WELCOME TO THREE MEN OF SCIENCE

In recent months HealthWatch has been honoured to welcome on board as patrons three wise men of science. The first was someone who has played a leading part in ensuring medical advances are safe and effective. The next, an outstanding researcher who is also exceptional at communicating science to the public; and most recently a third who is famous for making science funny.

Sir Michael Rawlins has been chairman of the National Institute for Health and Clinical Excellence (NICE) since its formation in 1999. In March 2013 he will become the new president of the Royal Society of Medicine. A medical doctor who went on to research safety and efficacy of pharmacological treatments as a professor at the University of Newcastle, Sir Michael chaired the Committee on Safety of Medicines in the 1990s. Amongst his numerous awards and achievements, he was knighted in 1999 for services to the improvement of patient protection from the side effects of medicinal drugs. He recently told the Guardian, “All young healthcare professionals, irrespective of whether they eventually undertake research themselves, need to know how to understand what really constitutes ‘evidence’ if they are to practice their profession, to the highest standards, in an ever-changing world.”

Steve Jones is emeritus professor of Human Genetics, at the Department of Genetics, Evolution and Environment at University College London; and president of the Galton Institute. An accomplished communicator on evolution and genetics, he appears frequently on radio and television and is a regular columnist for the Daily Telegraph. His academic career is distinguished by his elegant and continuing experimental work on the ecological genetics of snails and fruit flies. Steve Jones is the author of successful and influential books on science for the lay reader, including The Language of the Genes and Darwin’s Ghost.

Our newest patron Robin Ince is a comedian, actor and writer, best known for co-presenting the award-winning BBC Radio 4 science/comedy chat show “The Infinite Monkey Cage” with physicist Brian Cox. Dubbed an uber-geek for his rationalist and humanist views, he recently explained himself very sensibly in New Scientist: “I think it is a pity to live your life in ignorance and embrace that ignorance—for instance with ideas like intelligent design.” Ince organises highly rational events at the Bloomsbury Theatre and at the Hammersmith Apollo, such as the successful seasonal science, comedy and music show Nine Lessons and Carols for Godless People. In his new one-man show he ponders the benefits of being self-conscious in a vast universe.

Our new patrons will join Lord Dick Taverne QC who continues as a HealthWatch patron.

Mandy Payne

References and further info:
1. http://www.guardian.co.uk/public-leaders-network/blog/2012/sep/05/leading-questions-michael-rawlins-society-medicine

Comedian Robin Ince, right, is the newest HealthWatch patron

Photo credit: Steve Ullathorne

DIARY DATE Mark your new 2013 calendars with Wednesday 13th March, when Sir Mike Rawlins and Professor Steve Jones will present two differing views on evidence based medicine as part of an open HealthWatch event entitled, “The Direction of Medical Research: Top Down or Bottom Up?” There will be talks by both speakers then a discussion. The venue is King’s College London in the B5 auditorium, Franklin Wilkins Building on Stamford Street (Waterloo campus). Doors open at 18:30, talks begin at 19:00. There will be a link to the KCL booking service on www.healthwatch-uk.org Please share the news with your contacts!
news

STUDENTS EXCEL IN 2012

FIRST PRIZES in the 12th annual HealthWatch Student Prize went to medical student Jonathan Batty of the University of Leeds, and Elizabeth Blamire, midwifery student at Anglia Ruskin University. We were delighted to meet them with runners-up Sarah Gentry of Peninsula Medical School and Hanadi Katerji of City University, when they attended the HealthWatch AGM on October 23rd last year. They received their prizes and congratulations from our president Nick Ross.

The full list of 2012 prizewinners is on www.healthwatch-uk.org

Walli Bounds said “We were encouraged this year by the increased participation by nurses and midwives because, like doctors, they need to understand the principles of good trial design and indeed are frequently the first point of call for patients seeking advice about (sometimes exaggerated) media reports about ‘the new wonder drug’.”

The HealthWatch committee thank all those involved in the organisation and scientific input/assessments of this year’s competition, specifically: David Bender, Debra Bick, Walli Bounds, Roger Fisken, Sally Gordon Boyd, William Lee, Anil Patel, and Gillian Robinson. We are grateful to the Medico-Legal Society (M-LS) for their funding of this year’s competition. The M-LS funding is now exhausted, but the HealthWatch Student Prize will continue in 2013 thanks to the generosity of Professor John Garrow.

