Products at Risk
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In this issue of the Journal, we publish the results of a clinical trial investigating step-up control in adult patients with asthma whose disease was not well controlled by low-dose inhaled glucocorticoids. This study, which compared the utility of treating such patients with inhaled tiotropium bromide, inhaled salmeterol, or higher doses of inhaled glucocorticoids, was conceived and implemented by the National Heart, Lung, and Blood Institute’s Asthma Clinical Research Network (ACRN). The study constitutes comparative effectiveness research, in which the products of a number of different companies are compared in a well-defined clinical setting. Simply put, the companies’ products are put “at risk” in a trial to determine whether the various treatments are superior or noninferior to one another.

The study design, a three-way crossover, required that the investigators have active drug and placebo for tiotropium and salmeterol. As is common in such situations, the investigators took a mature version of the study protocol to the manufacturers of these drugs and asked them to supply active drug and matching placebo inhalers. Boehringer Ingelheim (the manufacturer of tiotropium) agreed to provide the materials, but GlaxoSmithKline (the manufacturer of Salmeterol) refused. Because of Glaxo’s refusal, the investigators had to spend $900,000 from the National Institutes of Health (NIH) — and therefore from taxpayers — to repackage the active drug and to create a visually identical placebo for use in the trial. The NIH deserves credit for providing the funds to obtain the Glaxo drug when the company declined. In the end, the study results provided the truth — that tiotropium is not inferior to salmeterol for this indication.

This is not an uncommon problem. To allow unbiased evaluations of drugs, certain aspects of treatment must be masked. In the case of approved and marketed drugs, the study treatment should ideally be prepared in such a way as to appear identical to the product that is sold commercially. Obviously, the best source is the company that markets the product. When legitimate investigative groups, such as the ACRN, ask for this type of support, they usually get it. GlaxoSmithKline has supported past ACRN studies, and we hope that they will in the future.

Many drug companies realize that it is in their best interest to provide these materials, not only because the research that is completed by an independent group may show findings in their favor, but also because it is part of their responsibility to the community to allow their products to be tested against the competition by legitimate third parties. They recognize that their mission, like GlaxoSmithKline’s stated goal, is “to improve the quality of human life” rather than to simply increase market share.

Companies are able to develop and sell their treatments only because they can tap into a community resource: patients who are willing to put themselves at risk as they participate in clinical trials. The key words here are “at risk.” A research volunteer is taking a chance with his or her health, and sometimes life, to advance medical knowledge. Companies are able to tap into this resource because research participants trust that the sponsors are interested in finding out the truth about the safety and efficacy of their products. Companies, for their part, must be willing to put their products at risk by providing them to legitimate third parties for study. Failure to do so is an unacceptable double standard.

The most precious commodity that drug manufacturers possess is the trust of their research subjects, and to maintain this trust they need to...
be willing to put their products at risk. When they refuse to provide their drugs to legitimate investigators, the researchers will get their studies done without company help. It will take more time and cost more money, but in the end, the research will be done and the company will be perceived as having acted in its own self-interest rather than having worked to enhance the health of the community.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

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