Reply to Solnick

TO THE EDITOR—The letter by Dr Solnick about his concerns of potential bias and/or conflicts of interest by the authors of 2 recent reviews in Clinical Infectious Diseases raises important issues [1–3]. The journal and its editors recognize the need to provide our readers with updated information about new and evolving antimicrobial agents, written by acknowledged experts in the particular area. Such experts must have requisite experience and background to provide scientific information as well as clinical guidance. In the course of development of such drugs, pharmaceutical companies utilize such experts for guidance and clinical studies as well. Therefore, it is almost inevitable that these experts are called upon by CID as well as industry. To exclude such experts from providing expert opinion to the readership of CID invokes an a priori assumption that having research grants or contacts with industry fosters innate bias, which is in itself a form of bias and unfounded use of the doctrine of political correctness. CID and its editors are cognizant of these potential issues and, therefore, all submitted manuscripts undergo a rigorous peer review process. All authors must submit disclosure of conflicts of interest, which is an international standard. Every article submitted for consideration to the sections of CID referred to in Dr Solnick’s letter were assigned to the special section editor and reviewed by at least 2 external peer reviewers, who are content experts on the subject matter of the submitted manuscript. The reviewers rate the articles for importance and scientific validity and screen for any bias or inaccuracy that must be addressed by the authors prior to reaching any decision about publication. Subsequently, the revised manuscript and a recommendation are submitted to the Editor-in-Chief of CID, who makes the final decision. Although invited as reviews, not all articles are accepted. Once published, an open process proceeds whereby scientists and
experts are encouraged to comment about scientific issues and perceived biases in a Letter to the Editor, as done, for example, by Eschenauer et al [4] and the subsequent response by the authors [5].

All humans have preferences and biases, but this does not necessarily cloud one’s judgment or scientific integrity. It is correct that the manuscripts under consideration had support from industry, and the authors disclosed financial relationships or employment from the manufacturers. We agree with Dr Solnick that critical readers will draw their own conclusions about the manuscripts with these disclosures under consideration. However, we cannot accept the categorical presumption that because a specific individual or a research study is funded by industry that there is innate bias in the results and is tainted with medical misconduct. It reminds us of the Lyme disease guidelines [6] suit brought by the State of Connecticut that resulted in an outcome that the guidelines were correct, in which the only finding was that the experts had done research on Lyme disease sponsored by industry or grants. We would remind the readers that the significant progress being made toward the Infectious Diseases Society of America’s 10 × 20 Initiative in new antimicrobial agent development would not be possible without the support of industry. Furthermore, having reviewed studies going into approval of a new agent by the US Food and Drug Administration requires a heightened level of scrutiny and statistical rigor that continues to tax and challenge the pharmaceutical industry.

The specific issue of optimal therapy for methicillin-resistant Staphylococcus aureus infections continues to be a difficult and challenging issue for clinicians. Stifling progress in this clinical area will limit therapeutic options. Disseminating information and engendering discussion on new advances and appropriate alternate considerations reflects the progress being made in this area. CID continues to remain the premier journal that infectious disease clinicians refer to in assisting them in their clinical practice. Providing them with information on the use of a new drug in bacteremia and the evidence available in this area is an invaluable resource that should be encouraged, not limited. As always, there must be fairness and balance between sharing clinical information while avoiding unwarranted promotion. The special section editors will continue to accept this challenge and select authors who are the most knowledgeable, while assuring a fair comment on positioning of drugs.

Note

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Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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