Shortly before going to print we learned that Derek Ho, the medical student who won first prize in last year’s competition and who continues to support HealthWatch as a student representative, has successfully had his HealthWatch award recognized as a national first prize which means it will add to his score in support of his application to the NHS Foundation Year—his first job as a doctor. We wish Derek every success.

Mandy Payne

Express article gets alternative treatment

WHEN AN ARTICLE advocating alternative cancer treatments appeared in a national newspaper (Daily Express, 7 December 2012), the evidence organisation Sense About Science (SAS) were quick to react. The article, “Do cancer alternatives really work?” labelled comments from a non-medically trained “hormone and holistic health specialist” with: “Our Expert Says”.

Among the therapies that the said expert “believes can assist in the treatment of cancer” were unproven practices such as the Gerson Therapy and homeopathy. After the Daily Express rejected calls for accuracy from SAS and Cancer Research UK, SAS worked with oncologists and other experts to create an alternative version.

According to SAS’s Chris Peters, the Daily Express editor defended the article by telling SAS that the science view will have a chance to put forward its side at some future point. “I wonder whether, if the doctor prescribed him useless medicine and gave him the wrong advice, he would be satisfied to know that some weeks later someone else would be given good advice and the right pills?” said Peters. “Exasperated that they refused to correct the online version which was being linked to from many web discussions, we did it for them.” SAS’s medically correct version has now been viewed thousands of times.

Mandy Payne


NEWS IN BRIEF

MARGARET MCCARTNEY is among a group of doctors concerned about the safety and ethics of private screening tests. The Glasgow GP, journalist and 2008 HealthWatch Award winner says, “We are worried that the companies who charge you for these tests are not giving consumers full and fair information about them.” So she and her colleagues have created a new website, “PrivateHealthScreening: What to think about when you’re thinking about screening tests” to give the public the facts.

Go to: http://privatehealthscreen.org/

TESTING TREATMENTS has gone interactive! The new website from the team behind the best-selling book, includes “TTextras”: with videos and links to interactive resources designed to help people understand fair tests of treatments. The full text of Testing Treatments by Imogen Evans, Hazel Thornton, Iain Chalmers and Paul Glasziou is also available in hypertext form or downloadable as a PDF in several languages.

Go to: http://www.testingtreatments.org

EDZARD ERNST’S new blog reports on the latest news and research into complementary medicine. In a recent entry the emeritus professor of Exeter University reports on his team’s recent systematic review into the adverse effects of homeopathy, which considered 1100 affected patients and 4 fatalities, finding harms resulting from allergic reactions and intoxications as well as from using the therapy in place of effective treatments.

Go to: http://edzardernst.com/

THE QUALITY of internet information available for women opting for “designer vagina” procedures is “poor,” reveals a small study published in the Obstetrics & Gynaecology edition of the online-only journal BMJ Open. The authors call for guidelines so that women can make fully informed choices about increasingly popular female genital cosmetic surgery. They assessed information supplied by websites in which private clinics promoted procedures which they claimed could restore “youthful labia”, enhance sexual pleasure, repair the hymen, or reduce “pudendal disgust”.

Go to: http://www.bmjopen.bmj.com/content/2/6/e001908

Go to: http://www.testingtreatments.org
chairman’s report

FIRM FOUNDATIONS—NOW IT IS TIME TO BUILD ON THEM

The chairman’s report to the HealthWatch Annual General Meeting, October 23rd 2012

FIRST OF ALL I would like to thank my predecessor James May for his work as chairman and for allowing us to use his practice as a meeting place for our committee in the romantically named Lambeth Walk. My first action as chairman was to review our patronage and to thank those who had been patrons since the inception of HealthWatch.

Lord Walton wrote and reminded me that he is now 90, and with that in mind he will stand down. Lord Dick Taverne is still happy to continue as a patron. I’m delighted that Sir Michael Rawlins, Chairman of NICE and now also President of the RSM, has accepted our invitation. Professor Steve Jones, the well known geneticist and broadcaster has also kindly agreed to be a patron. We are delighted that they are both here this evening and have agreed to give a joint presentation to HealthWatch next March. Robin Ince who is well known for making mockery of non-science and alternative medicine has also kindly accepted our invitation to become a patron. He is appearing at the SouthBank this evening.

