achieve conventional levels." It is surprisingly forgiving of the Inquiry Committee to state that the reporting of the statistical power in the manuscript provides the reader with a clear indication that the statistical power of the study did not achieve conventional levels.

It is also surprising the Committee did not express more concern over the reasons for the gradual, unexplained reduction in stated power estimates from those originally described in the study protocol, and that this gradual reduction in power estimate between manuscript drafts and the published article may have hidden the fact that the 352 study was a failed (i.e., non-informative) trial as a result of under-recruiting its original sample size goal.

The inability to achieve the needed statistical power for the study was, in fact, the primary reason for GSK adding the additional Penn investigative site (i.e., Dr. Amsterdam's research clinic) to the study. It appears likely that the gradual reduction in stated sample size power estimates between manuscript drafts was an attempt on the part of GSK to artfully hide the fact that the 352 study was actually a failed (i.e., non-informative) trial.

The power estimate statement in the published article is disingenuous at best, and deceptive to the average reader of the American Journal of Psychiatry (who is not necessarily statistically sophisticated). In this regard, the published article failed to inform journal readers of the original or "true" power estimate necessary for demonstrating a statistically significant difference in the primary outcome measure (i.e., paroxetine versus placebo) of the study. Not only was the single primary outcome measure of paroxetine versus placebo underpowered in the 352 study, it follows that all of the other primary, secondary, and additional post hoc analyses were also under-powered. Thus, any statistically significant findings presented in the published article should have been taken with a grain of salt, and were most likely statistical artifact rather than clinically meaningful findings. It is troubling that this important fact seems to have been overlooked by the Inquiry Committee. It is even more troubling that no mention of this fact is made in the published

manuscript (which clearly emphasized the positive findings of paroxetine as statistically significant and clinically meaningful).

Moreover, the change in stated sample size estimates occurred prior to publication, over several drafts of the manuscript. This downward manipulation of power estimates appears to have been contrived, with the final change in power estimate likely occurring after the study was completed. If so, this change would likely represent a substantial departure from Good Clinical Practice Guidelines policies for the conduct of clinical trials in humans. The authors of the manuscript (which included the GSK statistician) should have been aware of this important deviation from normal scientific method and reporting of results.

In this regard, the study protocol states (see Exhibit 18 of Inquiry Committee Report):

> 4.2.2 Sample Size
>
> The number of patients required for the comparison of interest using the HAMD total score is based on the following assumptions: Significance level (2 failed), alpha = 0.05; Power (1 - Beta) = 0.9; Detectable difference between paroxetine and placebo at 5 HAMD points; Standard deviation, based on previous studies of 8.5; This results in an estimate of 62 patients per treatment group.

In contrast, manuscript draft one (see Exhibit 9 of Inquiry Committee Report) contains no mention of a power analysis, but does contain the following statement in the discussion portion of the manuscript:

> The small sample size was another limitation of our study. However, our analysis suggests that the power of the study was adequate to determine statistical differences between groups. If at least 35 patients were recruited per treatment group, there would be a 70% chance of detecting a 5-point difference on the HAMD score (SD=8.5) between treatment groups.

Similarly, manuscript draft two (see Exhibit 10 of Inquiry Committee Report) contains no mention of a power analysis, but does contain the same disclaimer noted above in draft one.

However, manuscript draft three dated September 24, 1997 (see Exhibit 11 of the Inquiry Committee Report) contains a power estimate:

> The study was designed to enroll 46 patients per arm, which would allow 80% power to detect a 5-point difference on the HAMD score (SD=8.5) between treatment groups.

This draft also contains the following limitation / disclaimer statement in the discussion section of the paper:

> Because the study under enrolled by 20 patients, small sample size was another limitation of our study. However, our analysis suggests that the power of the study was

> adequate to determine statistical differences between groups. If at least 35 patients were recruited per treatment group, there would be a 70% chance of detecting a 5-point difference on the HAMD score (SD=8.5) between treatment groups.

Manuscript draft four (marked draft III) dated June 24, 1998 (see Exhibit 13 of Inquiry Committee Report) also contains a power estimate:

> The study was designed to enroll 46 patients per arm, which would allow 80% power to detect a 5-point difference on the HAMD score (SD=8.5) between treatment groups.

This draft also contains the following limitation / disclaimer statement in the discussion section of the paper:

> Because only a small number of patients experienced manic and hypomanic episodes, these episodes were not analyzed.

Finally, the published article (see ORI Complaint Attachment A) has been purged completely of all reference to the original, or subsequent, sample size estimates. It now provides only a disingenuous power statement that happens to comport with the number of subjects enrolled in the paroxetine group (i.e., n=35) and hides the fact that the 352 study was a failed trial that recruited an insufficient number of study subjects:

> The study was designed to enroll 35 patients per arm, which would allow 70% power to detect a 5-point difference on the Hamilton depression scale score (SD=8.5) between treatment groups.

As a result, no information about the original, true power estimate, the original sample size requirements, or the inability to recruit a sufficient subject sample is ever provided to the reader of the published article.

The Committee further downplays the relevance of the sample size sleight-of-hand by stating that "It is noteworthy that the AJP statistical reviewer did not raise concerns about the sample size." See Committee Report at 14. The Committee's conclusion is directly contradicted by the STI documents which the committee intentionally chose not to inspect.

Moreover, it appears that, while Dr. Jack Gorman was serving as Editor of the American Journal of Psychiatry and closely involved in the editorial review process of the 352 study manuscript, he was also receiving substantial financial compensation from GSK for the purpose of promoting Paxil for a variety of FDA approved and unapproved indications. For example, while serving as Editor of the American Journal of Psychiatry, Dr. Gorman was also on GSK's speaker's bureau and served as a consultant to GSK in the promotion of Paxil (including participation in

GSK-funded symposia, advertising videos, GSK-funded lectures, co-authoring GSK-funded articles in medical journals and book chapters).[7]

The Committee also whitewashed the data manipulation by contending that any flaws with the reporting of sample size was the sole responsibility of Rosemary Oakes, a GSK bio-statistician involved in the 352 study and a named author on the published article. In this regard, however, we would remind the Committee that the GSK bio-statistician (and all of the named authors) are responsible for manipulating the sample size estimates for the published manuscript. In addition, Ms Oakes is also named as a Respondent in the ORI Complaint.

Although the Committee concludes that Ms. Oakes' statistical and sample size analyses are solely her own responsibility and not a deviation from accepted practices in the reporting of research results, the evidence noted above would suggest otherwise. We would contend that Ms. Oakes was not solely responsible for the manipulation of the study power estimates, rather, it was the responsibility of every author on the manuscript to be aware of, and responsible for, the manipulation of sample size estimates. We would also suspect that Ms. Oakes, who was not questioned by the Inquiry Committee, might have a different opinion from that expressed by the Committee.

Moreover, based upon the evidence provided above, that Ms. Oakes (and all of the named authors) misrepresented sample size calculations in order to hide the fact that the 352 study was a failed (i.e., non-informative) trial with insufficient statistical power to test adequately the primary or secondary study outcomes that were reported in the published article. For the Inquiry Committee to conclude that Ms. Oakes is solely responsible for changing the sample size calculations in order to make them comport with the sample size that was enrolled in the study, is to ignore the responsibility of the other authors (in particular, the academic authors) who should have been aware of this issue - had they actually been involved in the data analysis and manuscript preparation.

However, the evidence appears to indicate that the academic authors were almost completely uninvolved in the data analysis and manuscript preparation, and were merely serving as key opinion leaders on the manuscript for commercial and marketing purposes.

Even the Committee would agree that, not just Ms. Oakes, but all of the authors should be responsible for the misrepresentations made in the manuscript.

---

[7] Specifically, it appears that Dr. Gorman had his name appended to at least one ghostwritten article (written by Sally Laden from STI). This article, entitled National Depressive and Manic-Depressive Association Consensus Statement on the Use of Placebo in Clinical Trials of Mood Disorders, was published in the Archives of General Psychiatry 2002;59:262-270, and was 'co-authored' by Charles B. Nemeroff, Dwight L. Evans, Charles Bowden, Gary Sachs, and Sally K. Laden of STI (among other) (see http: / / archpsyc.ama-assn.org/ cgi/ content/ abstract/ 59/ 3/ 262).

II. Did the manuscript make unsubstantiated efficacy claims?

We disagree with the Committee's conclusion that "the publication [made] clear statement of negative findings..." In our opinion, the published article did not make a clear and honest statement about the statistical power aspects of the study and the negative findings of the primary and secondary outcome measures. Rather, the published article misrepresented the sample size issue and minimized the negative findings of the primary and secondary outcome measure of efficacy. The published article emphasized the positive finding of a tertiary post hoc analysis (that may well have been a statistical artifact) that had clear-cut commercial bias favoring paroxetine. The published manuscript hid the original and amended sample size estimates that showed the study was a failed trial and under-reported the safety outcome measures.

While the published article's conclusion does note that paroxetine (and imipramine) may be beneficial in patients with bipolar depression who have low serum lithium levels, neither the abstract nor the published article itself clearly indicates that the study had insufficient power to test this hypothesis or to make this claim. The published article also does not inform the reader that the positive "finding" was the result of a post hoc exploratory analysis. Indeed, the STI documents that the Committee chose to ignore, would provide a more accurate picture of the true state of affairs.

Finally, the peer reviewers of the manuscript submitted to the American Journal of Psychiatry were not provided with sub rosa information indicating that the manuscript was not drafted or revised by the named authors (see Exhibits above), nor were the peer reviewers informed that the named authors of the manuscript were designated as such by GSK and not based on the degree of their involvement in the study. The peer reviewers were also not informed that the manuscript was almost completely revised by STI and GSK (with little, if any, author input).

III. Did the Manuscript Inadequately Report Adverse Effects or Safety Concerns?

The Committee concluded that the published article's failure to include the YMRS safety data did not represent a deviation in the reporting of research data. However, the study protocol clearly states that formal YMRS scale and DSM-III-R Mania/Hypomania Assessment were obtained at each study visit and analyzed using logistic regression models (see Exhibit 18 of the Committee Report). As noted above, mention of formal mania safety measures varied between manuscript drafts and ultimately did not appear in either the GSK website Clinical Trial Summary report[8] or in the published article (see ORI Complaint Attachment A).

Exhibit 18 of the Committee Report contains the Protocol of Study 352 that was amended on November 23, 1993. The protocol mentions the inclusion of the YMR measurement:

---

[8] http://www.gsk-clinicalstudyregister.com/ result comp list.jsp?compound=Paroxetine) and http://www.gsk-clinicals tudyregister.com/ result detail.jsp;jsessioni d=2051B69F 607DD9B3E9CD39AD914F7316? proto col' d=29060 % 2F352 &studyI d=F1D83A94-2628-4C9C-83A5-11D00A2D3OAC &comp o und=Paroxetine

> The Young Mania Scale (YMS) will be used to assess severity of hypomanic/manic symptoms. The relationship between changes from baseline for the YMS and HAMD total scores will be evaluated"
>
> See Committee Report Exhibit 18 at page 25.
>
> Also assessed as a safety endpoint will be the proportion of patients who develop manic or hypomanic reactions. Patients will be assessed using the Mania/ Hypomania Assessment derived from the DSM-III-R criteria (see appendix D). Mania or hypomania, if experienced during the course of the trial, will be recorded as an adverse event and these patients will be withdrawn from the study. The Young Mania Scale will be administered to patients developing such symptoms.
>
> See Committee Report Exhibit 18 at page 4.
>
> 4.4.3 Mania and Hypomania
>
> Mania and hypomania defined by criteria fisted in the DSM-III-R, will be analyzed using Logistic Regression methodology. Effects in the model will include treatment, investigator and treatment by investigator interaction; if the interaction is not significant then it will be dropped from the model. These analyses will be performed using the LOGISTIC procedure of the SAS system.
>
> See Committee Report Exhibit 18 at page 26.

On the other hand, Exhibit 9 of the Committee Report contains draft one of the manuscript, which mentions only DSM-III-R Mania/Hypomania measure, but makes no mention of the YMRS measure.

Exhibit 10 of the Inquiry Committee Report contains draft two of the manuscript dated 04/07/1997, which mentions only DSM-III-R Mania/Hypomania measure of mania and hypomania, but makes no mention of the YMRS measure.

Exhibit 11 of the Committee Report contains draft three of the manuscript dated 09/24/1997, which mentions that the YMRS measure was completed at each study visit.

However, in Exhibit 13 of the Committee Report, draft three (actually draft four) dated June 24, 1998, the YMRS measure again disappears. Finally, in the 2001 published article (see ORI Complaint Attachment A), no mention is made of the YMRS measure. The manuscript states only: "Because only a small number of patients experienced manic and hypomanic episodes, these episodes were not analyzed."

C. In Addition to Failing to Obtain the Relevant STI Documents, the Committee Also Failed to Question the Other Respondents Named In Dr. Amsterdam's Complaint.

In addition to choosing not to examine the STI documents, the Inquiry Committee also chose not to obtain the testimony of the other Respondents named in the ORI Complaint.[9] We believe this additional information would have provided the Committee with a broader and more comprehensive understanding of the true nature of Dr. Amsterdam's allegations of research misconduct. By choosing not to obtain the testimony of the other respondents named in the case, we believe the Inquiry Committee lost the opportunity of obtaining important information that may have corroborated (or called into question) the testimony provided to the Committee by Dr. Evans and Dr. Gyulai.

D. Conclusion

The Committee's failure to examine critical evidence, and its finding that further investigation is not necessary, has left a false impression that nothing improper occurred with respect to the publication of Study 352. That simply is not the case. The public's false perception has only been compounded by statements made in the press by the University of Pennsylvania and the Respondents that are simply not true. For instance, the University's spokesperson, Susan Phillips, wrote in an email to a reporter that "the review clearly concluded that this was not a case of ghostwriting or plagiarism." Contrary to Ms. Phillips' statement, the Inquiry Committee did not find that this was not a case of ghostwriting. With respect to the charge of plagiarism, the publication of study 352 escaped only because, according to the Committee's contorted interpretation, standards back in 2001 were not what they are today.

Likewise, in a written statement, Dr. Evans wrote: "After a thorough review, the inquiry concluded that each and every allegation lacked substance and credibility." Charles Nemeroff (first author on the published manuscript) on the other hand reportedly told Nature Magazine that, while he was aware of STI's involvement in the preparation of the manuscript, "All [STI] did was help collate all the different authors' comments and help with references. **We wrote the paper."**[10] Dr. Nemeroff's statement is demonstrably false as illustrated by the Committee report itself, yet the public statement lives on in perpetuity.[11] Respondent Dr. Gary S. Sachs (fourth author on the manuscript) reportedly told the Boston Globe that he was "perplexed" by the allegations of ghostwriting and wrote in an email: "These allegations are simply inconsistent with my experience

---

[9] These other respondents included: Drs. Charles Nemeroff, Gary S. Sachs and Charles Bowden, all of whom are listed as guest authors on the Study 352 published manuscript.

[10] hill://www.nature.cominews/2011/110712/full/475153a.hhul. See Exh. 6.

[11] Nemeroff's misrepresentations have been repeated in other publications as well, e.g., in Science Insider. http://news.sciencemag.org/ scienceinsider/ 2011/ 07/ penn-psychiatist-accuses-five.html?ref=hp. See Exh. 7.

and the finding of the study. When the data became available, I went to Philadelphia to help Dr. Gyulai draft the manuscript. **We started with a blank page**."[12] Sachs similarly told Science Insider that he was "kind of mystified" by the allegations and that he did not know that STI was involved with the manuscript. Again, Dr. Sachs' statement does not comport with either the evidence provided to the Inquiry Committee (see Committee Report Exhibit 9 and Exhibit 10) or with the statements provided to the Committee by Dr. Evans and Dr. Gyulai (see Committee Report at 7-8). See also comments reportedly made to Nature by Dr. Charles L. Bowden (fifth author on the published manuscript) stating: "I never had any sense that the manuscript was ighostwritten.'"[13] The conclusion drawn from these statements is that the inquiry found the "authors" of study 352 "innocent" of all allegations.[14]

In contrast, the University of Pennsylvania's conclusions have been criticized by numerous outside academics. For instance, as recently as May 31, 2012, an article published in the journal Society by Jonathan Leo and Jeffrey Lacasse talks specifically about the University's decision in "Medical Ghostwriting: A University-Sanctioned Sleight of Hand?" The authors state that, "instead of indicating a vigilant response to ghostwriting, [the University of Pennsylvania] (perhaps inadvertently) sanctions ghostwriting." They point out that the primary conclusions of the University "did not result from scrutinizing the paper for a ghostwriter, but were instead explanations for why the listed authors deserved to be on the byline of the paper."[15]

Georgetown University professor of pharmacology, Dr. Adriane Fugh-Berman complained that the University's conclusion "was wrong" and called the University's refusal to conduct further investigation a "cop-out." Eric Campbell, professor of medicine at Harvard stated that the committee's conclusion "seems very disingenuous" and that the University's failure to reprimand Evans and Gyulai sends a message that "if you're very senior member of a faculty, the rules don't apply to you."[16] The University's findings have been called "the George Costanza Excuse for Medical Ghostwriting"[17] and has been characterized in such ways as "UPenn looks the other way,"[18] and the University of Pennsylvania "just blew it off."[19]

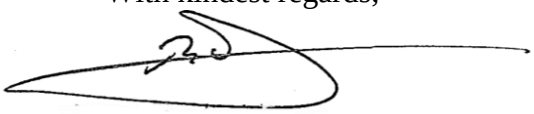
---

[12] http://www.boston.com/Boston/whitecoatnotes/2011/07/psychiatrist-files-ghostwriting-complaint-against-harvard-doctor-and-four-others/6aFZbOoy4uH2Mf9CF6cCKL/index.html. See Exh. 8.
[13] http: / /www.nature.com/news/ 2011 /110712/full/475153a.html. See Exh. 6.
[14] Leo and Lacasse, "Medical Ghostwriting: A University-Sanctioned Sleight of Hand? Soc, May 31, 2012. See Exh. 9.
[15] Leo and Lacasse, Exh. 9.
[16] Kumar, "Critics Respond to dismissal of ghostwriting accusations," The Daily Pennsylvanian, March 11, 2012. See Exh. 10.
[17] http:/ /www.madinamerica.com/2012/03/the-george-constanza-excuse-for-medical-ghostwriting/ See Exh. 11.
[18] http://www.pharmalot.com/ 2012/ 03/upenn-looks-the-other-way-at-ghostwriting/. See Exh. 12.
[19] http://pogoblog.typepad.com/pogo/ 2011/ 07/ amy-gutmann-do-the-right-thing-by-president-obama-be-a-leaderand-resign.html. See Exh. 13.

