May 28, 2008

Mr. Kerry Weems  
Acting Administrator  
Centers for Medicare and Medicaid Services  
US Department of Health and Human Services

Dear Mr. Weems,

On March 30, 2006, the Center for Medicare and Medicaid Services’ Medicare Evidence Development and Coverage Advisory Committee (MedCAC) publicly announced a list of “desirable characteristics” that a pharmaceutical compendium should meet before Medicare adds one to its roster of drug reference guides that may be used by oncologists to justify reimbursement for off-label use of anti-cancer drugs. Those criteria included:

- A publicly transparent process for evaluating therapies; and
- A process for public identification and notification of potential conflicts of interest of the compendia’s parent and sibling organizations, reviewers, and committee members, with an established procedure to manage recognized conflicts.

In February of this year, CMS received requests from the National Comprehensive Cancer Network Compendium, Elsevier’s Clinical Pharmacology, and Thomas Micromedex’ DrugPoints and DrugDex to be included on that roster. While we recognize the time has expired for public comment on those requests, we believe CMS should hold these requests in abeyance until they fully comply with all the criteria outlined by MedCAC, especially those involving transparency and conflicts of interest.

In reviewing the three compendia requesting inclusion on the list, the NCCN compendium stands out by its failure to provide the public with accurate information about conflicts of interest. Visiting the NCCN website tells the public nothing about the financial relationships between drug companies and the physicians, biostatisticians, and other scientists who comprise the 44 panels that write clinical practice guidelines and determine which drugs, which indications, and the weight of evidence that are included in its compendium. Instead, in the clinical practice guidelines that are the reference base for the information in the compendium, NCCN provides a list of all companies that had any relationship with any member of the committee. But the guidelines do not indicate which member that might have been.

In the world of medical publishing, conflict of interest disclosure requirements vary depending on the standards of a particular organization. But to my knowledge, no journal,
professional annual meeting, or accredited continuing medical education activity has a conflict of interest disclosure policy that disconnects the names of the corporations from the individuals with whom they have financial ties in the manner of the NCCN website, its compendium, and its clinical practice guidelines. This non-disclosure disclosure fails to meet the standards outlined by MedCAC. Certainly, none of the nation’s leading medical journals operate under such a standard; they would be roundly condemned if they backed away from individual identification of conflicts of interest.

Therefore, CMS should withhold approval of the NCCN compendium until it adopts a conflict of interest disclosure standard comparable to that of, say, the Journal of the American Medical Association. Approval should be contingent on identification of all financial relationships of the individuals who serve on the clinical practice guideline-writing committee going back at least five years (again, the JAMA standard). It should be prominently posted on the page following the committee roster listing (not on the second-to-last page as is now the case). And the companion compendium listing for every drug indicated in the guideline should indicate a) if it has been approved by the Food and Drug Administration for that use; b) if the committee that approved that use included anyone with a conflict of interest; and c) provide a link to the page where the specific details of those conflicts of interest – the name of the physician; the name of the company; and the extent and nature of the financial relationship – are listed.

The NCCN compendium and its conflict-of-interest disclosure standard also fall short of the standards used by the other compendia up for consideration. Clinical Pharmacology, according to its website, prohibits its full-time staff from having any financial ties to drug manufacturers, even if they previously worked for industry. And, in the wake of a scandal that made the financial press five years ago, DrugDex appears to have adopted a more rigorous standard in disclosing conflicts of interest, although I have not conducted a rigorous investigation of their compendium because it is proprietary and not open to the public. Therefore, CMS should make the DrugDex and DrugPoints approval contingent on complete and open public access to the rosters of the committees that approved their compendia recommendations, and to full disclosures of conflicts of interest for individual members going back at least five years.

Beyond the lack of transparency, there is evidence to suggest that none of the proposed compendia should be added to CMS’ approved list because of their failure to incorporate the best medical evidence. All three received a negative review from the Agency for Healthcare Research and Quality’s technology assessment program, which analyzed the compendias’ reviews of 14 on- and off-label indications for commonly used anti-cancer drugs. “Compendia claim to use evidence-based methods in their evaluation of therapeutic agents . . . Cited literature was often neither the most recent nor the most valid in terms of study design,” the reviewers said.

The financial resources available to Medicare and Medicaid are limited, a problem that will only grow in the coming years. The price of the latest cancer drugs has become a burden to government, private payers and cancer patients alike. To give suffering cancer patients confidence that the treatments they receive are worth the cost, the compendia
used to justify payment for the off-label use of anti-cancer drugs should adhere to the highest standards of clinical evidence and arrive at their conclusions in a fully transparent manner that includes full disclosure of conflicts of interest. All three of these compendia appear to fail either or both of those tests.

We hope you will take these comments into consideration before making this decision, which will affect both the public and the financial health of the nation.

Sincerely,
Merrill Goozner
Director
Integrity in Science Project
Center for Science in the Public Interest

cc: House Energy and Commerce Committee Chairman John Dingell
House Energy and Commerce Committee Ranking Member Joseph Barton
House Government Oversight Committee Chairman Henry Waxman
House Government Oversight Committee Ranking Member Tom Davis
Senate Finance Committee Chairman Max Baucus
Senate Finance Committee Ranking Member Charles Grassley