One of our committee members Les Rose has been very successful in carrying out a research project into consumer protection from misleading claims made for health products. A group of our members sent complaints about advertisements which made unlikely claims for three products to the Trading Standards Authority, now called “Consumer Direct”. Their response to this was pretty infelicitous. Les’s paper was published in the Medico-Legal Journal, and as a result he was interviewed on BBC Radio 4’s “You and Yours” programme. He successfully made his point. He wants to continue with a similar project on a larger scale and is looking for volunteers to help with this.

“The University of Aberdeen were planning to establish a chair in ‘integrative health care and management’, funded primarily by supporters of anthroposophy, a movement founded in the early 20th century by Austrian spiritualist Rudolf Steiner. They have now decided against it.”

I have been actively involved in writing to various authorities throughout the year to keep the name of HealthWatch to the fore. I have not been successful in getting any letters in the national press. But I did have success when I wrote to the University of Aberdeen who were planning to establish a chair in “integrative health care and management”, funded primarily by supporters of anthroposophy, a movement founded in the early 20th century by Austrian spiritualist Rudolf Steiner. I got an excellent reply from the vice chancellor. The proposals were also criticised in the Observer and the Times Higher Education.1 Within days it was reported that Aberdeen’s governance and nominations committee had decided against establishing the chair. In their statement they explained, “the university could not satisfy its requirement for the highest standards of scientific rigour with the funding model proposed.”

I attended a conference at the British Library for the Association of Medical Research Charities where I made a number of useful contacts among the administrators of most of the major health charities in the UK.

The Government put out a draft mandate on their plans for the new NHS.1 This was depressingly full of jargon and the electronic response mechanism by which organisations and the public were invited to send feedback used questions that were loaded in a way that hampered meaningful criticism. Susan Bewley did a magnificent job in collating all our comments and sent a well constructed response.

I MUST thank all members of the committee who individually help towards running of the organisation. As you will hear the student prize had a large number of entries and we must thank Walli and Gillian and our four new judges for their significant contribution. A new member of the committee, Deborah Bick, is professor of midwifery at Kings College London and is a useful contact with the nursing profession. She has provided an excellent meeting room at Kings, conveniently close to Waterloo station for our patrons’ talk, mentioned earlier. We have co-opted two new GP trainee members—Larisa Corda who is in obstetrics, and William Townsend who is in haematology. Together with our student members they help us with contacts within the hospital service and medical schools.

David Bender holds everything together as a very efficient secretary. We are particularly grateful to our barrister Caroline Addy who kindly reads all our newsletters for libel before we go to print. Mandy Payne as our editor is outstanding. Finally I must thank our president Nick Ross who has a remarkable insight into medical matters and keeps us well-informed about media contacts. He knew the right person to bring our website up to date and I am sure you will agree the new look is a significant improvement.

I beg adoption of my report.

Keith Isaacson
Senior Consultant Orthodontist
North Hampshire Hospital, Basingstoke

References
1. Rose L and Garrow J. False Claims in Health Care: Outlawed at Last? Med Leg J 2009 77:66—68; doi:10.1258/rsmmlj.77.2.66
5. “A mandate from the Government to the NHS Commissioning Board” has now been published and can be viewed at: http://mandate.dh.gov.uk/
6. Bewley S. We respond to NHS Consultation. HealthWatch Newsletter October 2012, 87:7. Full version of Susan Bewley’s response to the draft mandate is on www.healthwatch-uk.org

HealthWatch Newsletter 88  Page 3
JUNK, JIGSAWS AND ZOMBIES:
MISLEADING STATS IN THE NEWS

The 2012 HealthWatch Award went to Tim Harford and the team behind BBC Radio 4’s “More or Less” programme. Tim received his award at the October AGM, and gave an entertaining presentation to HealthWatch members and patrons on the subject of misleading medical statistics. The article below is prepared from his presentation.

I’d like to begin by setting you a little test. Imagine you’re a doctor discussing a type of cancer screening with a patient. You see that test A increases the patient’s 5-year survival rate from 68 to 99%. Put your hands up if you think that would be a benefit? [audience hands were, hesitantly, raised] Test B, however, will reduce deaths from 2 per 1,000 to 1.6 per 1,000. Most people faced with comparing test A with test B would opt for test A.