The issues raised in Dr. Amsterdam's complaint of industry-influenced research, corruption of science and the medical literature and respected academics lending their names to ghostwritten work with little or no access to the data are issues of vital public health importance. As Leo and Lacasse explain, "The medical community is currently trying to come to grips with the idea that much of the clinical trial literature has not been written by named authors, and, instead, has been written by medical writers employed by pharmaceutical companies who are not listed on the author byline. The success of virtually all of the blockbuster drugs has been tainted by charges of ghostwriting."[20] This is not a time to whitewash an investigation involving important issues of public health and scientific ethics.

We respectfully urge the ORI to undertake a more thorough and complete investigation of the allegations of research misconduct that considers all available evidence.

With kindest regards,



Bijan Esfandiari, Esq.

BE:gb
Enclosures

cc: Dr. Jay Amsterdam w/ enclosures
Sean V. Burke, Esq., Associate General Counsel, Univ. of Pennsylvania w/ enclosures Senator Charles Grassley w/ enclosures
Senator Herb Kohl
Chairman, House Energy and Commerce, Fred Upton
Ranking Member, House Energy and Commerce, Henry Waxman
Chairman, House Committee on Oversight and Govt. Reform, Darrell E. Issa
Ranking Member, House Committee on Oversight and Govt. Reform, Elijah Cummings Dr. Donna Shalala, President, Univ. of Miami
Dr. Thomas J. LeBlanc, Office of the Provost, Univ. of Miami
Dr. Pascal J. Oldschmidt, Sr. V.P. for Medical Affairs & Dean of Miller School of Medicine
Dr. Drew Faust, Office of the President, Harvard University
Jeffrey S. Flier, M.D., Dean, Harvard Medical School
Dr. Ricardo Romo, President, Univ. of Texas San Antonio
William L. Henrich, M.D., President, Univ. of Texas Health Science Center at San Antonio

[20] http ://www.phannalot. com/20 1 2/0 6/gho sts-in-the-pharma-attic-jonJeff-explain/. Exh. 14.

BAUM, HEDLUND, ARISTEI & GOLDMAN

A Professional Corporation

Washington, D.C. Office
1250 24th Street, N.W.
Suite 300
Washington, D.C. 20037-1124
Tel (202) 466-0513
Fax (202) 466-0527

12100 Wilshire Boulevard, Suite 950
Los Angeles, California 90025-7114
Tel (310) 207-3233
Fax (310) 820-7444
www.baumhedlundlaw.com

Philadelphia Office
1500 Market Street
12th Floor East Tower
Philadelphia, PA 19102-2100
Tel (215) 665-5659
Fax (215) 569-8228

July 8, 2011

Donald Wright, MD MPH
Acting Director, Office of Research Integrity
U.S. Department of Health and Human Services
Office of Research Integrity
1101 Wootton Parkway, Suite 750
Rockville, Maryland 20852
Tel: 240-453-8200
Fax: 301-443-5351
Email: Don.Wright@hhs.gov

Re: Complaint of Scientific Misconduct against Dwight L. Evans, Laszlo Gyulai, Charles Nemeroff, Gary S. Sachs and Charles L. Bowden

Dear Dr. Wright:

On behalf of Dr. Jay D. Amsterdam, Professor of Psychiatry at the University of Pennsylvania, a charge of research misconduct is hereby submitted against Dr. Dwight L. Evans, Professor of Psychiatry and Chairman of the Department of Psychiatry at the University of Pennsylvania, Dr. Laszlo Gyulai, Associate Professor of Psychiatry at the University of Pennsylvania, Dr. Charles B. Nemeroff, Professor of Psychiatry and Chairman of the Department of Psychiatry at the University of Miami, Dr. Gary S. Sachs, Professor of Psychiatry at Harvard University, and Dr. Charles L. Bowden, Professor of Psychiatry and Chairman of the Department of Psychiatry at the University of Texas.

Dr. Amsterdam believes the individuals named above engaged in scientific misconduct by allowing their names to be appended to a manuscript that was drafted by a "medical communications company" (Scientific Therapeutics Information, "STI") hired by SmithKline Beecham (now known as GlaxoSmithKline, "GSK"), and which Dr. Amsterdam contends misrepresented information from a scientific research study (Paroxetine Study 352), which was funded by GSK and NIH. The manuscript (hereinafter "Study 352") was eventually published in the *American Journal of Psychiatry*

(158:906-912, June 2001) suggesting that Paxil may be beneficial in the treatment of bipolar depression, without acknowledging the medical communication company's contribution or the extent of GSK's involvement. The published manuscript was biased in its conclusions, made unsubstantiated efficacy claims and downplayed the adverse event profile of Paxil. (Attachment A.) Since its publication, study 352 has been cited in hundreds of medical journal articles, textbooks and practice guidelines up to 2011. (See, e.g., Attachment B and C.) Although Dr. Amsterdam was a Co-Principal Investigator of the study and possibly enrolled the largest number of patients, he was excluded from the final data review, analysis and publication. (See Attachment D.)

Dr. Amsterdam only recently became aware that two of the lead authors of Study 352, including his direct supervisor, were linked to ghostwriting through a letter from the Project On Government Oversight (POGO) to NIH Director Francis Collins in November 2010, posted on POGO's website at http://www.pogo.org/pogo-files/letters/public-health/ph-iis-20101129.html. Like the examples contained in POGO's letter to NIH, Dr. Amsterdam believes the manuscript published in the *American Journal of Psychiatry* was ghostwritten by STI, which was hired by GSK and paid with GSK funds, and that the individuals above lent their names as "authors" to the manuscript.

Based upon evidence presented in this complaint and the documents attached hereto, it appears that most, if not all, of the "guest authors" were determined by GSK in conjunction with the "medical communications" firm, STI. STI has had a long-standing history of ghostwriting scientific and medical articles and textbooks which have been attributed to prominently known academics – a practice that has been the subject of mounting criticism. See, for example, an editorial in the *Journal of the American Medical Association* regarding ghostwriting in relation to Merck's promotion and sales of VIOXX. (Attachment E.)

The acknowledgement section of the published manuscript states that Study 352 was conducted and published with support from NIMH grant MH-51761. (Attachment A.) According to a recent search of the NIH Reporter database, NIMH grant MH-51761 was part of an "infrastructure support" and "core-patient recruitment and assessment" project for NIH-funded clinical research trials. (Attachment F.) In this case, it was used to support the recruitment and assessment of research subjects for participation in this GSK-sponsored and GSK-funded clinical trial of Paxil for the treatment of patients with bipolar type I major depression.

According to a letter written by Dr. Francis Collins, Director of the NIH, ghostwriting that involves a federal grant may be cause for an investigation of plagiarism. Dr. Collins stated in his letter, which was published on POGO's website:

> [A] case of ghostwriting involving NIH-funded researchers may be appropriate for consideration as a case of plagiarism; i.e., the appropriation of another person's ideas, processes, results, or words without giving appropriate credit; or fabrication, i.e., making up data or results and recording or reporting them. Such a case would be handled by the Office of Research Integrity (ORI) of the Department of Health and Human Services (HHS), which investigates research misconduct as defined in the PHS's 42 C.F.R. Parts 50 and 93, Policies on Research Misconduct and the Final Rule.
>
> (Attachment G.)

Moreover, according to a report on ghostwriting by Senator Charles Grassley (dated June 24, 2010), the University of Pennsylvania considers ghostwriting to be equivalent to plagiarism.[1]

While this incident took place some time ago (i.e., 2001), the manuscript has been cited hundreds of times up through 2011 according to an internet search on Google Scholar. (Attachment B.) In fact, Dr. Gyulai cited the paper again in a study he published in 2007 in the *New England Journal of Medicine* (Attachment H) and Dr. Sachs cited the paper in 2011 in the *Journal of Clinical Psychiatry*. (See Attachment C, Record 1.)

Moreover, the purported "findings" of Study 352 and the published results from other studies and articles that have cited this study have been used to support the design and implementation of at least two other NIMH-funded grants to study the efficacy and safety of antidepressant drugs (like Paxil) in bipolar depression. See, e.g., MH080097, Prevention of Relapse and Recurrence of Bipolar Depression and MH060353, Treatment of Bipolar Type II Major Depression.

Dr. Amsterdam submits this complaint in the hopes that ORI will conduct an investigation, impose appropriate penalties to correct the past publication of Study 352's results, to prevent similar conduct from happening again, and hopefully prevent further use of this paper to support the dangerous prescription of Paxil to patients diagnosed with bipolar depression.

---

[1] See: http://grassley.senate.gov/about/upload/Senator-Grassley-Report.pdf

Pursuant to 42 C.F.R. Part 50.103(d)(13), Dr. Amsterdam should receive full and complete protection from retaliation and/or defamation by either the University of Pennsylvania or any other parties involved in the production and publication of Study 352. Dr. Amsterdam requests the protections described in ORI's "Handling Misconduct - Whistleblowers." (Attachment I.)

To ensure that this complaint is taken seriously, and to alert interested parties, we are providing copies of this correspondence to Senator Charles Grassley, Senator Herb Kohl, and the Chairman and Ranking members of the House Energy and Commerce, and the House Committee on Oversight and Government Reform.

In the following pages, we will lay out Dr. Amsterdam's complaint in more detail.

Thank you for your time and interest in this important matter. Please apprise me of any further help I may offer to you.

Sincerely,

Bijan Esfandiari, Esq.

BE:gb

cc:

Dr. Jay Amsterdam
Senator Charles Grassley
Senator Herb Kohl
Chairman, House Energy and Commerce, Fred Upton
Ranking Member, House Energy and Commerce, Henry Waxman
Chairman, House Committee on Oversight and Govt. Reform, Darrell E. Issa
Ranking Member, House Committee on Oversight and Govt. Reform, Elijah Cummings

DR. AMSTERDAM'S TIMELINE RE PUBLICATION OF PAXIL BIPOLAR STUDY 352 WITHOUT HIS KNOWLEDGE

In the mid-1990's, Dr. Amsterdam became a Co-Principal Investigator on a clinical trial, Paroxetine Study 352, comparing the antidepressant drugs imipramine (Tofranil®) and paroxetine (Paxil®) for the treatment of bipolar type I major depression (or manic depression). The trial was sponsored, in part, by GlaxoSmithKline which sells paroxetine under the brand names Paxil® in the US and Seroxat in other countries.

Dr. Amsterdam recruited one of the largest, if not the largest, patient samples into a study that comprised 18 other investigative-sites.

In early 2001, Dr. Amsterdam became aware that Dr. Dwight Evans and Dr. Laszlo Gyulai were attempting to publish data from the above referenced study. Although Dr. Amsterdam was a Co-Principal Investigator of Study 352 and enrolled one of the largest numbers of patients, he was excluded from the final data review, analysis and publication. (Attachment J, K, L and D.)

Dr. Amsterdam contacted his immediate supervisor and department chairman, Dr. Dwight L. Evans about the matter. In a March 22, 2001 email to Dr. Amsterdam, Dr. Evans stated that he had discussed the issue with Dr. Karl Rickels who was also a professor in the Department of Psychiatry at the University of Pennsylvania and Dr. Gyulai's direct supervisor. Dr. Evans assured Dr. Amsterdam that Dr. Rickels would be reviewing the matter and, once accomplished, he trusted there would be "an equitable outcome." (Attachment M.)

Dr. Amsterdam sent a follow-up email to Dr. Rickels on April 1, 2001 asking him what he had found during his investigation. Dr. Amsterdam explained to Dr. Rickels that, if he (Dr. Rickels) felt uncomfortable dealing with the matter, that he should let Dr. Amsterdam know so that he (Dr. Amsterdam) could "take up the issue with others at the University and/or the American Journal of Psychiatry." (Attachment J.) The American Journal of Psychiatry accepted the manuscript for publication in January 2001 (Attachment A at p. 911) and the study was eventually published in the June 2001 edition of the journal. *Id.*

On April 3, 2001, Dr. Rickels sent Dr. Amsterdam a letter discussing what he had learned during his investigation. (Attachment K.) In that letter, Dr. Rickels noted, among other things, the following information:

(1) Dr. Amsterdam was co-investigator of the trial;
(2) Dr. Amsterdam had enrolled more patients in the trial than Dr. Gyulai;
(3) The ghostwriting firm, STI, had chosen Dr. Gyulai as the paper's first author;
(4) GSK had decided to replace Dr. Gyulai as first author with Dr. Charles Nemeroff; and
(5) Academic investigators in the trial never reviewed or even saw the submitted manuscript.

On May 1, 2001, Dr. Amsterdam sent Drs. Evans and Rickels another email to explain that he was unsatisfied with the response and, since the last letter, there has been only "radio silence." As he wrote, *"Am I to assume that it is okay in this department for a junior faculty member to abscond with data from a full professor and publish it without any ramifications?"* (Attachment N.)

The following day, Dr. Rickels emailed Dr. Amsterdam and explained that Dr. Evans had tasked him (Dr. Rickels) with trying "to bring about a resolution." (Attachment O.)

On May 11, 2001, Dr. Amsterdam emailed Dr. Rickels and explained that he considered data that he (Dr. Amsterdam) accumulated in his research unit from the study "were misappropriated from me and used and published without my knowledge and without regard to the significant contribution that I made to this study." Dr. Amsterdam complained that the "theft and publication of [his] data should not go unnoticed and uncensured." He proposed that Dr. Gyulai write a letter of apology and be censured in order to ensure "this situation does not happen again." (Attachment P.)

Ten days later, Dr. Rickels emailed Dr. Amsterdam stating that he had shared Dr. Amsterdam's comments with Dr. Evans and, once he received a reply from Dr. Evans, he (Dr. Rickels) would like to meet with Dr. Amsterdam to discuss the topic. (Attachment Q.)

On Jun 13, 2001, Dr. Amsterdam again emailed Dr. Rickels to complain that there had been no resolution of the matter. Dr. Amsterdam wrote: *"Before I contact either University officials or the editorial board of [the American Journal of Psychiatry] regarding this egregious behavior, I await your last efforts at resolution of this problem."* (Attachment R.)

That same day, Dr. Rickels responded that Dr. Gyulai had been ill and that Dr. Amsterdam would be contacted soon. (Attachment S.)

On June 29, 2001, Dr. Amsterdam received a formal letter from Dr. Rickels stating that Dr. Gyulai had returned part-time from sick leave and he intended to speak with Dr. Gyulai concerning "this unfortunate situation ... today." (Attachment T.)

On July 5, 2001, Dr. Gyulai sent a letter of apology to Dr. Amsterdam. In that letter, Dr. Gyulai explained that control of the paper had been taken away from him and that GSK published the paper without circulating the draft to all the participants and only allowed him (Dr. Gyulai) to see a near-final draft "when only minor changes could be done." (Attachment L.)

Four days later, Dr. Amsterdam sent an email to Dr. Rickels stating that the apology was not sufficient in light of the "deliberate misappropriation and publication of [his] data" without his knowledge. Dr. Amsterdam was insistent that some sort of reprimand was necessary to ensure "plagiarism" of a colleague's data never happens again. (Attachment U.)

The following day, July 20, 2001, Dr. Rickels sent Dr. Amsterdam a letter stating "it is unfortunate that [GSK] did not circulate the manuscript to you and I regret that Dr. Gyulai did not share it with you. Once again, as Dr. Gyulai's Program Director, I have expressed my belief that he should have done so." (Attachment V.)

TIMELINESS OF COMPLAINT

According to Office of Research Integrity (ORI) guidelines, rules governing research misconduct only apply if such conduct occurred within six years, unless "the respondent continues or renews any incident of alleged research misconduct that occurred outside the six-year limit through the citation, republication or other use for the potential benefit of the research record that is the subject of the allegation."

With respect to this condition, although the data were published in an NIH-supported study in 2001, Dr. Gyulai cited this study just four years ago, in a study published in 2007 in the *New England Journal of Medicine*. (Attachment H, at page 3.) This is well within the six-year window for filing a complaint of research misconduct. Moreover, the report that appeared under Dr. Evans', Dr. Gyulai's and the other authors' names has had an ongoing influence on the scientific field as evidenced by its citation in hundreds of medical journal articles, textbooks and practice guidelines, up through and including 2011. (See Attachment B and C.)

EVIDENCE OF POTENTIAL GHOSTWRITING / ALLEGED PLAGIARISM

In defense of Dr. Gyulai, Dr. Rickels sent Dr. Amsterdam a letter on April 3, 2001, explaining that the "medical communications" firm, STI, had chosen Dr. Gyulai as the paper's first author. (Attachment K.)

