Journal criticises Vioxx study for omitting three heart attacks

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The *New England Journal of Medicine* has issued an editorial "statement of concern" about the omission of data in a paper it published. It said that three heart attacks were omitted from a study comparing rofecoxib (Vioxx) with naproxen, understating the risks of rofecoxib.

The editorial by the journal's three top editors will appear in print in the 29 December issue but was published online on 8 December (www.nejm.org, doi: 10.1056/NEJMe058314).

It said: "Relevant data on cardiovascular outcomes had been deleted from the VIGOR [Vioxx gastrointestinal outcomes research] manuscript prior to its submission to the journal and ... the authors had withheld data on other relevant cardiovascular outcomes. The evidence has

raised questions about the integrity of the data on adverse cardiovascular events in the article and about some of the article's conclusions."

Patients in the VIGOR trial had three more heart attacks than were reported (*New England Journal of Medicine* 2000;343:1520-8). If the heart attacks had been included, the risk associated with rofecoxib would have been five times, not four times, greater than that associated with naproxen.

The journal has asked the authors to submit a correction.

Merck, the manufacturer of rofecoxib, replied in a statement posted on its website that the VIGOR paper "was peer-reviewed, [and] fairly and accurately described the results of the study as of the pre-

specified cutoff for analysis."

It said, "The additional events referred to in the editorial were events that were reported after the pre-specified cutoff date and therefore were not included in the primary analysis reported in the *New England Journal* article."

"Nevertheless, these additional events were disclosed to the FDA [Food and Drug Administration] in 2000, presented publicly at the FDA's Advisory Committee in February 2001, included in numerous press releases, subsequently issued by Merck, disclosed to physicians given a copy of the article by Merck and detailed in the updated prescribing information for Vioxx. We also note that these additional events did not materially change any of the conclusions in the article."

Because of the lawsuits over rofecoxib, in which patients are suing Merck for the harmful effects of the drug, Merck has said it will restructure its company and cut 7000 jobs. Financial analysts say the company may

face claims for damages of \$18bn (£10.2bn; €15.1bn) to \$50bn.

Merck lost one lawsuit related to rofecoxib in a state court in Texas (*BMJ* 2005;331:471, 3 Sep) and won one in a state court in New Jersey (*BMJ* 2005;331:1101, 12 Nov).

Last week a jury of nine people in a federal district court in Houston, Texas, were unable to reach a decision in a lawsuit relating to the death of 53 year old Richard Irvin of St Augustine, Florida. The judge declared it a mistrial and the case will be tried again.

Mr Irvin died of a heart attack after taking rofecoxib for about a month for back pain. Merck took rofecoxib off the market last year because a study showed that it could double the risk of heart attack or stroke if it was taken for 18 months or more (*BMJ* 2004;329:816). The company said Mr Irvin's death could not have been due to the drug as he had taken it for a short time. □

NICE guidance should consider lifestyle only if it influences effectiveness

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Age and lifestyle factors that may have caused disease should not influence guidance on the use of healthcare interventions unless they are likely to affect the effectiveness of the intervention. This is a conclusion of a report published last week by the National Institute for Health and Clinical Excellence (NICE), which advises on the use of treatments in the NHS in England and Wales.

The report clarifies how social value judgments—defined as ethical principles, preferences, culture, and aspirations—should be used by NICE in conjunction with clinical judgments in deciding what interventions the NHS should provide.

It recommends that NICE's clinical guidance should limit the use of a therapeutic or preventive intervention to a particular age group only when there is clear evidence of differences in

clinical effectiveness in different age groups.

Michael Rawlins, chairman of NICE, said: "Our advisory groups should not make recommendations that depend on people's ages when they are considering the use of a particular treatment, unless there is clear evidence of a difference in its effectiveness for particular age groups. Even then, age should only be mentioned when it provides the only practical 'marker' of risk or benefit."

The charity Help the Aged said that the report represented a change in policy, overturning previous recommendations that the charity considered discriminated against elderly people. Jonathan Ellis, policy manager at Help the Aged, said: "This is a real U turn for NICE, who previously, and rather carelessly, suggested that chronological age, rather than individual need, should be used to determine a person's treatment."

The report also recommends that NICE guidance should not deny care to patients with conditions that are or may be self inflicted. However, it argues that it may be appropriate to take lifestyle factors into account if their continuation is likely to influence the clinical or cost

effectiveness of a particular treatment. But only in the most exceptional circumstances would it would be acceptable to deny treatment because of lifestyle factors. Professor Rawlins said, "Almost invariably we do not expect people to take that sort of thing into account."

The report says that sexual orientation and social factors, such as income and class, should not be taken into account in developing guid-

ance on use of treatments.

Acknowledging the need for NICE guidance to take cost into consideration, the report argues that cost utility analysis should be included in the economic evaluation of particular interventions but should not be the sole basis for decisions on cost effectiveness. □

Social Value Judgements: Principles for the Development of NICE Guidance is available at www.nice.org.uk.

Sitting pretty: patients with self inflicted conditions caused by habits such as smoking must not be denied treatment unless the continuation of their habit will affect the outcome, NICE says