In fact, only test B unambiguously saves lives: to be precise it saves 0.4 lives per 1,000 people. But what about the huge survival rate benefit of test A? To explain how this is, imagine a cancer that always strikes at the age of 60, but that shows no symptoms until age 68 ... then kills at age 70. A screening test that accurately diagnoses the cancer in 62-year-olds would give them a 5-year survival rate of 100%. Yet they would still die at 70 if there was no treatment.

US psychologists recently put this test to 400 doctors. Eighty-two per cent thought that test “A” saved lives—which it didn’t. Only 60 per cent thought that test “B” saved lives, and fewer than one-third thought the benefit was large or very large—which is intriguing, because of the few people on course to die from cancer, the test saves 20 per cent of them. In short, the doctors simply did not understand the statistics on cancer screening.

In the course of this talk I’d like to share with you some of the things I’ve learnt about statistics in the news.

Mistakes are not always difficult to spot

An advertisement for “U-switch” internet service claims that 49% of British broadband customers are getting below-average broadband speed. Think about it … it’s like saying, “49% of NHS patients are getting below-average treatment”. Of course they are, and the rest are getting average or above-average. It’s saying nothing.

It’s easy to be wowed by big numbers

In 1997 Gordon Brown pledged to spend £300 million on pre-school provision over the following five years. Now, you need to peer beneath the numbers here. The need for pre-school provision affects about 1 million children every year. That figure boils down to about £1.08 per child per week. What exactly is going to be provided for £1 a week? So, don’t be impressed by the big numbers that aren’t.

Be wary of averages

We have reports of economic upturns—talking about average inflation, average incomes. Remember, on average a rainbow is white, yet it’s the colours that are important. The average is not the only thing you want to know to get the true picture.

A famous example of the misuse or misunderstanding of averages was when the financial crisis broke in August 2007, and the chief financial officer of Goldman Sachs commented that 25-standard deviation events had occurred several days in a row. We asked a professor of finance to calculate for us the likelihood of that actually occurring. He worked out that you might expect to see a 2-standard deviation event once every 4-5 days. A 3-standard deviation event happens only every 3-4 years. A 4-standard deviation event once every 126 years. There could only have been one 5-standard deviation event since the last ice age. A 25-standard deviation event would be expected to happen only once every $X$ years, where $X$ is a number with 67 zeros.

Watch out for shifting definitions

A recent US report said that one in five students self-harm. Alarming to consider the possibility that a fifth of young people might hurt themselves by burning, slashing wrists, and attempting suicide. But is it true? Read the study behind the news and we find that 8,300 students were surveyed. Of those 3,000 chose to respond—could there be a bias here towards young people who already have an interest in self-harming? But it is the definitions that interested me. They included things like tugging at your own hair, scratching yourself. No doubt smashing your head onto your keyboard when reading an idiotic news story would have been included. According to the same study, only 49 of the responders reported causing themselves serious harm. That is 0.5% of the original sample. The story was not exactly false, but not really true either.

Sometimes you get statistics that have no merit whatsoever. We call them junk stats. We came across this one on the internet—four million US women are battered to death by their husbands or...
boyfriends. Four million? Common sense tells you that can’t possibly be true. We often find that the more serious the claim and the worthier the issue, the stupider the stats.

The dangers of junk stats

But it’s not only important issues that generate junk stats. We noticed an advertisement for a product that made lips 25% fuller. What does that mean? And a product that is 25% more “berrylicious” … we assume these have been cleared by the Advertising Standards Authority, but on what basis they proved the claims I can’t imagine.

Every year there is a Blue Monday. It’s a concept created to generate publicity for a charity that supports people with depression. A PR firm invented an equation that involves how many days you’ve just had off work and the length of time before your next holiday, and comes up with the most depressing day of the year. Is that OK? I’m inclined to think it makes a mockery of statistics, maths, and journalism. Someone with real evidence can be chucked in the same bucket as this kind of nonsense. Journalists using this kind of material don’t give their readers the tools they need to interpret stories properly.

“Zombie stats” ... This is what we call those figures that can be shot to pieces over and over again and yet they still keep coming back.

There’s something we call “zombie stats”. These are the figures that can be shot to pieces over and over again and yet they still keep coming back. Here’s one. Public sector spend could be cut by 20% by reducing waste. Well, the biggest factor in public sector spending is salaries, not waste. So how can cutting waste reduce it by 20%? The figure came from a procurement consultancy that claimed to be able to get better deals—such as cheaper mobile ‘phone bills. Of course they wouldn’t be able to make savings like that in all areas of spending, yet the government seemed happy to repeat the claim without any evidence. Ben Goldacre shredded the claim,1 we at More or Less shredded it, but like that zombie it just won’t lie down and die.