At the time, Dr. Amsterdam was not aware of STI's involvement in ghostwriting scientific studies on behalf of prominent academics (including Dr. Evans and the other individuals named in this complaint) to promote sales of pharmaceutical agents. However, such behavior is now well understood. For instance, the *Journal of the American Medical Association* published an editorial in April 2008, excoriating Merck & Co. Inc. for using STI to publish a ghostwritten article in 2002 in JAMA to push sales of VIOXX. (Attachment E.) According to this editorial:

> Perhaps some editors, investigators, reviewers, and readers would see little or no harm in this failed disclosure because all other disclosures were made. However, if there was nothing to hide, why were the names (and affiliations) of the individuals who actually wrote at least the first draft of the manuscript omitted?

Indeed, although the spectral fingerprints of STI are readily apparent, STI's involvement was not disclosed in the manuscript draft or the final published article that appeared in the *American Journal of Psychiatry*. (Attachment A and D.)

As it turned out, Dr. Amsterdam discovered that his own supervisor, Dr. Dwight L. Evans, to whom Dr. Amsterdam had been complaining, published a scientific editorial in the prestigious journal *Biological Psychiatry* in 2003 that was ghostwritten by the very same "medical communications" firm that ghostwrote the 2001 *American Journal of Psychiatry* article (i.e., STI). Dr. Amsterdam discovered this while reviewing a letter that the Project On Government Oversight sent to NIH Director Frances Collins in November of 2010.[2]

According to documents, Sally Laden of STI ghostwrote the 2003 editorial for *Biological Psychiatry* for Dr. Dwight L. Evans and Dr. Dennis Charney. Dr. Charney was then an employee at the NIH Intramural Program and he is now Dean of Research at the Mt. Sinai School of Medicine in New York. (See e.g., Attachment W and http://www.pogo.org/pogo-files/letters/public-health/ph-iis-20101129.html.)

---

[2] See: http://www.pogo.org/pogo-files/letters/public-health/ph-iis-20101129.html

In an email to a GSK employee, Ms. Laden wrote, *"Is there a problem with my invoice for writing Dwight Evans' editorial for the [Depression and Bipolar Support Alliance]'s comorbidity issue to Biological Psychiatry?"* [See Attachment W] When the editorial was published, Drs. Evans and Charney "acknowledge[d] Sally K. Laden for editorial support." (Attachment X.)

In conclusion, it is ironic and troubling that Dr. Amsterdam brought his allegations of research misconduct to his direct supervisor and chairman, Dr. Evans, and his complaint was not only ignored by Dr. Evans (who simply handed it off to Dr. Rickels to resolve), but Dr. Evans himself was involved in the ghostwritten Study 352 article by STI and then, two years later, an editorial was also ghostwritten for him by STI.

DR. AMSTERDAM'S CRITICISMS OF THE PUBLISHED PAXIL BIPOLAR STUDY 352

First, the study failed to recruit a sufficient patient sample size to adequately test the primary efficacy outcome measure. The primary efficacy outcome measure failed to show superiority of either antidepressant drug treatment compared to placebo. This important information was not reported in the manuscript. The authors then relied on *post hoc* analyses of subsets of the data to find a favorable result for the antidepressant Paxil. Specifically, this result was accomplished by sub-dividing patient cohorts for each treatment into sub-groups of "high" (i.e., ≥8.0 mEq/L) versus "low" (i.e., <8.0 mEq/L) baseline serum lithium levels after the primary data analyses were found to be negative. This *post hoc* data presentation was then presented as the primary study finding, and gave the false impression that one group of patients with low lithium levels (who may be unable to tolerate higher lithium levels) showed superior benefit with Paxil versus placebo (compared to imipramine versus placebo).

Moreover, patients with "low" lithium levels were presented as being a distinct patient group who were somehow different from patients in the "high" lithium level group. In fact, this was a disingenuous distinction because all of the patients in the study had what were considered to be adequate and clinically therapeutic lithium levels, or they would have been discontinued from the trial. Moreover, this sub-division of treatment cohorts into "high" versus "low" lithium level groups was not clinically meaningful and these data were added to the manuscript to produce a favorable outcome finding for promoting Paxil (in a study that was otherwise negative in its findings and that recruited an insufficient patient sample size to accurately test the null hypothesis for the primary efficacy measures).

Second, the published manuscript downplayed a well-known (and potentially dangerous) adverse event profile of Paxil. For example, the manuscript did not report

any mania ratings (e.g., Young Mania Rating Scale), although the results section did note that end-point mania analyses were performed. The manuscript portrayed Paxil as being safe and producing no manic symptoms or manic episodes (in either the entire Paxil-treated patient group or in the "high" or "low" lithium level sub-groups), a finding which was not supported by available clinical or research evidence in 2001 (or subsequent to that date). As a result, the stated findings suggest that Paxil is a safe and well tolerated alternative to imipramine (the other antidepressant used in the study) which appeared to cause manic symptoms in both the "high" and "low" lithium level patient subgroups. Thus, these purported findings ran completely counter to almost all available clinical and research findings up to 2001 (and subsequent to that date), and suggested a treatment approach for bipolar depression (i.e., Paxil) which contradicted much of the available clinical and research evidence, as well as most published practice guidelines for treating bipolar type I depression.

Third, the results in the published manuscript emphasized a substantial side effect profile for imipramine while minimizing and down-playing the side effect profile of Paxil. For example, the manuscript emphasized a substantial rate of sexual side effects for imipramine (an antidepressant drug not particularly known to produce this side effect), while down-playing the sexual side effect profile of Paxil, and suggested that there were no sexual side effects encountered with Paxil in the study. This was a grossly misleading fact which was further emphasized by the authors citing the medical literature indicting only imipramine side effects while simultaneously omitting citations from the medical literature that accurately report the incidence of Paxil sexual side effects. In this regard, the published manuscript stated that *"patients treated with imipramine reported a higher incidence of abnormal ejaculation (18.8%) and impotence (25.0%) than did patients receiving paroxetine (0.0% and 6.3%, respectively) or placebo (5.0% and 0.0%, respectively)"*. Moreover, in the discussion section of the published manuscript, this "finding" is further supported by literature citing the high sexual side effect rate with imipramine while providing no citations for Paxil-induced side effects - even though Paxil's sexual side effects were well known at the time of publication. In fact, the side effect bias favoring Paxil was so supportive and contrary to the available medical literature in 2001 that it would be reasonable for a reader to wonder whether SmithKline Beecham, Inc. actually provided the side effect citations to the "authors" for publication in the published manuscript.

Alarmingly, despite the foregoing enumerated deficiencies, Study 352 and its published results have been relied upon as justification for prescribing Paxil to patients diagnosed with bipolar depression, a practice with little benefit, per the above, and substantial risk of stimulating a manic reaction with an increased risk of suicide and other dangerous adverse reactions.

* * * * *

Penn Medicine

Perelman School of Medicine
University of Pennsylvania Health System

J. Larry Jameson, MD, PhD
Executive Vice President
University of Pennsylvania for the Health System

Dean
Perelman School of Medicine

December 5, 2011

CONFIDENTIAL

Jay D. Amsterdam, MD
P.O. Box 1931
Cherry Hill, NJ 08034

RE: Allegations of Research Misconduct

Dear Dr. Amsterdam:

As you are aware, I appointed an Inquiry Committee to review your allegations of research misconduct against Drs. Dwight Evans and Laszlo Gyulai. I am enclosing with this letter a copy of the Inquiry Committee's report.

The University considers allegations of this type to be very serious. I am confident that the Committee reviewed your allegations thoroughly and fairly, in accordance with University policy.

Having reviewed the Committee's report, I accept their findings and conclusion that further investigation is not warranted.

As you know, all parties to an inquiry of research misconduct have an ongoing obligation to maintain maximum confidentiality. We appreciate your willingness to bring a matter such as this to our attention.

Sincerely,

J Larry Jameson

J. Larry Jameson, MD, PhD

3620 Hamilton Walk | 295 John Morgan Building | Philadelphia, PA 19104 | Tel: 215.898.6796 | Fax: 215.573.2030 | ljameson@mail.med.upenn.edu

Penn Medicine

Office of the Dean

295 John Morgan Building
3620 Hamilton Walk
Philadelphia, PA 19104-6055

CONFIDENTIAL

Jay D. Amsterdam, MD
P.O. Box 1931
Cherry Hill, NJ 08034

Perelman School *of* Medicine
University *of* Pennsylvania Health System

UNIVERSITY OF
PENNSYLVANIA
MEDICAL CENTER

University of Pennsylvania School of Medicine
Hospital of the University of Pennsylvania

Laszlo Gyulai, M.D.
Associate Professor
Director, Bipolar Disorders Program

Department of Psychiatry
Mood and Anxiety Disorders Section

Jay D. Amsterdam, M.D.
Professor, Director,
Depression Research Unit,
Mood and Anxiety Disorders Section
Department of Psychiatry
University of Pennsylvania

7/5/01

Dear Jay,

I regret that there appears to be some misunderstanding about the publication of the data of the SKB PAR- 29060/352 study, which was conducted between 1994 and 1996 and I sincerely apologize for it. I understand that you feel that I took your data collected in this study and that I was unfairly one of the authors of the paper from the project, which appeared in the Am. J. Psychiatry.

I was the primary investigator of the Penn site and, as you know, I worked on early drafts of the paper. I did not determine authorship, and as you know, the paper was taken away from me as first author during the writing process. However, I regret that I did not discuss the issue of authorship with you. I agree with you that SKB should have circulated the paper to all participants. I only saw the final draft shortly before it was submitted when only minor changes could be done.

I hope that this clarifies some of the misunderstandings and makes it possible for us to work in a collaborative fashion. I am truly sorry about the whole matter and would be happy to personally meet with you and discuss these issues as colleague to colleague.

I remain sincerely yours,

Laszlo Gyulai, M.D.

cc: Dr. Dwight L. Evans
Dr. Karl Rickels

3535 Market Street • Suite 670 • Philadelphia, PA 19104-3309 • Tel: 215-746-6415 • Fax: 215-898-0509

Whose article is it anyway?

A practice of concern to editors, authors, and readers of medical journals was glaringly exposed on May 23 in the *Dallas Morning News*. The newspaper reported that Wyeth-Ayerst Laboratories, maker of the weight-loss drug dexfenfluramine (Redux), had "paid ghostwriters for articles promoting obesity treatments and then used prominent researchers to publish the work [in journals] under their names". Lawsuit depositions showed that Wyeth had paid Excerpta Medica* (Belle Mead, NJ, USA), a medical communications company, about US$200 000 for at least ten articles, commissioned before the drug was pulled from the market in 1997. Jean Dolan, executive vice-president of Excerpta, says "these were not promotional articles. We're dealing with medical education. Our job was to educate doctors to make an appropriate decision". But medical writers involved in ghost authoring say such "education" can be skewed.

The use of ghost authors—individuals not named as authors but who contribute substantially to the preparation of an article—is not uncommon, says Drummond Rennie, a deputy editor of the *Journal of the American Medical Association*. A survey by Rennie and colleagues showed that 11% (range 7–16%) of articles published in 1996 in six peer-reviewed journals involved the use of ghost authors (*JAMA* 1998; **280:** 222–24). "The practice is well-known, scandalous, and outrageous. It is a perfect illustration of deceptive authorship practices for commercial reasons", says Rennie.

Two of the Wyeth-supported articles were published in peer-reviewed medical journals before Redux production was halted. One, a review by Albert Stunkard, appeared in the *American Journal of Medicine** (1996; **100:** 230–36). Stunkard says the article was commissioned by Excerpta and that they suggested he submit it to *AJM*. "I thought Excerpta wanted an article they could excerpt for one of their journals and that the honorarium was from them. I didn't know that Wyeth was involved", he says.

Stunkard's review, which he says he wrote himself, was published before Lee Goldman became editor of *AJM*. "We don't want it to happen again, and we've put safeguards in place", says Goldman, who routinely receives and rejects queries from "writing companies" asking if he would be interested in their projects. He is also alert to clues of drug-company involvement in articles sent to *AJM*. "We've rejected at least one because it had some lingo that seemed too much like company-speak. A call to the author led to an acknowledgment of 'help'."

Although *AJM* requires disclosure of assistance, "we don't polygraph people to make sure they disclose honestly. We ask them to tell us if they have a shred of guilt, and if they say they don't, we need to have another reason to be suspicious". Disclosure of drug-company support for original research is less of an issue, he says, because the presumption is that "the data speak for themselves", but changes may be needed in the authors' interpretation of the data. "My main concerns are when people try to obfuscate—or when, as sometimes happens, 'supported by an unrestricted educational grant' means 'ghostwritten by'."

Excerpta receives unrestricted educational grants to develop journal articles, but "any work done by the company [Excerpta] is done under the direction of the authors", says Dolan. Although the drug companies involved review the articles, "if they recommend changes, the author doesn't have to accept them". Dolan adds that journal editors concerned about bias "are negating the peer-review process, which will detect imbalances that any author may introduce into a paper".

"That argument is unacceptable", counters Richard Smith, editor of the *British Medical Journal*. "Peer review is not a cleansing process whereby whatever has gone through it is perfect no matter what its origins. It's not good at detecting fraud—it assumes that everything has been done honestly." George Lundberg, former editor of *JAMA*, now editor of peer-reviewed *Medscape General Medicine*, adds: "There is no way reviewers can ascertain who did or did not write a paper. That relies on honest disclosure and a proper level of suspicion by the editors."

Even with the best safeguards, ghost-authored articles containing drug-company "nuggets" may slip through, notes Ronni Sandroff, a New York medical writer and editor. Some time ago, Sandroff wrote two cancer-pain articles "for MD signatures" for submission to peer-reviewed journals. "I was told exactly what the drug company expected and given explicit instructions about what to play up and what to play down—whether to enhance broader off-label uses of the pain product or go strictly by the FDA." Ghost-authored papers "build the reference list", notes Sandroff. "Once it's published, the company's point is in print. Someone else has said it, so it looks like it's established fact—but it's basically their positioning of the drug." In the past, she adds, "this kind of thing was done in supplements. But now everyone knows that supplements are sponsored" so those references have less value.

For Lundberg, the supplement issue is important. "Some publishers have taken large amounts of money to publish supplements in prestigious journals because of the panache associated with the journal's name. But they have applied less rigorous rules to everything about the supplement." Because supplements are often "tainted", he says, they were not done for any prestigious AMA journals during his tenure.

Behind the scenes

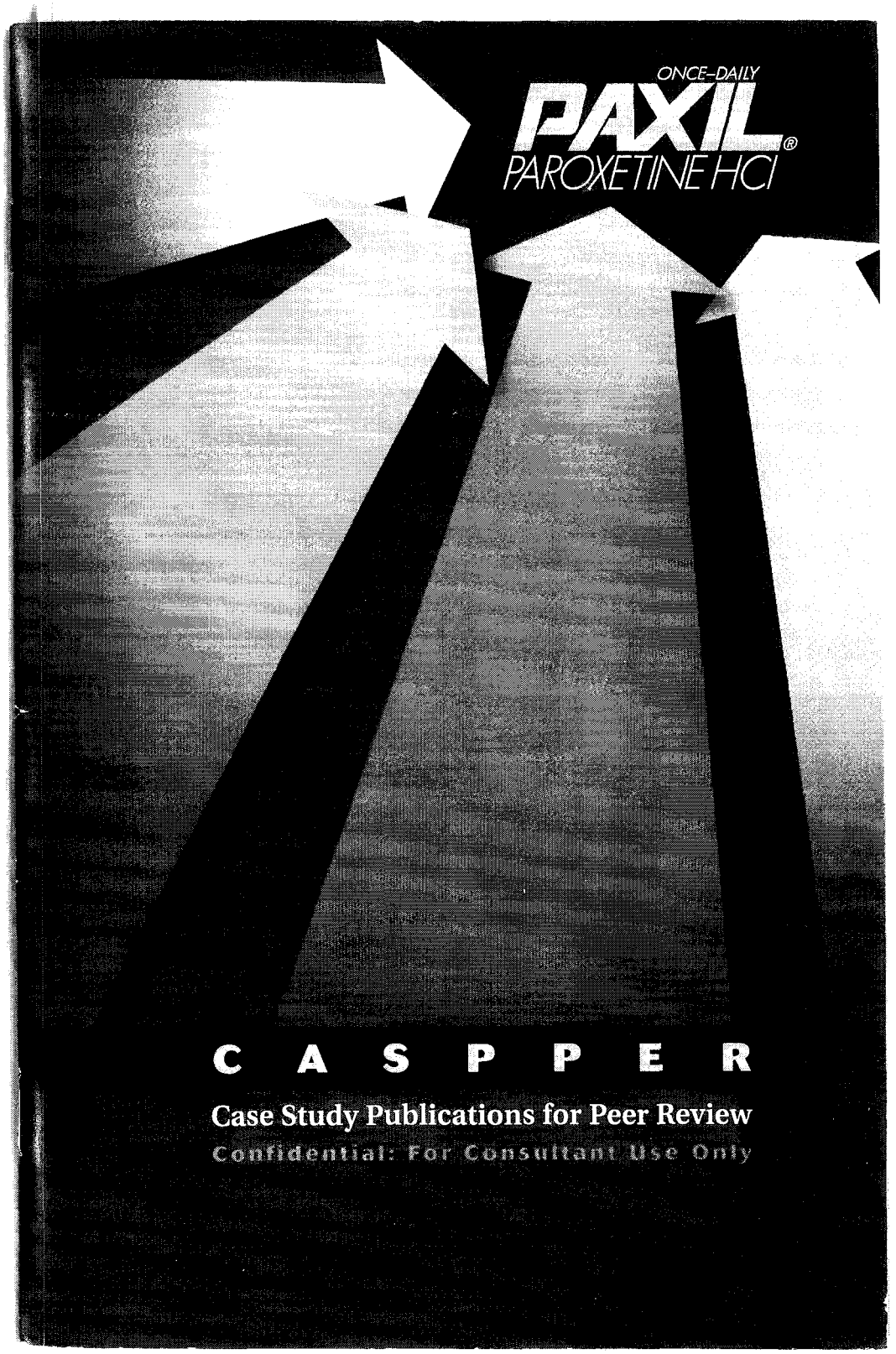
I recently had my first and last experience as a "ghostwriter" for a medical communications company. I agreed to do two reviews for a supplement to appear under the names of respected "authors". I was given an outline, references, and a list of drug-company approved phrases. I was asked to sign an agreement stating that I would not disclose anything about the project. I was pressured to rework my drafts to position the product more favourably, and was shown another company-produced review as an example—it read like bad promotional writing. I asked the company to reduce my fee and rewrite the drafts themselves. *ML*

Wherever the article appears, "the reader has a right to expect that the person whose name is on an article in a scientific journal is the person who wrote it", says bioethicist Arthur Caplan (University of Pennsylvania, Philadelphia, PA, USA). "I don't think we should have to be looking for ghosts, goblins, or any other sprites that might have been involved but aren't credited or acknowledged." The offer of the help of a ghost author, he says, "is a lure to some people because it's an easy way to get a publication and covers the fact that they aren't good writers, or are too busy to do it themselves. But none of these seem to me to be effective reasons or justifications".