Recognise patterns that can fool us

In the cancer screening example that I began with, you could have known that I was going to try to fool you. But you don’t always see it coming. To take speed cameras, for instance. If the government try to put cameras at accident black spots, will they have an effect on the number of accidents that occur? Some accident black spots are indeed dangerous places. But in some cases a cluster of accidents is just back luck. Bad luck doesn’t last. Put a speed camera there and, chances are, the run of bad luck ends, the accidents are reduced, and it seems to be down to the camera. I’m not saying that speed cameras don’t help, but they might help less than we thought.

What do we in the media need to do?

Sometimes we need expert help. We in the media can always find an expert who is generous enough to explain if we ask. And we need to know when we need to ask.

We need to get better at explaining risk. To take another example from recent news, we hear that if you eat a bacon sandwich every day, you have your risk of cancer increased by 20%. The questions we need to be answering here are, what kind of cancer are we talking about? How likely are you to get it anyway? In this case, we’re talking about cancer of the bowel. Under normal circumstances, 4 people in 100 get bowel cancer. If you eat a bacon sandwich every day, the risk increases to 5 in 100. Explaining risk in this way is helpful.

The BBC website’s top story at the moment is that old people can prolong their useful life not by going for more walks, but by doing jigsaw puzzles. Whether this results from a study or a systematic review, we don’t know. You need context in order to judge this kind of story. And there’s the recession. A deficit of £150 billion—it’s a meaningless big figure for most people. Until you calculate that it adds up to a bill of £2,500 per person per year. Is that higher or lower than the deficit for other European countries? Greece for example? A good party trick during party political conference season is to take all the numbers that appear in the media reports and divide them by the population of the country and see what you get.

And are the sources sound? Is it true? What exactly is being said? What is being compared? If we’re talking of treatments, were they tested on animals or people or in a petri dish? Get a sense of scale and context. If we can do that, we can use maths to tell stories that people can understand.

Tim Harford
Broadcaster, author and journalist

More about Tim Harford and “More or Less”

TIM HARFORD is an author, columnist for the Financial Times and presenter of BBC Radio 4’s “More or Less”. The Royal Statistical Society has commended More or Less for excellence in journalism in 2010, 2011 and 2012; and the programme has won an award from Mensa.

As a senior columnist for the Financial Times, Tim’s long-running “Undercover Economist” column reveals the economic ideas behind everyday experiences, while a new column, “Since You Asked”, offers a sceptical look at the news of the week. His first book, “The Undercover Economist” has sold one million copies worldwide in almost 30 languages. His writing has been published by the leading magazines and newspapers on both sides of the Atlantic. Tim won the Bastiat Prize for economic journalism in 2006 and has been named one of the UK’s top 20 tweeters by The Independent.

In BBC Radio 4’s “More or Less” programme, Tim Harford and his team investigate numbers in the news and try to make sense of the statistics which surround us. The half-hour programme is broadcast at 16:00 on Friday afternoons and repeated at 20:00 on Sundays on Radio 4.

For more about “More or Less” see http://www.bbc.co.uk/programmes/b006qshd

For Tim’s articles and blog, see his website on http://timharford.com/
PEER REVIEW REVISITED

In the October HealthWatch Newsletter, Nick Ross made a number of important points about the problems of peer review of scientific papers, and suggested an experiment in which half of papers in a journal would be reviewed in the traditional way and the other half published for comment afterwards. The idea of abandoning peer review is interesting, but probably impractical for experimental sciences, and perhaps especially biomedical sciences.

We do have a problem with peer review, quite apart from the reluctance of many reviewers to accept radical ideas such as those that Nick discussed. It takes quite a time to review a paper that has been submitted for publication. In my experience, if a paper appears to be sound, the methodology is appropriate, and conclusions have been drawn to put the work in context of previous knowledge, it may take only an hour, or perhaps less. However, if there are flaws in the paper, the methodology is not sound or the results are at variance with previous work, without an appropriate explanation, it may take several hours or even a day or more to write a critique that will explain to the authors why their paper is not acceptable for publication. The reviewer has to explain the problems to the authors without hurting their feelings. My initial response might be, “This is a load of rubbish”, but I cannot say that, and must explain gently and kindly what is wrong with the paper. If I do not know the authors, I may be criticising a young researcher at the beginning of his/her career (when unkind comments may be especially hurtful), or I may be criticising a very senior person in the field. I have indeed rejected papers from senior people whom I know, or know by reputation, often on the grounds that there was a serious flaw in their methodology. On one occasion the (very senior and well-respected) author had provided a table of results showing a ratio that, by definition, must always be greater than 1 with values below 1—and had not commented on this impossible result.

A rising out of the time taken to review papers, we have an intriguing “catch 22” situation. A number of finance officers in universities are beginning to talk along the lines of, “time you spend reviewing papers is costing the university money and should be deducted from your salary”. At the same time, researchers are expected to publish papers in (high impact, high prestige) peer-reviewed journals that will add to the “quality score” of the university’s research profile. We cannot have peer-reviewed journals without peer reviewers!

“Even for a mid-rank journal only about a quarter of papers submitted are actually sent out for peer review”

Reviewing papers may be a tedious and thankless task, but it is flattering to be invited, and invitations to review do acknowledge your reputation in the discipline. Indeed, at the more junior level in universities, one of the criteria for promotion is the number of papers you have reviewed (along with the number of papers you have published in peer-reviewed journals, and your grant income). As an editor of a journal, I frequently have to invite six or more people to review a paper before two will accept the invitation—and then if they disagree I have to find a third or fourth reviewer. What is perhaps less well known is that even for a mid-rank journal only about a quarter of papers submitted are actually sent out for peer review. As an executive editor I reject about half the papers that come across my (virtual) desk, either because they are outside the scope of the journal, because they do not make a meaningful contribution to our knowledge, or because there are obvious flaws in the methods. The remaining I forward to subject specialist editors, who again reject about half without sending them for peer review.

The “publish first, comment afterwards” model works well in theoretical physics and mathematics, where the author puts forward ideas and proposes a theory or solution to a problem, inviting others to comment and dissect his/her arguments and logic. Some biomedical and other journals have always had “letters to the editor” in which people comment on published papers that have been peer reviewed, and most also allow the original authors to rebut these comments. The modern version of this is the rapid response on-line comment that is possible with a number of journals. There is obviously a need here for editorial control of what is posted.

Most open access publishing (at least in biomedical sciences) is still peer reviewed. The difference is that in traditional publishing the costs are met from subscriptions to the journal, and only subscribers (or people who have access to a library that subscribes) can read the paper. In open access publishing, the author (or his/her funding body) pays an article processing charge that meets the cost of production, and the paper is freely available to all on publication. The idea of author pays open access publishing is that the results of research should be freely available to the public, who have funded it through taxes or donations to research charities. Most of the major funding agencies are now requiring researchers to publish in open access journals. It is amusing to recall that only about 30 years ago, when the Journal of Biological Chemistry levied a page charge on authors, there was a note at the end of the paper to the effect that the author had paid for publication, and therefore this paper must be considered to be advertising.

Many journals are moving to a hybrid model, where authors may pay for open access if they wish (or if their funders require them to do so), while other papers are only available to subscribers. Publishers, and especially learned societies that rely on income from journals to fund their scientific activities, meetings, etc., are seriously concerned that subscriptions will fall faster than income from paid open access papers will rise. After all, if a significant proportion of the journal’s content is freely available, librarians will cancel subscriptions to meet their (always tight) budgets. I was recently at a meeting organised by the Society of Biology to consider this and other problems of open access publishing for learned societies. One of the scenarios we were asked to consider was a (not too distant) future in which people posted their data on-line and others then submitted comments and interpretations of the data. We discussed this for some time, and finally concluded that we would have to invent something very like peer review for these comments and interpretations. Otherwise, together with sensible interpretations of the data, there would be people claiming that the data “proved” that the earth was flat, sunspots cured cancer, etc. Someone has to filter out the obvious nonsense if the scientific integrity of the journal is to be maintained and if the general public are not to be seriously misled.

So, I do not foresee a future in which there is nothing akin to peer review for experimental sciences. There is, of course, the problem...
CANCER BY ANY OTHER NAME

We read with interest the paper by Moynihan et al discussing the issue of overdiagnosis in Medicine.¹ ... [a] potential source of overdiagnosis is related to nomenclature.