Marilynn Larkin **

* owned by Reed-Elsevier, owners of *The Lancet*

** Author of Redux: The Revolutionary Weight Loss Drug: New York: Avon Books, 1997, written with no drug company influence.



PAR000570546

CASPPER
Case Study Publications for Peer Review

Thanks to your phenomenal efforts, PAXIL® is one of the fastest-growing products in the SSRI class. To maintain the strong sales growth of PAXIL, SmithKline Beecham (SB) must continue to provide value to our customers and respond to the key issues affecting our prescribing base. One of the primary issues for PAXIL prescribers has been the publication of even more data on the use of PAXIL in specific clinical situations. As use of PAXIL and other SSRIs continues to increase, clinicians are increasingly interested in publishing peer-reviewed information from their everyday practices. SB encourages the publication of this information to broaden the knowledge of PAXIL and provide credible answers to competitive challenges.

To meet these objectives, PAXIL Product Management has launched CASPPER. This innovative program was developed to allow you to bring value to your important psychiatrists by

- offering assistance in the preparation and publication of case studies and other short communications relevant to the features and benefits of PAXIL
- encouraging the timely publication of responses to unbalanced information from competitors.

Publication of such articles will benefit the sales force by expanding the database of published data to support PAXIL. Along with the tangible benefits of the plan, your participation will establish and/or strengthen your relationships with key physicians and thought leaders in the psychiatric field.

This brochure explains the areas of editorial assistance offered by CASPPER. Although the publication process of each manuscript your physicians initiate will vary, the plan will direct their efforts through guidelines for

- *developing a topic*
- *writing a first draft*
- *coordinating the editorial review process*
- *targeting the case study for publication in an appropriate journal*
- *submitting the manuscript for publication.*

You can start recruiting physicians for this valuable program by following the three easy steps of the turn key program.

PROCESS

Developing a Topic

The objectives of CASPPER, from a publication standpoint, are to strengthen the product positioning and overcome competitive issues. The development of a strong topic is the first key to a successful manuscript. The following list suggests topics that may help physicians shape their experiences for publication. However, the development of a topic ultimately rests on the physician.

- Anxiety disorders (eg, panic disorder, social anxiety disorder and OCD)
- Long-term use of PAXIL
- Effects of treating depression in the managed care setting
- Economics of depression and related disorders

- Depression and comorbid anxiety
- Use in the elderly
- SSRI use in women
- Successful management of sexual dysfunction

Other topics that physicians suggest are welcome as related to mood and anxiety disorders.

Recruiting Authors

Physicians will be eager to participate in CASPPER regardless of their professional stature:

- Physicians who are already widely published may be looking to expand their influence
- Less experienced physicians may be interested in building their reputations in the field.

Discussion of CASPPER will involve but is not limited to the following scenarios.

Scenario One: Physician Mentions Success with PAXIL

A physician tells you that he or she has had treatment success with PAXIL in certain indications or difficult-to-treat patient populations.

Initiate discussion: Ask the physician if any consideration has been given to publishing a case study based on this clinical experience.

Introduce program: Mention that SB is currently testing a program to encourage physicians to publish their experiences with PAXIL. Acknowledge the demands on the physician's time

and explain that SB has contracted with an editorial staff to assist your physicians with any or all aspects of having their clinical experiences using PAXIL published.

Outline capabilities: The editorial capabilities available to contributing physicians include assistance with

- performing literature searches
- editing a first draft of the manuscript
- creating figures and tables
- making any necessary revisions
- preparing a submission package for publication.

Scenario Two: Physician Request for Data

A physician asks whether there are any published data to support PAXIL in specific indications or patient populations.

Initial response: Whenever possible, you should

- provide the proper approved references or refer the physician to the Product Information department
- mention that SB is always interested in expanding the database of published studies on PAXIL.

Introduce program: If the physician has used PAXIL and has had success in this area

- ask the physician if he or she has considered publishing this clinical experience as a case study (as in *Scenario One*)
- notify the physician that SB has contracted with an editorial staff that can provide a full range of editorial assistance.

Outline capabilities: See *Scenario One.*

Scenario Three:

Countering a Competitive Claim

The great deal of research and marketing behind SSRIs makes it possible that physicians will be familiar with published papers or anecdotal claims that endorse a competing SSRI over PAXIL. In turn, they may confront you with data from these papers and either request your explanation or tell you of their positive experience using PAXIL, which runs counter to the competing claims.

Initial response: After you have addressed the issue, you may want to acknowledge that the conflicting data create a potential opportunity for them to publish their experience with PAXIL.

Introduce program:

- Physicians who are already prescribing PAXIL may be the best candidates to refute the initial data. Mention that SB has initiated a program that can help physicians counter inaccurate or unbalanced information in this regard.
- Ask if the physician would like to author some form of response to the paper, such as a paper examining study methodology (e.g., point out a flawed methodology or patient-selection bias) or one explaining similar results or benefits observed with PAXIL in other uses on patients.

Outline capabilities: See *Scenario One.*

KEY CONSIDERATIONS

In all three of these scenarios, it is important to remember that

- *the opportunity for publication must be presented as a purely clinical and balanced effort*
- *only you can determine physicians' levels of interest*
- *the many features of this program (e.g., the database of potential target journals and the ability to work directly with a professional editorial staff) are designed to make this process as simple as possible for interested physicians and yourself.*

Contacting Plan Coordinators

Once the author and topic are identified, it is time to contact plan coordinators and the editorial staff of Complete Healthcare Communications (CHC), the agency that has been contracted to assist your physicians in the preparation of their manuscripts. A voicemail system has been set up to help you initiate the coordination of CASPPER. Call the number listed below and leave your relevant author and topic information. A plan coordinator will forward your information to the editorial staff of CHC.

Once you begin working with CHC, we recommend that you handle the distribution of all drafts to the author and editorial staff to streamline the process. In your role as the liaison between the author and the editorial staff, we suggest that you

- deliver drafts personally
- pick up edits
- obtain final sign-offs
- deliver the submission package.

VOICEMAIL NUMBER

Dail 1-888-721-5258
Mailbox Extension: 7999088

For your convenience, you can fax a copy of the "Publication Request" fax form, which is included at the end of this booklet.

EDITORIAL CAPABILITIES

The full range of editorial assistance that CASPPER can offer contributing physicians includes

- developing a topic
- coordinating the editorial review process
- submitting to the target journal.

For some physicians, writing the manuscript is about all their schedules can accommodate. When presenting CASPPER, take the opportunity to remind physicians of the numerous details that CHC is prepared to coordinate, including

- copy editing and proofreading
- production of tables and graphics
- preparation of the submission package
- follow-up.

PAXIL

Preparing the Manuscript

Manuscript preparation can be a time-consuming task that includes the development of an outline and a first draft, editorial reviews, and revisions. CASPPER coordinates these responsibilities for contributing physicians, making available not only the services of CHC's editorial staff but also

- published literature
- available internal support
- literature search results
- a database of journal submission criteria, including
  - types of manuscripts accepted
  - audience
  - contact information
  - circulation
  - frequency
  - length of review period.

The journals database enables the preparation of manuscripts that meet a target journal's submission criteria to improve the likelihood of acceptance. The plan's editorial team will work closely with contributing physicians to ensure the rapid dissemination of consistent data and messages. These features will benefit authors seeking to publish timely, relevant articles.

Editorial Review Process

The editorial review process generally requires the approval of an outline and two revisions to the manuscript. Physicians who take advantage of the full capabilities of CASPPER will be able to respond to and build upon the framework of the outlines and first drafts that they prepare. The typical steps in the editorial review process are outlined here.

Step 1:

Prepare first draft. Working with the first draft of the manuscript, the editorial staff at CHC ensures proper styling and creates figures and tables. The manuscript is proofread and any queries for the author concerning missing information or the need for clarification are included before the manuscript is sent to the author for review.

Step 2:

Author reviews first draft. The author ensures accuracy of material, updates references, supplies missing information, etc.

Step 3:

Incorporate author comments. Following each review, the editorial staff at CHC incorporates author revisions to the text and revises figures and tables.

Step 4:

Author reviews final draft. Author comments on final draft; returns his or her final revisions with a Sign-Off Form.

Submitting the Manuscript

The editorial staff at CHC will guide submission of authors' manuscripts through the following steps:

Step 1:

Targeting a journal. While the manuscript is being written, it will be targeted for submission to a journal that can maximize its impact. The appropriate journal will be selected from a database compiled by the editorial staff that assesses the target audience from among psychiatrists, primary care physicians, and managed care administrators.

Step 2:

Preparing a submission package. When the manuscript is approved, the editorial staff will help the physician prepare a complete submission package, including

- the required number of hard copies of the manuscript, tables, and figures
- an electronic file (if necessary)
- a sample cover letter.

The physician will complete the letter and place it on his or her letterhead before submitting the package to the journal.

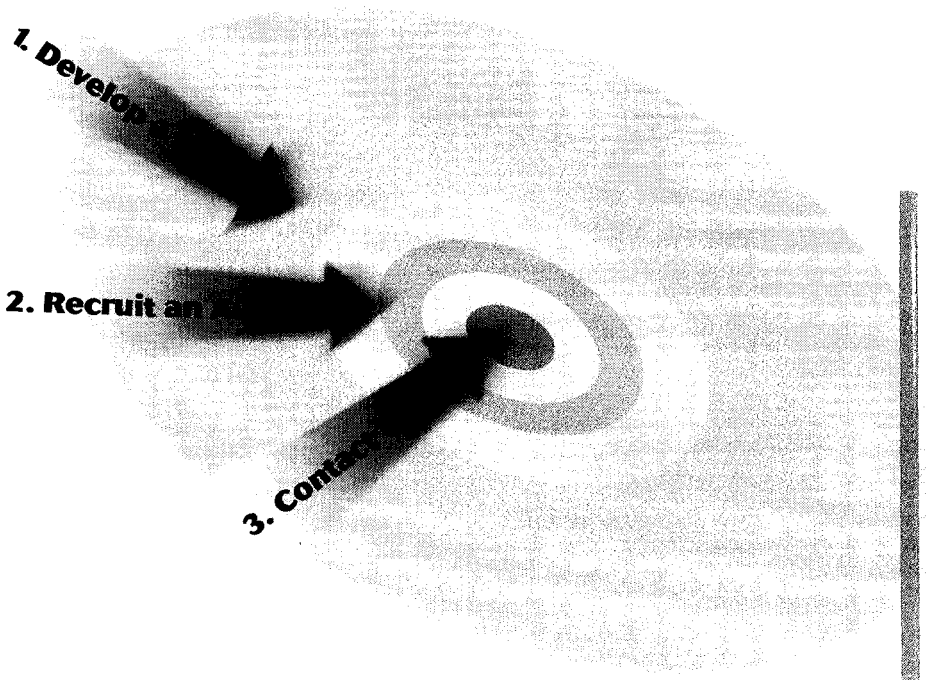
Step 3:

Follow-up. After submission, CHC will assist the physician in responding to queries and other follow-up requests from the journal as the manuscript undergoes peer review. Until the manuscript is published, there is often a series of follow-up details that CHC can administer through the plan.

CLOSING REMARKS

PAXIL Product Management has budgeted for 50 articles for 2000. Your participation in CASPPER will enable your physicians to add to the literature supporting the use of PAXIL, strengthen your relationships with key physicians and thought leaders in the psychiatric field, and ultimately, help you meet your sales goals.

Hitting Your Target



*** Mark Riotto or Jim Slade**

C A S P P E R

Case Study Publications for Peer Review

SmithKline Beecham Pharmaceuticals
One Franklin Plaza • PO Box 7929 • Philadelphia, PA 19101

PUBLICATION REQUEST FAX FORM

Please fax form and any supporting documentation to

CASPPER
c/o Complete Healthcare Communications, Inc.
Fax: 610-358-3636
CASPPER@CHCinc.com

TO: CASPPER
c/o Complete Healthcare Communications, Inc.
Phone: 610-358-3600
Fax: 610-358-3636

SB Representative name: _____

Date: _____ # Pages being faxed: _____

Phone: _____ Fax: _____

Voice Mail: _____ E-mail: _____

Physician name: _____

Phone: _____ Fax: _____

Office address: _____

_____

E-mail: _____

Best time/way to contact: _____

Topic: _____

Comments: _____

_____

_____

For information or help, please contact CASPPER:
c/o Complete Healthcare Communications, Inc.
203 Wilmington-West Chester Pike, Suite 300, Glen Mills, PA 19342
Phone: 610-358-3600
Fax: 610-358-3636
E-mail: CASPPER@CHCinc.com

SmithKline Beecham
Pharmaceuticals

ST4715 Apr. 2000

PAR000570559

Published online 12 July 2011 | *Nature* **475**, 153 (2011) | doi:10.1038/475153a
Corrected online: 13 July 2011

News

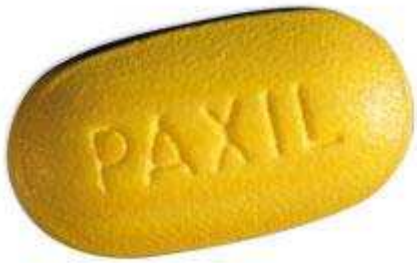
Paxil study under fire

Trial researcher alleges paper exaggerated antidepressant benefits.

Meredith Wadman

The contentious issue of drug-industry influence over medical-research writing erupted on the campus of the University of Pennsylvania in Philadelphia this week. A professor of psychiatry has alleged that several colleagues — including the chair of his department — allowed their names to be added to a manuscript while ceding control to the global pharmaceutical giant GlaxoSmithKline (GSK). The professor, Jay Amsterdam, also claims that the manuscript, written with an unacknowledged contractor paid by GSK, unduly promotes the company's antidepressant drug Paxil (paroxetine), the subject of the study.

"The published manuscript was biased in its conclusions, made unsubstantiated efficacy claims and downplayed the adverse-event profile of Paxil," Amsterdam's lawyer wrote in an 8 July letter to the Office of Research Integrity (ORI), the body responsible for investigating research misconduct in US Public Health Service agencies and its grant recipients.



L. LESSIN/SPL

The letter accuses the study's academic authors of engaging in scientific misconduct by allowing their names to be attached to the manuscript (**C. Nemeroff *et al. Am. J. Psychiatr.* 158, 906–912; 2001**), which has been cited more than 250 times. Documents accompanying Amsterdam's complaint are offered as evidence that "most if not all" of the authors were handpicked by GSK, working in conjunction with the medical-communications company Scientific Therapeutics Information (STI) in Springfield, New Jersey, to lend credibility to a result that Amsterdam says places Paxil in an overly favourable light. In one such document, Karl Rickels, a psychiatrist not involved with the study who looked at the issue for the department in 2001 said that "apparently ... [academic] participants never had a chance to review or even just see the manuscript before it went to press".

"It has always been GSK's policy and practice for the primary author(s) to have final approval on manuscripts," the company says. "The proper use of medical writers serves a legitimate role in facilitating the timely analysis and presentation of clinical-trial data for public consideration."

Amsterdam had recruited patients for the trial but was not included as an author; he protested at the time to his boss, department chair Dwight Evans. Amsterdam was prompted to file his current complaint with the ORI after seeing allegations late last year that Evans had lent his name to an editorial (**D. L. Evans and D. S. *Charney Biol. Psychiatr.* 54, 177–180; 2003**) written by an STI writer who was being paid by GSK (the payment was not acknowledged in the publication). At the

time, the university decided that the allegation of ghostwriting was unfounded.

Amsterdam's charges could prove awkward for the president of the University of Pennsylvania, Amy Gutmann, who is also the chair of US President Barack Obama's bioethics commission. In an 11 July letter to Obama, the Project on Government Oversight (POGO), a watchdog group based in Washington DC that Amsterdam contacted while developing his complaint, called for Gutmann's ousting as chair. The letter takes issue with Gutmann's handling of the earlier ghostwriting allegations. "We do not understand how Dr. Gutmann can be a credible Chair of the Commission when she seems to ignore bioethical problems on her own campus," POGO's executive director, Danielle Brian, wrote.

The university said on 11 July that its School of Medicine will investigate the new allegations. The school's policy, adopted last year, states that medical researchers "are prohibited from allowing their professional presentations of any kind, oral or written, to be ghostwritten by any party, including Industry". The published paper acknowledged that GSK funded the study, but did not note that STI had been employed in the manuscript's preparation, or that three of the co-authors were GSK employees while the study was being conducted. The GSK authors are not included in Amsterdam's complaint.