Most non-invasive papillary urothelial tumours of the urinary bladder are designated as transitional cell “carcinoma” without the qualifying suffix “in-situ”. This results in patients with papillary dysplastic urothelial proliferations being diagnosed as suffering from bladder cancer. This issue was highlighted by William Murphy in 1999 when he commented that “confusion of the risk of carcinoma with the presence of carcinoma seems to be a mind-set peculiar to the discussion of urothelial neoplasms.”² There is also significant inconsistency in the nomenclature of in-situ neoplasia across organ systems. Biologically analogous in-situ dysplastic proliferations would be designated as an adenoma in the colon, duetial carcinoma in situ in the breast and carcinoma in the bladder.

Moynihan et al describe excessive widening of disease definitions as a cause of overdiagnosis. The most extreme illustration of this phenomenon is the use of the term “cancer”. The public perception of cancer as a lethal disease probably stems from the fact that in most cases this disease (or rather group of diseases) was originally diagnosed only after spread and hence associated with a uniformly dismal outcome. However, currently most cancers are clinically localised diseases that are interpreted as having metastatic potential based on their microscopic appearances. In some cases, the diagnosis of malignancy is based on subtle histological abnormalities, such as capsular invasion in encapsulated microinvasive follicular thyroid carcinomas that are associated with minimal risk of adverse clinical outcome and the rationale of labelling such tumours as “cancers” in the absence of associated angioinvasion has been questioned.³ Thus the term cancer is today not uncommonly used for tumours with very low risk of causing significant harm to the patient. More recently genetic abnormalities have been identified in several cancers and in some cases these have been suggested as diagnostic criteria. For example, presence of RET/PTC gene mutations in trabecular hyalinising adenoma of the thyroid has been used to argue that this clinically indolent tumour should be considered a variant of papillary thyroid carcinoma.⁴ Such an approach could lead to further widening of the definition of cancer and risk “medicalisation” of patients with clinically harmless disease.

“Friends” are named Oz’s top skeptics

Friends of Science in Medicine have taken the 2012 title of ‘Skeptic of the Year’ presented by Australian Skeptics, a confederation of groups across Australia that investigate paranormal and pseudo-scientific claims from a scientific viewpoint.

The award is issued annually to the individual or group that has done the most for skepticism in Australia during the last 12 months. Tim Mendham, executive officer of Australian Skeptics Inc, said the decision to award to FSM was unanimous. “Friends of Science was only formed at the end of 2011, and instantly became a major force in bringing Australia’s universities to task for running courses in unproven and over-hyped medical treatments such as chiropractic, naturopathy, acupuncture, reflexology, etc. FSM quickly garnered support from hundreds of academics and senior medical researchers from Australia and overseas, including past Nobel Prize and Australian of the Year recipients.

Australian Skeptics’ Bent Spoon award “for the most preposterous piece of paranormal or pseudoscientific piffle” went to Fran Sheffield from Homeopathy Plus, an organisation that was said to have claimed that homeopathy can help with the highly contagious bacterial disease of whooping cough and that vaccination is ineffective against a new strain of that disease.

Mandy Payne


FSM’s website is at http://www.scienceinmedicine.org.au/

Peer Review Revisited

that Nick refers to, that a paper on homeopathy in a homeopathic journal will be reviewed by homeopaths. However, equally, a paper on surgery in a surgical journal will be reviewed by surgeons, a paper on pharmacology in a pharmacological journal will be reviewed by pharmacologists. There is also the problem that there are many journals out there, and invitations to contribute to new open access journals come in my email at least once a week, so if I go far enough down the ranking of journals I will probably be able to publish more or less anything somewhere. This is where the reputation of the journal, and its impact factor, becomes important. I am unlikely to be impressed by a paper published in a 4th or 5th rate journal. However, the problem is that the non-specialist reader will not know the journal’s reputation or reliability—“if it appears in print (or on-line with the appearance of a reputable journal) it must be true”.

David A Bender
Emeritus Professor of Nutritional Biochemistry
University College London
last word

FROM BAD PHARMA TO WORSE

In the process of writing a more substantial article for CRFocus (the journal of the Institute of Clinical Research), I asked the president of the Association for the British Pharmaceutical Industry for his perspective on the ABPI’s media statement in response to Dr Ben Goldacre’s new book ‘Bad Pharma’. Here is his reply:

“Thank you for your letter dated 7 November 2012. The issues raised by Mr Goldacre [sic] in his book, Bad Pharma, are important and we take them very seriously. I would like to add that during the development of Mr Goldacre’s book, the ABPI did try on numerous occasions to make contact with Mr Goldacre and we were disappointed that he did not respond. Consequently, there are a number of issues that we are now clarifying through public debate.

“I wish to reiterate, as outlined by the ABPI on 5 October 2012, that the pharmaceutical industry is one of the most highly regulated industries in the world. The industry has stringent and robust transparency requirements and disclosure of all data exists in line with international standards set by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), as well as a host of other regulatory bodies, both national and international.

“However, although I believe the pharmaceutical industry sets a very high standard on protocol, disclosure and transparency, we do recognise that there is always room for improvement and refinement. The UK and the ABPI has often led the debate on transparency and has undertaken extensive work in this area. The ABPI’s CEO, Stephen Whitehead, is a major champion of transparency and the ABPI reaches out and listens to all stakeholders on such debates, however difficult that may be.

“In the UK, the ABPI has been doing considerable work through its ethical working group consisting of the Royal Colleges, the BMA and The Lancet. Only six months ago, the ABPI and the BMJ hosted a joint conference on this very issue to understand exactly what stakeholders want from the industry and what we, within the UK, have the power to influence.

“This to end, the ABPI is committed to further improving the research and development process. This should be through stakeholder engagement involving all those working in R&D, regulation and healthcare delivery while ensuring that we put patients at the heart of everything we do so that they continue to have access to new and innovative medicines.

“I hope this addresses your concerns. Please do not hesitate to contact me should you have any further queries.”

Yours sincerely

Deepak Khanna
President

Of course, I took up his offer to request further information, and asked when and how the alleged attempts to contact Ben were made. There was no reply, so I tried again. I then received an email, which got me all excited, but it contained no text, only a PDF attachment. This was another letter on ABPI stationery, which said:

“Please contact my colleagues at the ABPI head office, who will be happy to assist you with your query.”

The same letter then arrived in the post, in a nice high quality envelope. An amazing effort in order to say nothing of any use. In fact I had already phoned the ABPI press office to ask the same question, but so far there has been no reply, even after two phone calls and three emails.

This is all very interesting in view of Ben’s perspective on it. He says:

“They made absolutely no attempt to contact me whatsoever. That is very simply another false claim from the ABPI.”

It is extremely puzzling behaviour, especially since they have also told other people that they are deliberately not engaging with me. I think this does a great disservice to the many ethical professionals in the pharma industry.

What more can I say? This is the industry that I have been proud to serve over nearly 40 years. There is a large majority of ethical professionals in it, and they will be as disappointed as I am.

Les Rose
Freelance consultant clinical scientist

Reproduced with Les Rose’s permission from his blog,
http://majikthyse.wordpress.com/lyse.com

HealthWatch Newsletter Editor: Mandy Payne

Published by HealthWatch
www.healthwatch-uk.org

Press enquiries please e-mail enquiries@healthwatch-uk.org

PLEASE NOTE THE OLD PRESS ENQUIRY LINE IS NOW CLOSED

President: Nick Ross
Chairman: Keith Isaacson
Vice-Chairman: James May
Secretary: David Bender
Treasurer: Anne Raikes

Editor: Mandy Payne

HealthWatch Newsletter 88

Established 1992
Registered Charity no. 1003392

Registered office: HealthWatch Newsletter, 8 Eagle Close, Amersham, Bucks HP6 6TD

HealthWatch promotes:
1. The assessment and testing of treatments, whether "orthodox" or "alternative";
2. Consumer protection of all forms of health care, both by thorough testing of all products and procedures, and better regulation of all practitioners;
3. Better understanding by the public and the media that valid clinical trials are the best way of ensuring protection.

HealthWatch welcomes membership enquiries from those who share its aims. Membership costs £30.00 per year, including hard copy newsletter sent by post (£40.00 for members outside Europe); or £25.00 for members anywhere in the world who agree to receive the newsletter only in pdf form by e-mail. Student membership, which includes the newsletter by e-mail only, is free. Questions about membership should be sent to membership secretary Kenneth Bodman, at kenneth.bodman@btinternet.com

Extra newsletter copies are available at £5.00 each.

Patrons:
Lord Dick Taverne QC
Sir Michael Rawlins
Professor Steve Jones FRS
Robin Ince