The five authors whom Amsterdam accuses are Evans, Charles Nemeroff, now chairman of psychiatry at the University of Miami in Florida; Laszlo Gyulai, a psychiatrist at the University of Pennsylvania who has now retired; Gary Sachs, a psychiatrist at Massachusetts General Hospital in Boston; and Charles Bowden, a clinical professor of psychiatry and pharmacology at the University of Texas Health Science Center in San Antonio.

Evans and Gyulai did not respond to interview requests, but the university stated that "both Penn faculty members have been advised of the allegations in the complaint and while they believe them to be unfounded, have made clear to the University that they will fully cooperate with the investigation". Bowden says: "I provided input that was incorporated into the manuscript ... I never had any sense that the manuscript was 'ghostwritten'."

Sachs says he strongly agrees and that he "went physically from Boston to Philadelphia to draft the first draft" with Gyulai. The multi-site clinical trial was conducted in the mid-1990s and funded by GSK (SmithKline Beecham when funding was initiated). It compared Paxil — marketed as Seroxat outside the United States — the firm's new antidepressant, with imipramine, an older, cheaper, antidepressant, and with placebo in treating depression in people with bipolar disorder — a condition with a high suicide risk. Amsterdam alleges that the study: didn't enrol enough patients to come to definitive conclusions; made specious distinctions between subsets of subjects that allowed it to claim a positive result for Paxil in some patients; and played down the side effects of the drug. Nemeroff, the paper's first author, says that the data used withstood rigorous peer review in a process that sent the paper back to the authors for revisions several times. "Right in the abstract under 'results' we report that 'Differences in overall efficacy among the three groups were not statistically significant'," he says. "I don't know how much more straightforward we can be than that."

He adds that "with a 2011 magnifying glass, obviously one would have included in the published paper the use of an editorial assistant". Still, he says: "All [STI] did was

help collate all the different authors' comments and help with references. We wrote the paper."

Paul Root Wolpe, a bioethicist at Emory University in Atlanta, Georgia, who reported to Evans and collaborated with Amsterdam while on the faculty of psychiatry at the University of Pennsylvania, says that the documents imply but do not prove that the manuscript was ghostwritten. But, he says, they indicate "a troubling level of control of pharma over the academic product".

Wolpe adds: "This is not an isolated case, but a systemic problem that needs a coordinated, systemic solution."

CORRECTED: In the original article, Charles Bowden was misidentified as chairman of psychiatry at the University of Texas Health Science Center.

Comments

*If you find something abusive or inappropriate or which does not otherwise comply with our **Terms** or **Community Guidelines**, please select the relevant 'Report this comment' link.*

Comments on this thread are vetted after posting.

#28810

The proper use of medical writers serves a legitimate role in facilitating the timely analysis and presentation of clinical-trial data for public consideration.**performing arts school**
political science school
Psychology degree

Report this comment Posted by: **Jonathan Trott** | 2011-10-28 02:57:09 AM

#39779

I have to admit to being prescribed Seroxat for a period of about 13 months which had to be terminated and replaced with a less harmful substance, I began to feel a sort of anger that I had never before experienced which culminated in feelings of almost unconstrained murderous rage – I actually felt like going on a killing spree – literally. Had I not had psycho-pharm experience I could have shot and killed innocent individuals at random, not all of us are able to recognise and deal with such dangerous drugs.

Report this comment Posted by: **Reb Prole** | 2012-03-02 04:58:04 PM

I know some people taking those pills and they get addicted, once you start, you cannnot stop taking those. There are probably other ways. **#40285**

Alex,
Hot stamp foils

Report this comment Posted by: **Alexis Barnabe** | 2012-03-19 02:06:23 PM

Add your own comment

This is a public forum. Please keep to our **Community Guidelines**. You can be controversial, but please don't get personal or offensive and do keep it brief. Remember our threads are for feedback and discussion - not for publishing papers, press releases or advertisements.

You need to be registered with Nature to leave a comment. Please log in or register as a new user. You will be re-directed back to this page.

Log in / register

Nature ISSN 0028-0836 EISSN 1476-4687

ScienceInsider
Breaking news and analysis from the world of science policy

Penn Psychiatrist Accuses Five Colleagues of Plagiarism

by Jocelyn Kaiser on 13 July 2011, 4:50 PM | 4 Comments

Email Print | 0 More PREVIOUS ARTICLE NEXT ARTICLE

A University of Pennsylvania researcher has accused five colleagues of scientific misconduct for allegedly allowing a drug company to put their names on a paper that they did not write. But although federal officials have said "ghostwriting" may be a form of plagiarism, which is prohibited, it's not clear that the Office of Research Integrity (ORI) would act on this particular case.

The spat involves a June 2001 paper in *The American Journal of Psychiatry* on a small clinical trial of the antidepressant Paxil that was funded by GlaxoSmithKline (GSK) and the National Institute of Mental Health. In a 8 July letter sent by his attorney to ORI, Penn psychiatrist Jay Amsterdam, a co-investigator on the study but not a co-author of the paper, accuses five colleagues of "allowing their names to be appended to a manuscript that was drafted by" Scientific Therapeutics Information (STI), a medical communications company, that had been "hired by" GSK (then SmithKline Beecham). The complaint also says that the widely cited paper "was biased" in favor of the drug's efficacy and safety and that Amsterdam felt that Penn colleague Laszlo Gyulai "misappropriated" his data.

ORI should investigate, the complaint says, because National Institutes of Health Director Francis Collins recently wrote that articles ghostwritten by NIH researchers "may be appropriate for consideration as a case of plagiarism." (ORI only investigates misconduct that took place within 6 years of an accusation, but it makes an exception if the accused scientists are still citing the paper; Gyulai cited it in 2007.)

The accused include Gyulai; Dwight Evans, chair of the Penn psychiatry department; and three researchers at other institutions. They include Charles Nemeroff, who in 2008 was found by Emory University to have failed to report drug company income; he is now chair of psychiatry at the University of Miami.

Live Chat: The Science of Organ Transplantation Thursday 3 p.m. EDT

The complaint has been posted online by the Project on Government Oversight (POGO), a Washington, D.C., watchdog group. Its staff includes Paul Thacker, a former staffer for Senator Charles Grassley (R-IA) who led an investigation alleging that Nemeroff and other psychiatrists hid millions of dollars in drug income from their institutions.

POGO wrote President Barack Obama Monday to complain that because Penn concluded that a separate ghostwriting accusation made by POGO against Evans last fall was unfounded, Penn President Amy Gutmann should step down as chair of the Presidential Commission for the Study of Bioethical Issues. "We do not understand how Dr. Gutmann can be a credible Chair of the Commission when she seems to ignore bioethical problems on her own campus," the letter says.

Penn said in a statement this week that it will investigate the new charges. In response to a request for comment from Gutmann, it referred to a statement from the Department of Health and Human Services. It says: "This issue involves faculty members of the medical schools at a number of universities and any specific questions about these individuals should be directed to their universities. The Presidential Commission for the Study of Bioethical Issues provides a forum for public discourse and is a source of critical, independent advice for the government. The HHS

Office of Research Integrity is reviewing this issue."

One of the five accused scientists, Gary Sachs of Massachusetts General Hospital in Boston, told *Science*Insider that he's "kind of mystified" by the allegations. He said he did not know STI was involved with the manuscript but that he came to Philadelphia to work on the first draft with Laszlo. He recalls discussing revisions of the paper with Nemeroff, the lead author, after it was submitted. He also notes that two co-authors were GSK employees. "Why would they ghostwrite it when they had two real authors?" he asks. (However, these two authors' affiliations were not stated in the paper.)

Nemeroff referred *Science*Insider to comments he made to *Nature* saying that while STI assisted the authors, "We wrote the paper." Another accused co-author, Charles Bowden of the University of Texas Health Sciences Center in San Antonio, did not respond to an e-mail.

It's not clear that ORI itself would investigate the complaint, says University of Michigan historian and former ORI consultant Nicholas Steneck. He points out that while ORI in a few cases has found misconduct involving plagiarism, the office leaves it to institutions to handle authorship disputes. And differences of opinion are excluded from the federal definition of scientific misconduct.

"If the only charge is ghost authorship and the disagreement is seen as a scientific disagreement, then I would think it would be unlikely for them to take up the case," Steneck says.

Concerns about ghostwritten articles have led journals to crack down on the practice in the last few years. NIH's views on the matter have also evolved. Draft conflict of interest regulations issued last summer include "paid authorship" in a list of activities that NIH grantees must report to their institutions for review. The final rules are still not out; POGO blames the holdup on objections from institutions to a requirement that they publicly disclose their faculty' conflicts online.

Follow ***Science*Insider** *on Facebook and Twitter*

Posted in Biomedicine | Education | Science Community

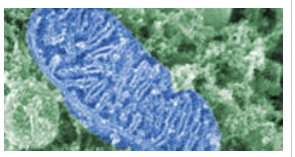
Related on Insider

JUNE 15, 2012

Senate Panel Approves $100 Million Boost for NIH in 2013

JUNE 12, 2012

Five More Companies Join NIH's Drug Reuse Program



JUNE 11, 2012

Therapy for Mitochondrial Disease Is Ethical, Says Nuffield Council

Steve

Lots of papers have names of people who did not have any part in writing the manuscript, performing the expts, or even in study design and hypothesis.

This is nothing new, and certainly not restricted to drug companies.

http://www.youtube.com/watch?v

With the finding that human pheromones run just about everything, psychiatry is going the way of the dodo. Everyone knew it was a pseudoscience. Throwing it on the wall to see what sticks isn't scientific or logical. See Nicholson, B. 1984; Does kissing aid human bonding by semiochemical addiction? British Journal of Dermatology 111(5):623-627.

Nicholson, B. 2011: Of Love 2nd Edition Textbook of medical science: exocrinology. http://www.amazon.com/dp/14565...

Nicholson, B. 2011: Exocrinology The Science of Love 2nd Edition Human Pheromones in Criminology, Psychiatry, and Medicine.
http://www.amazon.com/dp/B0051...

Psychiatrist files ghostwriting complaint against Harvard doctor and four others

Mass General, Harvard University Psychiatrist files ghostwriting complaint against Harvard doctor and four others

BOSTON GLOBE
July 12, 2011 6:19 PM

By Liz Kowalczyk, Globe Staff

A University of Pennsylvania psychiatrist filed a complaint with the federal Office of Research Integrity accusing five psychiatrists, including Dr. Gary Sachs of Massachusetts General Hospital, of scientific misconduct.

Dr. Jay Amsterdam, a psychiatry professor at U.Penn., said that the five physicians allowed their names to be appended to a manuscript that was drafted by medical communications company Scientific Therapeutics Information, hired by SmithKline Beecham, now GlaxoSmithKline. The paper, he said in his July 8 letter to federal officials, misrepresented information from a research study on the antidepressant drug Paxil.

The manuscript was published in the American Journal of Psychiatry in 2001, and has been cited in hundreds of medical journal articles, textbooks, and practice guidelines. Amsterdam said the paper suggested that Paxil may be beneficial in the treatment of bipolar depression, without acknowledging the medical communication company's contribution or the extent of GSK's involvement.

E-mails that Amsterdam included with his complaint letter draw a picture of a political battle between Amsterdam and one of the paper's authors, Dr. Laszlo Gyulai, associate professor of psychiatry at U.Penn, but also suggest that Scientific Therapeutics was deeply involved in publication of the research.

Amsterdam, who enrolled patients for the study, accused Gyulai of "misappropriating" his data and publishing it without his knowledge.

The e-mails between Amsterdam and several colleagues at U.Penn. also say, for example, that the medical communications company decided who would be the first author of the paper and that many participants "never had a chance to review or even just see the manuscript before it went to press.''

Many leading medical centers and medical schools, including Mass. General and Harvard, have policies prohibiting researchers from lending their names to papers that are "ghostwritten'' by industry.

The doctors Amsterdam names are: Dr. Dwight Evans, chairman of the psychiatry department at the University of Pennsylvania; Sachs, a Harvard Medical School professor; Gyulai; Dr. Charles Nemeroff, chairman of the psychiatry department at the University of Miami; and Dr. Charles Bowden, chairman of the psychiatry department at the University of Texas.

U.Penn. said it will investigate the allegations.

Harvard Medical School spokeswoman Gina Vild declined to comment.

The Office of Research Integrity did not return calls from the Globe asking whether it will investigate the complaint.

Sachs said in an e-mailed statement that he was “perplexed” by the allegations. “These allegations are simply inconsistent with my experience and the finding of the study,” he wrote. “When the data became available, I went to Philadelphia to help Dr Gyulai draft the manuscript. We started with a blank page. We passed several iterations between us and then to the other authors.”

He added that the manuscript was peer-reviewed and published in a high quality journal, and that the primary finding was that “neither of the antidepressants added benefit beyond that of lithium alone. It is this finding that is so frequently cited in the scientific literature.”

Liz Kowalczyk can be reached at - kowalczyk at globe dot com
Related Articles:

Soc
DOI 10.1007/s12115-012-9552-x

COMMENTARY

Medical Ghostwriting: A University–Sanctioned Sleight of Hand?

Jonathan Leo · Jeffrey R. Lacasse

Aside from academic medicine, when most people hear the term "ghostwriter" they think of a paid writer who authored a speech, article, or book without credit. Over the past decade, for virtually every blockbuster medication released, there have been allegations that some of the peer-reviewed papers essential for their commercial success were ghostwritten. The most recent case revolves around two professors of psychiatry at the University of Pennsylvania who were accused of involvement with a ghostwritten paper on the use of the best-selling antidepressant medication, Paxil. Following the charges, the university conducted an internal investigation and, last week, announced that the professors were innocent. The most important ramification of the UPenn investigation, though, is that instead of indicating a vigilant response to ghostwriting, it (perhaps inadvertently) actually sanctions ghostwriting.

As we examined the results of the investigation, we were struck by the fact that the investigative panel seemed to confuse honorary authorship with ghostwriting. To be sure, both are problems in academia, but there are important differences. Honorary authorship consists of someone being placed on the authorship line who did not truly deserve to be listed as an author- often a department head or well-respected senior researcher in the field. As we have recently argued, ghostwriting is a simpler issue to ascertain, by asking the straightforward question: Was there a writer who contributed significantly to the paper, who *was not listed as an author*? If the answer is yes, the paper was ghostwritten. This is not just our perspective. In a recent research article on ghostwriting, the editors of *JAMA* defined a paper as ghostwritten when, "An individual who was not listed as an author made contributions that merited authorship," or "An unnamed individual participated in writing the article."

The primary conclusions of the University of Pennsylvania investigation did not result from scrutinizing the paper for a ghostwriter, but were instead explanations for why the listed authors deserved to be on the byline. In fact, as reported in the *Philadelphia Inquirer*, "Susan Phillips, a spokeswoman for the medical school, did not respond to a question about whether the medical writing firm wrote the study or edited the researchers' writing." The final statement concludes that although a medical writer (a subcontractor working for the makers of Paxil) helped write the paper, the listed authors "satisfied all authorship criteria and the publication presented the research findings accurately." Even if the UPenn professor's deserved to be on the byline, if the byline omitted a deserving author then the paper was ghostwritten.

The statement goes on to say that authorship standards have changed in the last decade, and that in 2001, the authors were not breaking any rules. However, regardless of all the other issues involved with this case, this seems to contradict a statement in Senator Charles Grassley's 2010 report on ghostwriting which stated: "Penn Medicine does not use the term 'ghostwriting' in its authorship policies, but stated that it has policies against plagiarism and it considers ghostwriting to be the equivalent of plagiarism." But, regardless of UPenn's *past* policy, what is of more concern is their *new* policy, which calls for acknowledging assistance.

According to the results of the recent investigation "… current Perelman School of Medicine policy and journal practice call for acknowledgment of the assistance of a medical writer….." Thus, the University of Pennsylvania

Leo and Lacasse have published several articles on medical ghostwriting and the chemical imbalance theory of depression.

J. Leo (✉) · J. R. Lacasse
Arizona State University,
Phoenix, AZ 85004, USA
e-mail: Jonathan.leo@lmunet.edu

J. R. Lacasse
e-mail: jeffrey.lacasse@asu.edu

Published online: 31 May 2012

is setting an institutional norm for authorship where it is appropriate for medical writers to simply be acknowledged at the end of the article, often in small print, for providing "editorial assistance." This despite the fact that it is well-known that medical writers often write the vast majority of such articles, frequently the first drafts, and are paid employees of the pharmaceutical company with a product to sell. Medical researcher Peter C. Gøtzsche and colleagues note that such acknowledgments are a euphemism for…"XX from Company YY wrote the paper." It would be a simple matter to avoid all this by simply listing medical writers as authors, thus presenting authorship transparently (a plan advocated by one notable medical writer), while we can think of only one reason not to do so: Allowing the listing of an author in the acknowledgement section is an academic sleight of hand that obscures a conflict-of-interest from the readers.

Some might say that listing authors in the acknowledgement section is full disclosure, but "editorial assistants" are not listed in pub med, are not listed in the abstract, they are not cited, and they are not called by the media to talk about the importance of a study. And, other than minimizing the company's role in the study, there seems to be no good reason for not giving them their due credit. In a sense, the published paper also carries the endorsement of the university employing the named authors. The only parties to benefit from re-defining authorship in this way are pharmaceutical companies, who we know from their own internal documents, see the peer-reviewed literature primarily as a venue for promoting their products. Forest Pharmaceutical's marketing plan for the antidepressant Lexapro states: "Bylined articles will allows us to fold Lexapro's message into articles into depression, anxiety, and comorbidity developed by (or ghostwritten) for thought leaders."

Usually the acknowledgment section is reserved for those who did not rise to the level of author. Listing the primary authors in the acknowledgements rather than the byline represents a fundamental change in how science operates. Importantly, the usual explanations offered to explain why papers that omit industry-funded authors from the byline are not ghostwritten such as the work was peer-reviewed; the research is accurate; the lead author is a great scientist; the average reader cannot detect bias in the paper, have nothing to do whatsoever with the issue. Imagine a *Newsweek* cover story praising Toyota whose first draft was written by a Toyota employee who was not included in the byline but instead was thanked for "editorial assistance." The general public would hardly stand for this behavior in the popular press. Likewise, it would be hard to imagine the *Newsweek* editors using any of the excuses used by academics to defend this practice. Most people from outside the halls of academia would probably be surprised that the idea of not listing all the authors on a paper's byline is even debatable. If the byline, which is usually the second line of a paper and right underneath the title, is not accurate, why should readers trust the rest of the paper?

Although we have no doubt that many faculty at UPenn would like to eliminate ghostwriting, this is not actually reflected in their policy. The most famous ghostwritten paper in the peer-reviewed literature is Study 329, a failed pediatric study of Paxil that selectively reported positive results while downplaying the adverse effects. In the scientific paper resulting from Study 329, medical writer Sally Laden was *acknowledged for editorial assistance*, even though she wrote the first draft of the paper, and was involved in all the subsequent drafts. Yet, although this study is openly referred to in the peer-reviewed literature as being ghostwritten, according to the UPenn's investigational panel, it would not be considered ghostwritten. UPenn's policy (and that of many other academic medical centers) of allowing papers with invisible authors is nothing but an endorsement of ghostwriting.

This leads to many implications for both academic research and the education of aspiring health professionals such as physicians and nurses. In terms of research, it is obvious that there are an undetermined (but large) number of ghostwritten papers in the peer-reviewed medical literature. Systematic reviews and meta-analyses of topics where pharmaceutical companies have a stake need to be re-examined with this in mind. There is currently no mechanism in place for handling known ghostwritten papers, and many continue to be cited favorably. Academia might also rethink the perception of pharmaceutical industry-affiliated professors far from retirement who already have nearly 1,000 publications on their curricula vitae. Rather than regarding them as luminaries, we might wonder how many of their publications are ghostwritten, especially in the 1990s and 2000s when, according to the UPenn investigation, policies were not in place to prevent ghostwriting.

Critics of ghostwriting are not calling for a ban on joint research projects between company employees and university researchers, nor on the use of medical writers, but are instead simply asking for accurate bylines. When a medical writer deserves to be called an author they should be listed on the byline. And it's not as if this approach is unheard of. Some companies such as Eli Lilly frequently do just this, listing the company employees as authors. Likewise, accurate bylines are hardly the sole solution to all the problems with conflicts of interest in medicine, but they are a fairly simple step in the right direction. One can only speculate, but given accurate authorship bylines would the medical community have approached the clinical trial literature supporting the use of the blockbuster medications with just a bit more skepticism?

The significance of the shift in authorship guidelines that UPenn is describing has yet to be fully appreciated by the

wider academic community, and many academics, along with the general public, will find it astonishing, or at least perplexing. To retain the credibility and the mission of rigorous scientific investigation, academic medicine must take a strong stance against ghostwriting, a stance that is consistent with authorship norms across the university.

Further Reading

Healy D, Cattell D. 2003. Interface between authorship, industry and science in the domain of therapeutics. *British Journal of Psychiatry* [Internet], Jul 1 [cited 2011 Feb 2];*183*(1), 22–27. Available from: http://bjp.rcpsych.org/cgi/content/abstract/183/1/22

Jureidini, J. N., McHenry, L. B., & Mansfield, P. R. 2008. Clinical trials and drug promotion: Selective reporting of study 329. *Intern Journ Risk and Safety in Medicine*, *20*(1–2), 73–81.

Lacasse JR, Leo J. 2010. Ghostwriting at elite academic medical centers in the United States. *PLoS Medicine* [Internet], Feb 2;*7*(2), e1000230. Available from: http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.10002

Matheson, A. 2011. How industry uses the ICMJE guidelines to manipulate authorship—and how they should be revised. *PLoS Medicine* [Internet], *8*(8), e1001072. doi:10.1371/journal.pmed.1001072. Available from: http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001072

Moffatt B, Elliott C. 2007. Ghost marketing: Pharmaceutical companies and ghostwritten journal articles. *Perspectives in Biology and Medicine* [Internet], [cited 2011 Feb 2];*50*(1), 18–31. Available from: http://www.webcitation.org/5wJIVyU8j

Sismondo S. 2007. Ghost management: How much of the medical literature is shaped behind the scenes by the pharmaceutical industry? *PLoS Medicine* [Internet]. Sep [cited 2011 Feb 2];*4*(9), e286. Available from: http://dx.doi.org/10.1371/journal.pmed.0040286

Jonathan Leo is Professor of Neuroanatomy at Lincoln Memorial University in Harrogate TN. **Jeffrey Lacasse** is Assistant Professor of Social Work at Arizona State University.

•

Critics respond to dismissal of ghostwriting accusations

Negative responses from critics come after misconduct charges were levied last week

By Prameet Kumar · March 11, 2012, 11:43 pm

Some bioethics experts are criticizing Penn's dismissal of the research misconduct charges levied by a psychiatry professor against two of his colleagues in the department.

Last July, professor Jay Amsterdam alleged that a paper published in 2001 under the names of Psychiatry Department Chair Dwight Evans, professor Laszlo Gyulai and three researchers unaffiliated with Penn had actually been ghostwritten by a company hired by the manufacturer of the drug that the paper was examining.

A faculty inquiry committee convened by the Perelman School of Medicine concluded that "there was no plagiarism and no merit to the allegations of research misconduct," according to a statement released earlier this month.

"While current Perelman School of Medicine policy and journal practice call for acknowledgment of the assistance of a medical writer," the statement read, "the committee concluded that guidelines in place in 2001 did not."

The University currently forbids medical ghostwriting, considering it to be the equivalent of plagiarism.

Evans expressed his approval of the committee's conclusions.

"After a thorough review, the inquiry committee concluded that each and every allegation lacked substance and credibility," he wrote in a statement. "The committee found that all criteria for authorship were met and that the complaint of research misconduct was without merit."

But some bioethics experts from outside the Penn community found the inquiry committee's argument lacking.

"The conclusion they came to was wrong," said Georgetown University professor of pharmacology Adriane Fugh-Berman, who studies pharmaceutical marketing practices and the culture of medicine. She referred to the verdict as a "cop-out."

"There may have been other things that [the researchers] could have been sanctioned under," she said. "It's not enough to do the research. You have to write it up."

Eric Campbell, a professor of medicine at Harvard Medical School who studies physician conflict of interest, said it "seems very disingenuous" to dismiss the charges of ghostwriting simply because there were no official rules at the time.

"People in academics know it's not okay," he said. "Do you think a student would have been let off? If students know, faculty should know … It's against the basic tenets of science."

Campbell said Penn's failure to reprimand Evans and Gyulai sends a message that "if you're a very senior member of a faculty, the rules don't apply to you."

Fugh-Berman, too, said the conclusion of the inquiry committee speaks to the larger academic culture in which "universities are loath to accuse their own faculty."

"It's too bad that Penn didn't take a stronger stance," she said.

For the inquiry committee to have found research misconduct on the part of Evans and Gyulai, it would have had to satisfy three requirements — a "significant departure from accepted practices," intentional or reckless misconduct and a preponderance of evidence, according to the University's Procedures Regarding Misconduct in Research published in 2003.

Medical School spokesperson Susan Phillips defended the inquiry committee's conclusion, writing in an email that "the review clearly concluded that this was not a case of ghostwriting or plagiarism."

"It's important to note that this was not a case in which a drug company conducted a study and then asked a university professor to put his name on the paper and claim it was his or hers," she wrote. "Doctors Evans and Gyulai were legitimate authors of the publication who met all the authorship criteria, i.e., they collected data, participated in the data analysis and contributed to the writing of the paper as co-authors. Any other conclusion fails to meet a factual test."

The inquiry committee also found that Amsterdam, who had claimed that he should have been listed as an author of the paper, "did not meet with the journal's guidelines for authorship."

Amsterdam's lawyer, Bijan Esfandiari, plans to submit a point-by-point response to the University's conclusions to the Office of Research Integrity, which is in the midst of its own investigation into Amsterdam's allegations, and a United States Senate Committee that is currently investigating medical ghostwriting.

“How can you say that, in 2001, it was okay to plagiarize?” Esfandiari said. “You don’t have to have it in a written rule.”

In 2010, Evans was accused of research misconduct by government watchdog group Project on Government Oversight.

“While we support any effort to promote scientific integrity, we believe that the allegations of ghostwriting made by POGO … are unfounded,” Phillips wrote in an e-mail at the time.

POGO has also criticized Penn President Amy Gutmann’s handling of these allegations on campus. Last year, it called for her removal from her position as chair of Barack Obama’s Presidential Commission for the Study of Bioethical Issues.

“We do not understand how Dr. Gutmann can be a credible Chair of the Commission when she seems to ignore bioethical problems on her own campus,” Danielle Brian, POGO’s executive director, wrote in a letter to Obama.

Gutmann has not been removed and was, in fact, reappointed as chair last month.

Related

Campus ghostwriting charges haunt Gutmann

Professors accused of ghostwriting

Last updated March 12, 2012, 11:35 pm

Filed under: News
Permanent link: http://thedp.com/r/581f006a

Comments (3)

Bernard Carroll

March 12, 2012, 1:57 pm

Flag this comment

Let me see if I have got this right: The University says Dr. Amsterdam “… did not meet with the journal’s guidelines for authorship.” This appears to mean he was not one of those who “collected data, participated in the data analysis and contributed to the writing of the paper as co-authors.”

Here the University throws sand in our eyes. Dr. Amsterdam is a distinguished clinical investigator in psychopharmacology, with a record far exceeding that of Dr. Evans or Dr. Gyulai in that area. Dr. Amsterdam’s clinic was brought into the study as a late recruitment site because the nominal leaders of the study (Nemeroff, Evans, Gyulai) were seriously behind schedule. Dr. Amsterdam personally recruited more subjects than were obtained through the personal efforts of Drs. Nemeroff, Evans and Gyulai combined. And then, after Dr. Amsterdam had turned things around, the nominal leaders (Drs. Nemeroff, Evans and Gyulai) refused to include him in the data analysis and writing steps, and so excluded him from co-authorship status. Had they included Dr. Amsterdam then Drs. Nemeroff, Evans and Gyulai would not have needed to rely on a ghost writer paid by the pharmaceutical company – Dr. Amsterdam knows how to write scientific papers even if the nominal authors of this paper don’t.

And the University condones this behavior?

Ernie Nounou

March 12, 2012, 2:46 pm

Flag this comment

@Bernard Carroll – Firstly, she IS “The University”, all titles and org charts notwithstanding!

Secondly, when have you known her to take a courageous stand on a controversial matter that contains an element of risk? Her actions or inactions, be they the VA scandal, the brutish and retributive behavior against an honored alum who exercised free speech (which she takes so much pride in), etc. – all appear calculated to tamp down controversy and avoid a hit to her resume .

While this is de rigeur for a CEO in the private sector, it can be very regrettable at certain times for the leader of an “eminent” university.

Evelyn Pringle

March 13, 2012, 10:22 am

Flag this comment

Whenever one of these ghostwritten papers comes under a spotlight, I think the names of all the authors who signed off on it should be listed. That way readers could see how many times the same peoples' names appear over and over and over again on papers they used to pad their resumes but never wrote.

Comments are closed for this item.

The George Costanza Excuse for Medical Ghostwriting

Posted on March 2, 2012 by Jonathan Leo, Ph.D. / Jeffrey Lacasse, Ph.D.

Several months ago, two professors at the University of Pennsylvania were accused of ghostwriting. The university has now announced that its own internal investigation has found that the professors were not guilty of any misconduct. However, the charges, countercharges, the committee report, and several of the media articles go back and forth between charges of honorary authorship and ghostwriting as if they are the same exact thing.

Last year we wrote a paper that attempted to define ghostwriting, and to differentiate it from honorary authorship. These are two very different concepts. Honorary authorship is getting credit for co-authoring a

paper when the listed author didn't make enough of a contribution to meet authorship guidelines; ghost authorship means that someone co-authored the paper (usually a drug company employee or subcontractor) and should have been listed as a co-author, but wasn't. Our main point was that if one wants to determine if a paper was ghostwritten there is one and only one question under consideration: Did the paper's byline omit someone who deserved to be called an author? Thus, as far as the ghostwriting charge, the only job for the University's of Pennsylvania's Internal Committee was to determine if someone who made a significant contribution to the paper was left off the byline. It doesn't matter if the named authors did a significant amount of work, or if the paper is accurate, or if it was peer-reviewed, or if the named authors signed off on the final copy – all of these excuses are common in the ghostwriting literature.

When one looks at the paper under scrutiny at UPenn there were eight named authors- five academicians and three from a writing company contracted by Glaxo. Unless there was another author out there who was not mentioned we think this would mean the paper should not be considered ghostwritten. Unfortunately, the paper did not mention that the three non-university authors were employees of a medical writing company hired by Glaxo. Certainly, this is something that readers should have known, but even this lack of forthrightness does not constitute ghostwriting. According to the news reports it was *The American Journal of Psychiatry* that left out the company affiliations of the three drug company employees and not the paper's authors.

Now, it is true that there are a whole host of other accusations about the paper such as: it is misleading, it came to faulty conclusions, the named authors used someone else's data, it is biased, that the named authors don't deserve to be listed as authors, etc… Granted these are serious accusations, however, they don't all fall under the category of "ghostwriting." Keep in mind that even though it might not have been ghostwritten, it was company-written and most people know that company-written papers often include a marketing message.

Unfortunately, regarding the ghostwriting charges, the administrators have muddied the water with all kinds of statements in the media that do not directly relate to the ghostwriting. For instance, in their discussion of ghostwriting they have said that "Drs. Evans and Gyulai satisfied all authorship criteria…" That's great news that they deserve to be called authors, but was there someone else who also deserved to be called an author?

The administrators have also said the, "…publication presented the research findings accurately." Again, whether the paper was accurate or not has no bearing on whether it was ghosted. Even if the paper's findings were wrong, or slanted, this wouldn't have mattered for the ghostwriting question. Besides, its not up to a committee to determine if the paper was right or wrong. It's up to individual readers to come to their own conclusions. And one of the elements that goes into that decision is knowing who wrote the paper. Whether or not readers are going to trust a company written paper is up to the readers. In this day and age, only a very naive physician could believe that when it comes to making a clinical decision that a paper co-authored by a drug company is a true evidence-based look at data; we know that drug companies see peer-reviewed articles as a venue to sell their products- so it's important to know if they co-authored the paper. Readers want to know who wrote the paper- not that a committee at UPenn thought it was accurate.

The university also says that at the time the paper was published the professor's actions did not constitute "a deviation from accepted practices as they were understood at the time." However, whether it was in writing or not, ghostwriting has never been considered acceptable in the University at large- it wouldn't be tolerated in a humanities department, for instance- and it's very awkward to see a high-ranked University suggesting that talented researchers simply didn't know that it's unacceptable to cooperate in deceiving the public about the authorship of important research. In fact even the Penn Medicine administrators understood this concept last year when they responded to Charles Grassley's questioning of Universities about medical school ghostwriting polices. Penn Medicine's response (at that time, so says the Grassley report) was that we didn't need a policy: "Penn Medicine does not use the term "ghostwriting" in its authorship policies, but stated that it has policies against plagiarism and it considers ghostwriting to be the equivalent of plagiarism."

One of the comments in a piece in the *Chronicle of Higher Education* about this defense humourously hits the nail on the head: "This reminds me of the Seinfeld episode in which George was being fired by his boss for having sex with the cleaning lady on his desk. George's paraphrased response: "Was that wrong? I gotta tell you, if I knew that wasn't allowed here, I never would have done it."

Unfortunately, for the only important question that the internal committee should have been addressing, the administrators have made a comment that raises even more questions: "Susan Phillips a spokeswoman for the medical school, did not respond to a question about whether the medical writing firm wrote the study or edited the researchers writing." But, this is the most important question- if unamed medical writers were significantly involved, *then it was ghostwritten*. How can they not comment on this? This leaves us wondering if indeed there are some ghost authors of this piece. If the university won't comment on the most important part of the case then one wonders why the review was even done in the first place. This would have been like NASA's *Columbia* Accident Investigation Board, after its year-long review, announcing "We are not going to make any comments about why the *Columbia* exploded."

But, more importanly, as everyone involved tries to move forward and curtail ghostwriting, the biggest problem of all is how Penn Medicine has defined ghostwriting and what this means for academia. Their report states that under their new standards, professors would now have to acknowledge that they had assistance from a medical writer. But this does nothing to solve the ghostwriting problem. In fact it does just the opposite. By implementing a standard which allows professors to simply mention company employees in the acknowledgment section the university is sanctioing ghostwriting. It sets a disturbing new norm for academia, where the person who actually wrote the majority of the paper is acknowledged in small print at the end of the article, while the listed authors have a much smaller role.

As an example of how their definition of ghostwriting would do nothing to solve the problem, take Study 329, the most famous ghostwritten paper of all time. The reason it is considered ghostwritten is because one of the major authors of the paper, Sally Laden, was simply mentioned in the acknowledgement section. If we follow the reasoning that it is acceptable to mention authors in the acknowledgement section, then Study 329 should not be considered ghostwritten, and if 329 is not ghostwritten, then nothing is.

There is nothing wrong with companies being involved with research, but when a company employee deserves to be called an author, they should just put their name in the byline. Some companies such as Eli Lilly have frequently done just this, listing the company employees as authors, so it is not as if this approach is unheard of. This happens all the time and these papers should not be considered ghostwritten. Calling an author an author is not a complicated matter. To see a university going through all kinds of machinations to get around such a basic concept, which is so integral to their central mission, only fuels the fire of those who think universities are out of touch.

The case is still under consideration by the Department of Health and Human Services. Let's hope that they understand how to determine if a paper has been ghostwritten.

If you would like to read more about this, several months ago we published a paper in *Society*, entitled, "Why does Academic Medicine Allow Ghostwriting? A Prescription for Reform."

 This entry was posted in Blogs and tagged academia, ghostwriting, Penn by Jonathan Leo, Ph.D. / Jeffrey Lacasse, Ph.D.. Bookmark the permalink.

2 thoughts on "The George Costanza Excuse for Medical Ghostwriting"

1. Phillip Miller on March 2, 2012 at 4:38 pm said:

   I find it very Interesting that Amy Gutmann, president of the U. of Pennsylvania, was chairman of the Presidential Commission for the Study of Bioethical Issues while the university reviewed a ghostwriting complaint against the chairman of its psychiatry department.

   Why is she still president?

   Log in to Reply
2. deborah mckenna on March 6, 2012 at 8:39 am said:

   It's Costanza, not Constanza.

   Log in to Reply

Leave a Reply

Please register and log in to post a comment.

Calendar of Events

Innovative Solutions for Building Recovery With Alternatives to Psychotropic Medications
September 20-21, Freeport Maine

Submit listings

Resources Section

This section will provide information about medication-tapering resources and services, therapeutic communities, support groups, and providers of alternative forms of care. Please see contact page to submit information.

Community Forums

Forums to come. Please see contact page for more information.

Pharmalot.com

UPenn Looks The Other Way At Ghostwriting

By Ed Silverman // March 1st, 2012 // 9:02 am 9 Comments

The University of Pennsylvania has denied allegations made by one of its professors that several other academics – including his department chair – allowed their names to be added to a medical journal manuscript, but gave control of the contents to GlaxoSmithKline, according to his attorney. The study, which was funded by the drugmaker and the National Institutes of Health, looked at the impact of the Paxil antidepressant on patients with bipolar disorder.

At the same time, the university has acknowledged a claim by the professor, Jay Amsterdam, that the 2001 study was ghostwritten by Scientific Therapeutics Information, his attorney tells us. However, he says the university is not planning on taking any action in connection with the ghostwriting. The study, which was published by the American Journal of Psychiatry (see here), did not mention that STI played any role (here is an email in which STI employee Sally Laden discusses that she would work on the paper).

"They said his allegations were not meritorius, although they did find that the publication at issue was ghostwritten," says Bijan Esfandiari, the attorney, citing a letter and other documents he received from the university. "They acknowledged that a marketing firm was involved in drafting, and everything associated with, the issue. But in response to our complaint, they said that, at the time these events took place, which was between 1998 and 2001, ghostwriting was standard practice and everyone was doing this, so therefore, we're not going to punish any individuals."

We asked the university for a response, but have not received a reply. We will update you accordingly. [**UPDATE**: Late Thursday, March 1, UPenn sends us a statement that mirrors what Esfandiari tells us. You can read it right here.]

Amsterdam, 62, last year filed a complaint with the federal Office of Research Integrity charging scientific misconduct. In a letter to the ORI, he alleged "the published manuscript was biased in its conclusions, made unsubstantiated efficacy claims and downplayed the adverse event profile of Paxil." He also claimed he was a co-principal investigator, but was excluded from the final data review, analysis and publication (here is the letter).

As we noted at the time the complaint was lodged, the letter accused the published authors of

engaging in scientific misconduct by allowing their names to be attached to the study, which has since been cited more than 250 times over the past decade (here is a partial list). The listed lead author was Charles Nemeroff, the chair of the University of Miami psychiatry department, who was a poster boy for undeclared conflicts of interest among academic researchers and a purported co-author of a book that was published by the American Psychiatric Association, but composed by STI (read this).

Along with the letter to ORI, Amsterdam attached numerous documents that he sent as evidence that "most, if not all" of the authors were chosen by Glaxo. The documents indicated that Amsterdam, who actively enrolled many patients in the study, protested his exclusion from the review and publication to another of the authors, Dwight Evans, who chairs the Penn psychiatry department, and was his supervisor (see this, this and this). We left a message for Evans, but he has not responded. For its part, the university last year promised to conduct an investigation.

However, Esfandiari tells us that pertinent documents were offered by STI to the university under a protective order, but the school declined to pursue them because it was uncomfortable with the terms of the order. "Penn chose not to get them or review them or include them in their investigation," he says. Esfandiari was aware of the documents since his firm has filed litigation against Glaxo over Paxil side effects and marketing. Meanwhile, he says Amsterdam will file objections with the ORI, as well as Senator Chuck Grassley, who investigated ghostwriting, medical journals and drugmakers.

At the time that Amsterdam lodged his complaint, by the way, a Glaxo spokeswoman wrote us to say that Glaxo employees were involved in developing the manuscript and were listed as authors...but the "article was written more than 10 years ago and we do not have details about the development of the manuscript." She added that Amsterdam's involvement in the study is noted in the acknowledgments section of the published manuscript.

We should note that the episode offers a dash of irony. University president Amy Gutmann also chairs the Presidential Commission for the Study of Bioethical Issues (see here). When the Amsterdam complaint was filed, the Project on Government Oversight, a watchdog group that has tracked the NIH and conflicts of interest, wrote President Obama to ask that Gutmann be removed from her position. Why? She is tasked with setting the tone and course of the national bioethics mandate, but is overlooking ghostwriting at her own university (see this).

Equally ironic, a 1999 article in The Lancet quotes Arthur Caplan, who heads the Center for Bioethics at the University of Pennsyvlania, as saying this about ghostwriting: Wherever the article appears, "the reader has a right to expect that the person whose name is on an article in a scientific journal is the person who wrote it. I don't think we should have to be looking for ghosts, goblins, or any other sprites that might have been involved, but aren't credited or acknowledged." Gutmann, however, is apparently ignoring the opinion of her own faculty expert.

ghost pic thx to mattwilson on flickr

Comments

harpy
March 1st, 2012
10:14 am

and they seem to be only mildly interested in allegedly stolen research

Elmore
March 1st, 2012
10:39 am

There are literally thousands of people who took part in the whole ghostwriting industry, and probably tens of thousands who knew about it. It was the standard for a long, long time.

Bernard Carroll
March 1st, 2012
12:24 pm

No, Elmore, it wasn't the standard for a long, long time. It was widespread but it wasn't the standard. I have been in academic psychiatry since 1967. I saw the corruption take hold. I saw the leadership of professional societies look the other way. I had plenty of consulting and teaching interactions with Pharma over the years. But ghostwriting was out of the question. That was only for sleazebags. Nemeroff made it an art form, and a lot of people like Evans who went along with him to get along with him now can rue the day.

Michael S. Altus, PhD, ELS
March 1st, 2012
2:52 pm

Dr. Carroll (March 1, 2012; 12:24 pm), the corruption started taking hold before you started off in academic psychiatry in 1967.

Prominent psychopharmacologist Nathan S. Kline, MD, keenly presaged most all of the abuses in the relationship between psychiatry and the pharmaceutical industry in an editorial, "Relation of Psychiatry to the Pharmaceutical Industry", published in AMA Archives of Neurology and Psychiatry. 1957 (June), Volume 77, pages 611-615.

One of the many abuses the Kline referred to is "We write it, you sign it.":

"There is certainly nothing immoral about sending the draft of an article dealing with a drug to the appropriate pharmaceutical house for comment which may provide information unknown to the author (published or unpublished), but is certainly below professional dignity to have the pharmaceutical house write the article, to which the investigator merely affixes his signature.... [This and other abusive] incidents have occurred within the past year...."

Tim
March 1st, 2012
3:40 pm

"...and downplayed the adverse side effects of Paxil...")

And just today in the L.A. Times, a front-page story of a 32 year old mother who stands accused of drowning her two young daughters in a bathtub. The mother was "suffering from anxiety and was on antidepressants. She had burning pain in her back and her stomach. 'She felt like she was going to die'...said her husband. "Nobody listened to her."

Lest it seem that downplaying adverse side effects is a harmless exercise.

Michael S. Altus, PhD, ELS
March 1st, 2012
3:54 pm

Elmore (March 1st, 2012, 10:39 am),

I don't know how many people took part in "the whole ghostwriting industry." In various public forums, and now here, I have admitted to being one of them, which I regret.

It is hard to know how many medical writers have taken part because ghostwriting is intended to be concealed.

Besides, untoward pharmaceutical company input into articles, particularly narrative reviews (a review in which an author selects what to discuss), works differently now.

A pharmaceutical company contracts with medical communications company to develop an article. The medical communications company recruits an opinion leader to be named as author of the article. The medical communications company and the opinion leader agree on an outline, and then company writers search the literature and prepare drafts for the "author's" approval. An acknowledgment names a medical writer working at the medical communications company "provided editorial assistance," and that the pharmaceutical company supported development of the manuscript.

In this way, ghostwriting has not occurred because the writer's involvement has been disclosed. However, given that the writer's contribution has been as author of the ideas besides being writer of the words, the writer should be identified as an author and not merely acknowledged for providing editorial assistance.

For two examples describing aspects of this procedure, go to two blog entries:
1. "Why I Shouldn't Read Non-Systematic Review Articles: Special Pleadings and Undercover Authors" (December 16, 2010), at Health Care Renewal (http://tinyurl.com/3cdwh9n).

2. “Subject: Invitation to Author a Review Article” Dec. 6, 2009), at the Carlat Psychiatry Blog (http://tinyurl.com/2bzefj3).

original industry insider
March 1st, 2012
4:12 pm

If the means justify the ends, then just maybe if what Dr Kline did to pull in a few bucks to help establish an entire mental health institute named in his memory, then I’m willing to cut him a break. Let’s not throw the baby out with the bathwater here.

In psychiatry, when a mental status examination is performed, it is customary to ask the patient to interpret the following proverb: “people who live in glass houses shouldn’t throw stones”. That proverb could be applied to most of the posters, who should examine their own consciences before being so quick to judge the “malfeasence” of others.

http://www.rfmh.org/nki/

Betsy
March 1st, 2012
6:05 pm

In 1998, a professor of psychiatry from Oslo, Norway was to have presented the successful trials of Paxil at a medical conference I had in Manhattan. He phoned me before the conf to tell me that he would not be able to report on Paxil’s success, since it failed the latest trial. I told him please to come to my conf. anyway and to present his findings.

That was 14 years ago, and we’re still selling, marketing and manufacturing that very same drug.

Elmore
March 2nd, 2012
7:49 am

I didn’t say the practice was good, especially in hindsight. I did say it was very common and many people knew about it and took part. This is a plain fact. It made a lot of money for a lot of people. It enabled the marketing departments of pharma companies to control a lot of what was published. There were whole companies and divisions of companies that did nothing but this.

Leave a Comment

Blog search:

Go »

Sign up for POGO email updates

Podcasts: RSS | iTunes

Send a news tip or suggestion

Report corruption

Like 8k

MUST-READ POSTS:

Energy Dept. Transfers $17 Million from 'Reverse Field of Dreams' to Program that Makes Americans Safer

POGO Questions Scientific Integrity Plans for Contractors and Grantees

Study Crushes One Argument for Rep. Grimm's So-Called Whistleblower "Improvement" Act

Latest podcast

Home > Blog

« Is the F-22 Too Difficult to Use? Big Questions Surround Raptor's Grounding | Main | Following up on Sunshine Week, Looks Pretty Dim »

Jul 12, 2011

Chair of Obama's Bioethics Commission Ignores Ghostwriting on Her Own Campus

By PAUL THACKER

Yesterday, POGO sent a letter to President Obama asking that Dr. Amy Gutmann be removed as chair of the commission that advises the President on bioethics. We did so because Dr. Gutmann has ignored serious allegations of research misconduct regarding a senior professor at the University of Pennsylvania, where she is President.

If Dr. Gutmann cannot deal with bioethical concerns on her own campus, with her own faculty, then how can taxpayers trust her to advise the President of the United States?

Quite frankly, I don't have a clue.

Here are the facts. Last November, POGO sent a letter to Dr. Francis Collins at the National Institutes of Health about four cases where federally funded researchers used a ghostwriting company paid by GlaxoSmithKline (GSK) to write manuscripts that were favorable to Paxil, an antidepressant sold by GSK.

According to documents we included with the letter, GSK apparently paid a ghostwriter to write a scientific editorial for a medical journal with the byline of Dr. Dwight Evans, Chairman of the Department of Psychiatry at the University of Pennsylvania School of Medicine.

Just so you know, Penn has stated publicly that they consider corporate-funded ghostwriting in medicine to be plagiarism. So how did Penn respond to this allegation of plagiarism? Did they launch an investigation? Did they take the matter up with the faculty senate?

Nope. They just blew it off.

A university spokesman told Penn's student newspaper:

While we support any effort to promote scientific integrity, we believe that the allegations of ghostwriting made by POGO regarding a short editorial authored in 2003 by Drs. Evans and Charney are **unfounded**. (Emphasis added)

How judicious.

On Friday, a senior professor of psychiatry at Penn filed a complaint against Dr. Evans that includes allegations once again of potential ghostwriting in *another* study that favors GSK and Paxil. And because this study that Dr. Evans signed his name to was funded with taxpayer dollars, the complaint was sent to the federal government for investigation.

Until the University concludes a sincere and transparent investigation of these charges and takes decisive action to deter future ghostwriting, Dr. Gutmann should step aside as chair of the Presidential Commission for the Study of Bioethical Issues. This Commission advises President Obama on bioethics.

Dr. Gutmann's bona fides on bioethics—to borrow a phrase from Penn's own spokesperson—appear to be "unfounded."

Students should really be pissed off that professors get away with this type of fraud when students receive steep penalties. What makes this all even more bizarre and insulting is that Dr. Evans is on the board of Penn's Scattergood Program for the Applied Ethics of Behavioral Healthcare, a program dedicated to healthcare ethics.

"Ghost writing is definitely a form of cheating. It's definitely punishable," said Aaron Roth, a junior majoring in engineering and a member of Penn's student Honor Council, in a story last year in *The Daily Pennsylvanian*.

According to Roth, the punishment for plagiarism can range from a semester-long suspension to expulsion from Penn. And the punishment will get documented on a student's transcript.

That's for students. But for fully mature, grown-ass men running Penn, like Dwight Evans….Dr. Gutmann just looks the other way.

- Read POGO's letter to President.
- Read Dr. Jay Amsterdam's letter to the Office of Research Misconduct.
  - Read the attached documents

Winslow Wheeler on the Jet That Ate the Pentagon and Congress's Addiction to Defense Spending

Latest video

What is an SRO and Why is it Bad for Your Money?

Categories

- Read Dr. Jay Amsterdam's letter to UPenn.

See also: Medical Ghostwriting: Why Hidden Industry Influence is a Threat to Public Health.

Paul Thacker is a POGO Investigator.

Posted at 12:16 PM in Ethics, Ghostwriting, Public Health | Permalink

Trackbacks

Trackback URL for this entry:
http://www.typepad.com/services/trackback/6a00d8341c68bf53ef015433a98177970c

Listed below are links to weblogs that reference Chair of Obama's Bioethics Commission Ignores Ghostwriting on Her Own Campus:

Comments

Chris Myers
I'm with POGO: My civil rights have been gravely taken advantage of. I had surgery less than 2 months after moving to a particular state in the US. When the swelling went down, I knew something wasn't right. This doctor, whom I barely knew, obviously and willfully placed an illegal implant(s) in my right large toe and grave things have happened with this. He did not inform me, he did not consult with me--nothing, not prior, during or after surgery nor has he even sent me a bill for this. I found the following on your site, and have been in touch with others who went to the Bioethics Committee and I too feel Ms. Gutman should step-down.

Posted on: Mar 29, 2012 at 08:06 PM

Suzanne LeBoeuf
We at Electro Well, Inc. (www.CointelproToday.org) also ask that Ms. Gutmann step down.

We are an organization of human test experiments who have already approached Ms. Gutmann and the Bioethics Committee. We have had no success in obtaining any further investigative activities to help the cause of stopping all non-consenting human experimentation. We at Electro Well, Inc. also ask that Amy Gutmann be investigated herself beyond stepping down because she has not answered our requests to have our complaints investigated or addressed in some way by the Commission.

Posted on: Jul 17, 2011 at 10:22 PM

John M. Nardo MD
A+!

As you say, the people in high places that don't act to protect the integrity of academic institutions are as guilty as the offenders. What else are they for, if it's not that? And what good is a Bioethics Commission if its members are there for the prestige, and miss the point of the task at hand?

Posted on: Jul 13, 2011 at 06:37 PM

Verify your Comment

Previewing your Comment

Posted by: |

This is only a preview. Your comment has not yet been posted.

Post Edit

Your comment could not be posted. Error type:
Your comment has been saved. Comments are moderated and will not appear until approved by the author. Post another comment
The letters and numbers you entered did not match the image. Please try again.

As a final step before posting your comment, enter the letters and numbers you see in the image below. This prevents automated programs from posting comments.

Having trouble reading this image? View an alternate.

Continue

Post a comment

Feedback and comments are more than welcome on our blog! Please keep them concise and stay on topic. Comments are moderated and may not appear right away. Our comment form accepts basic html, so hyperlinks, bolding, italics, and underline tags will work just fine.

If you have a TypeKey or TypePad account, please Sign In

Name:

Email Address: (Not displayed with comment.)

Ghostwriting
Gov2.0
H1N1 Vaccine Program
Homeland Security
Human trafficking
Infographics
Inherently Governmental Functions
Intelligence
Interviews
Joint Strike Fighter
Littoral Combat Ship
Lobbying
Media Criticism
Miscellaneous
Morning Smoke
NASA
Nuclear Security
Occupational Education
Oil and Gas Royalties
Oil Spill / MMS
Open Government
Podcasts
Presidential Transition
Private Security Contractors
Public Health
Quote of the Day
Revolving Door
Science Policy
SIGAR
SPOGO (on State Governments)
Star creep
State Department
State secrets privilege
Straus
Sunshine Week
Super Congress
Transportation/FAA
Un-Do Influence
Videos
Waste

URL:

Remember personal info?

Comments:

Preview Post ›

Watching the Watchdogs

Whistleblower Protection

Recent Posts

New Video: What is an SRO and Why is it Bad for Your Money?

Morning Smoke: Dimon's Congressional Testimony on JPMorgan in 11 Tweets

Occupational Education #3: The Cost of Contractor Budget Analysis Services

Occupational Education #2: The Cost of Contractor Mechanical Engineering Services

Morning Smoke: Why Are Whistleblowers Unwelcome at the IRS?

Morning Smoke: Rajat Gupta Convicted of Insider Trading

Occupational Education #1: The Cost of Contractor Accounting Services

Think-Tanked: Old Wine in Dark Bottles

Will the GSA Be Able to Break Free of the DUNS Number?

Morning Smoke: Stanford Gets 110 Years for $7 Billion Ponzi Scheme

Recent Comments

"Gargantua" on: *Occupational Education #2: The Cost of Contractor Mechanical Engineering Services*

"Bill Reed" on: *Backlog of Unaudited Pentagon Contract Costs Could Reach $1 Trillion*

"M ke" on: *Occupational Education #1: The Cost of Contractor Accounting Services*

"Ayn Rand"' on: *Backlog of Unaudited Pentagon Contract Costs Could Reach $1 Trillion*

"Scott Amey" on: *Occupational Education #1: The Cost of Contractor Accounting Services*

POGOBlog
POGOBlog

POGOBlog Morning Smoke: Dimon's Congressional Testimony on #JPMorgan in 11 Tweets pogo.ly/zFdAyA
7 hours ago · reply · retweet · favorite

POGOBlog What is an SRO and Why is it Bad for Your Money? youtube.com/watch?v=dSY45K... #sec #wallstreet #wallst #video
yesterday · reply · retweet · favorite

POGOBlog Morning Smoke: Why Are Whistleblowers Unwelcome at the #IRS? pogo.ly/W8kkd6 #whistleblower
yesterday · reply · retweet · favorite

POGOBlog Morning Smoke: Rajat Gupta Convicted of Insider Trading pogo.ly/tlpmzJ
2 days ago · reply · retweet · favorite

Join the conversation

Blogroll

Ares

American Federation of Government Employees Union Blog

Arms Control Wonk

ABC's The Blotter

Battleland

CG Blog: An Unofficial Coast Guard Blog

Counterterrorism Blog

The Daily Watchdog

Defense and the National Interest

Defense Industry Daily

Defense Tech

Dirt Diggers Digest

Eyes on the Ties >> a blog by LittleSis

Federal Diary

Federal Eye

Feral Jundi

GovCentral

Gov Exec's FedBlog

Harper's

Instapundit

Judicial Watch's Corruption Chronicles

Ms Sparky

Murdoc Online

National Security Legislative Calendar

Ploughshares Fund Blog

ProPublica

PMSC Observer

Secrecy News

Sense on Cents

Space for Transparency

Sunlight Foundation Blogs

The Art of Access

The Will and the Wallet

TPM Muckraker

War and Piece

Whistleblogger

Wired's Danger Room

Privacy Policy

Connect with us:

Project On Government Oversight (POGO)

1100 G Street, NW, Suite 500 Washington, DC 20005
Phone: (202) 347-1122 Fax: (202) 347-1116 Email: info@pogo.org

Our Mission:

Founded in 1981, the Project On Government Oversight is a nonpartisan independent watchdog that champions good government reforms. POGO's investigations into corruption, misconduct, and conflicts of interest achieve a more effective, accountable, open, and ethical federal government.

CHARITY NAVIGATOR ★★★★ Four Star Charity

Pharmalot.com

Ghosts In The Pharma Attic: Jon & Jeff Explain

By Ed Silverman // June 12th, 2012 // 11:10 am 34 Comments

For the past several years, the controversy over ghostwriting has festered with no clear resolution. Efforts to adopt policies have been met with a mix of indecision and partial measures. Meanwhile, various episodes have stained the research associated with various drugs and, in the process, placed academics, medical journals and drugmakers on the defensive. And so, we asked Jonathan Leo, a professor at the DeBusk College of Osteopathic Medicine at Lincoln Memorial University, and Jeff Lacasse, a professor at the College of Public Programs at Arizona State University, to help sort out several recent examples of both the ghostwriting problem at large and the attempted fixes…

The medical community is currently trying to come to grips with the idea that much of the clinical trial literature has not been written by named authors, and, instead, has been written by medical writers employed by pharmaceutical companies who are not listed on the author byline. The success of virtually all of the blockbuster drugs has been tainted by charges of ghostwriting. To clean up the medical literature and stop ghostwriting, medical journals and universities are attempting to put policies in place to stop the practice. However, there is also a troubling trend by several groups in academic medicine that, on one hand, take a public stance that they oppose ghostwriting, but then on the other hand, turn around and develop policies that condone the practice of having invisible authors on papers. Under the traditional notion of ghostwriting it would seem impossible to do this. How does one ban ghostwriting but allow invisible authors? Simple: Change the definition of ghostwriting.

Some might say it is a minor point but in academic medicine there is currently an institutionalized loophole in place, that essentially says that anyone deserving of the term "author" should be listed on the byline, unless they are employed by a pharmaceutical company, in which case it is acceptable to mention them in the acknowledgement section. We do not think this is a good idea. For each segment below we discuss how various groups or organizations have approached this idea. We would appreciate any comments or thoughts on this.

International Committee of Medical Journal Editors

Ironically, the most problematic policy in terms of allowing ghostwriting comes from the group with the most power to curb the practice. The ICMJE, a group of medical editors who have

developed policies related to the medical publishing process, has proposed three criteria for determining who should be given a byline as author on scientific papers. These criteria are: 1 – substantive contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2 – drafting the article or revising it critically for important intellectual content; and 3 – final approval of the version to be published. While these are now the traditional, oft-cited criteria for authorship, they do not address the contemporary concern of ghostwriting. In fact, although unintended, use of the ICMJE criteria may facilitate ghostwriting while creating the impression that medical journals have strict policies on authorship.

Consider this hypothetical situation: An industry-funded medical writer authors a paper in conjunction with academic researchers. The medical writer authors the first draft of the paper and makes many substantive edits, eventually writing 99 percent of the paper. Before the absolute "final" version is reached, the medical writer turns it over to the academic researchers, and never approves the final version; the medical writer is acknowledged for editorial assistance.

Thus, an inaccurate byline and a ghost author are created, but the authors followed the ICMJE rules to the letter — writer who does not approve the final manuscript cannot be an author. If accused of ghostwriting, all concerned can simply declare that they followed ICJME guidelines. We do not think that the above example follows the spirit of the guidelines as envisioned by the ICMJE but that is an example of exploiting a loophole in the policy. Merriam-Webster defines "loophole" as "an ambiguity or omission in the text through which the intent of a statute, contract, or obligation may be evaded." Typically, when a loophole is discovered the authors of the policy seek to close it.

We are not the only ones pointing this out. In a 2011 paper in PLoS Medicine, a current ghostwriter, Alastair Matheson, published "How Industry Uses the ICMJE Guidelines to Manipulate Authorship – And How they Should be Revised." In discussing the loophole in the ICMJE guidelines that allows industry authors to write the majority of the paper and then bow out at the last moment, he states:

"Provided academics make some contribution to design or data analysis, some revisions to a manuscript, and approve it, they are required to be named as authors. By contrast, industry may conduct most of the design, data collection and analysis, and all the writing, but if sign-off is ceded to the academic, it is disqualified from authorship. Unsurprisingly, the practice of ceding final sign-off to academic 'authors' is widespread in commercially driven publications."

Matheson refers to this loophole as the "tool for the industry and that because of this error in logic, "industry and medical writers' organizations are thus able to publicly condemn ghostwriting using comparable framings while the misattribution of authorship remains widespread." It is no surprise that industry does this, but what will probably surprise many

academics is that, as we discuss below, universities do the same thing.

The University of Pennsylvania School of Medicine
Several months ago, two professors at the University of Pennsylvania were accused of being involved with a ghostwritten paper published in 2001. The charges were the result of allegations by Dr. Jay Amsterdam that several professors allowed their names to be added to the authorship line of a paper examining the use of Paxil for the treatment of bipolar disorder. The paper did not mention any involvement of Scientific Therapeutics, a medical writing company. Amsterdam's complaint involved several accusations, only one of which was ghostwriting. The university has now announced that its own internal investigation has found that the professors were not guilty of any misconduct or violating any policy in place at the time the papers were written (back story). However, the charges, countercharges, the committee report, and several of the media articles go back and forth between charges of honorary authorship and ghostwriting as if they are the same exact thing.

Regardless of UPenn's past policy, what is of more concern is their new policy, which calls for simply acknowledging editorial assistance when medical writers were co-authors of the paper. According to the results of the recent investigation "...current Perelman School of Medicine policy and journal practice call for acknowledgment assistance." Thus UPenn is setting an institutional norm for authorship where it is appropriate for medical writers to simply be acknowledged at the end of the article, often in small print.

This is allowed despite the fact that it is well known that medical writers often write the vast majority of such articles, frequently the first drafts, and are paid employees of the pharmaceutical company with a product to sell. Medical researcher Peter C. Gøtzsche and colleagues note that such acknowledgments are a euphemism for... "XX from Company YY wrote the paper." It would be a simple matter to avoid all this by simply listing medical writers as authors, thus presenting authorship transparently (the plan advocated by Alastair Matheson), while we can think of only one reason not to do so: It obscures a conflict of interest.

University of Miami Miller School of Medicine
In 2009, the University of Miami hired Charles Nemeroff to chair its pychiatry department. Nemeroff has been at center of numerous allegations about problematic authorship practices. Most recently, US Senator Charles Grassley wrote the NIH to ask why it gave Nemeroff a $2 million research grant since he is under investigation by the Office of Inspector General. Bernard Carroll has in-depth discussion of the ghostwriting allegations. For a medical school to hire someone involved in ghostwriting as chairman of a major department, the message sent to the entire medical school faculty appears to be that ghostwriting is considered an acceptable practice. Some might even suggest that they value it.

Wikipedia
For anyone who does a Google search on ghostwriting and follows the link to Wikipedia, they

will find the statement below. To us, this statement makes a mockery of the definition of authorship. The problematic part of this paragraph is that the author, probably a medical writer, can use medical journals as sources to support their idea that as long as the pharmaceutical company employee is listed in the acknowledgement section that this is somehow legitimate. It would be interesting to take this definition of ghostwriting to a University Faculty Committee and see if it could pass muster:

"Professional medical writers can write papers without being listed as authors of the paper and without being considered ghostwriters, provided their role is acknowledged. The European Medical Writers Association have published guidelines which aim to ensure professional medical writers carry out this role in an ethical and responsible manner. The use of properly acknowledged medical writers is accepted as legitimate by organizations such as the World Association of Medical Editors and the British Medical Journal."

To publish a paper that demotes an author to the acknowledgement section, and elevates a minor contributor to the byline is an academic sleight of hand. Why not just call an author an author? For authorship standards to have integrity, the meaning of the word "author" has to mean something. The system of acknowledging medical writers seems Orwellian to us: It regulates ghostwriting by allowing ghostwriting.

Medical Publishing Insights and Practices (MPIP)
Recently, eight pharmaceutical companies and several medical journals published a statement designed to increase the transparency of research. They had ten recommendations. The fifth recommendation says this: "Improve disclosure of authorship contributions and writing assistance, and continue education on best publication practices to end ghostwriting and ghost authorship" (read here). It is unclear from the document whether citing medical writers who make substantial contributions to the text should be listed on the byline or in the acknowledgement section. According to the lead author of the guidelines, who is also a senior editor at The Lancet, the medical writer should be cited in the acknowledgement section on the grounds that they would not meet the ICMJE guidelines.

The Journal Neurology
Some journals have adopted policies stricter than the ICMJE guidelines. For instance, the journal Neurology has instituted a much more stringent policy. Rather than asking who is an author per ICMJE criteria, they ask, "Who influenced the content?" and require that any paid medical writer be included in the author byline, accompanied by full disclosure. In their authorship standards, they define a ghostwriter as "an undisclosed person (paid or unpaid) who has made an intellectual contribution in writing the submitted manuscript." Basically, Neurology has formalized, for the medical literature, a pragmatic and intellectually sound definition of ghostwriting. To us, this demonstrates that it is possible, even simple, to address the issue of ghostwriting, if there is a desire to do so.

Should Study 329 be considered Ghostwritten?

It is generally acknowledged in the medical literature that the most egregious example of ghostwriting is Study 329. The study examined the use of Paxil in adolescents and concluded, "Paroxetine is generally well tolerated and effective for major depression in adolescents." Several years after the paper was published, court proceedings revealed internal company documents admitting that the study found that Paxil was not any better than placebo on the pre-registered outcome measures, and that the company was concerned about how to manage the negative findings.

A fascinating series of documents, all available on the web, reveal the steps involved in Study 329's transformation from initial idea to final draft. Sally Laden, an employee of Scientific Therapeutics, was hired by GlaxoSmithKline, which makes Paxil, and wrote the first draft. After each draft was submitted, she incorporated suggestions from some of the listed authors into each subsequent draft. But, rather than be listed as one of the 22 academic co-authors listed on the byline, Laden was only acknowledged for editorial assistance. Sally Laden was also involved in the paper at the center of the allegations about ghostwriting at U Penn.

If one goes by the traditional idea that a ghostwritten paper has an invisible author, than Study 329 would be considered a good example of a ghostwritten by most people. Yet, according to the idea put forth by some segments of academia, that listing authors in the acknowledgement section is legitimate, this study should not be considered ghostwritten. Any new policy that is supposed to stop ghostwriting yet would legitimize Study 329 simply does not make sense.

Sally Laden was also involved in another dust up over ghostwriting in 2006, when Charles Nemeroff and his colleagues published a paper in the journal Neuropsychopharmacology. Their review article concluded that a useful treatment for depression was the vagus nerve stimulator manufactured by Cybertronics. The journal Science discussed charges that the article in question was ghostwritten because one of the main authors of the paper, Sally Laden, was not listed on the authorship byline. Laden was also paid by Cybertronics.

A subsequent editorial in 2007 in the Journal of the European Medical Writers Association (EMWA) by Karen Shashok and Adam Jacobs was very critical of the Science article and took a very dismissive tone with it. Jacobs has also taken this dismissive tone in the comments section of the BMJ. In his editorial, he never argued about the facts behind the vagus nerve paper, Laden's role or who her employer was. The major point of his editorial was that the paper should not be labeled as ghostwritten because Sally Laden was mentioned in the acknowledgement section. In his defense of Laden's role he stated:

"In fact, Ms Laden's role, and the fact that the authors maintained final control over the content, were reported in the Acknowledgements section in these words: 'We thank Sally Laden for editorial support in developing early drafts of this manuscript. We maintained complete control over the direction and content of the paper. Preparation of this report was supported by an unrestricted grant from Cyberonics, Inc.' "

And just last year in a discussion about Study 329, Jacobs again used the "editorial assistance

argument." In his words, "It's also not accurate to describe this as a ghostwritten article, as I see that Sally Laden was acknowledged in the published version."

We are certainly not calling for any kind of a ban on medical writers. Medical writers provide a valuable service and there is no reason they should not be used. However, rather than be hidden in the shadows we think that their skills and intelligence should be given the credit they deserve by being listed on the byline. Sally Laden is surely one of the most prolific authors in the scientific literature, yet a Pubmed search would not reveal this.

The Acknowledgement Section

Some might say that listing authors in the acknowledgement section is full disclosure, but "editorial assistants" are not listed in medical databases such as Pubmed, are not listed in the abstract, they are not cited, and they are not called by the media to talk about the importance of a study. And, other than minimizing the company's role in the study, there seems to be no good reason for not giving them their due credit. The acknowledgement section is traditionally seen as a spot to mention people who don't rise to the level of "author" – for instance, colleagues who looked at the paper and made comments, a grammar guru who tweaked the composition, or Mom and Dad who provided the necessary motivation.

In a sense, the published paper also carries the endorsement of the university employing the named authors. Ghostwritten papers carry authorship bylines listing renowned professors from elite institutions, giving the papers great promotional value. Minimizing the role of the ghostwriter by re-defining authorship only benefits the pharmaceutical companies, who we know from their own internal documents, see the peer-reviewed literature primarily as a venue for promoting their products. Forest Pharmaceutical's marketing plan for the antidepressant Lexapro states: "Bylined articles will allows us to fold Lexapro's message into articles into depression, anxiety, and comorbidity developed by (or ghostwritten) for thought leaders." Do universities and journals really want to promote this practice?

Calling for accurate bylines is not an earth shattering idea or very profound idea. There are numerous problems with conflicts of interest in medicine and accurate bylines are not the sole problem. But they are fairly simple step in the right direction. It just seems to be simple common sense. If readers can't trust that the authorship line is accurate, then why should they trust the rest of the paper?

Comments

as
June 12th, 2012
11:41 am

This is fascinating. Great post. We should probably remember that, scientifically, ghost-writing shouldn't be a terribly big deal. In clinical research, it's the data, not the prose, that matters. Good readers can look through good writing to spot bad data.

The much bigger related issues are publication bias and biases in study