their related transgressions, only public attention tends not to be drawn to these, unsurprisingly. The main need is for initiatives to manage the intrinsic threats.

Olli S. Miettinen
Department of Epidemiology and Biostatistics and Department of Medicine
Faculty of Medicine
McGill University
Montreal, Que.

References

1. Lewis S, Baird B, Evans RG, Ghali WA, Wright CJ, Gibson E, et al. Dancing with the porcupine: rules for governing the university–industry relationship [editorial]. *CMAJ* 2001;165(6):783-5.
2. Davidoff F, DeAngelis CD, Drazen JM, Nicholls MG, Hoey J, Højgaard L, et al. Sponsorship, authorship and accountability [editorial]. *CMAJ* 2001;165(6):786-8.

Steven Lewis and colleagues have proposed a reasonable concept but, as is the wont of those who administer, they cannot refrain from trying to impose another layer of administration.[1] Surely, with their present administrative hierarchy our universities and, in particular, our ethical review committees are able to implement guidelines such as those proposed by Lewis and colleagues, should the universities choose to adopt them. I can see little need, except that of administrative aggrandizement, for some other overseeing body. I note that the authors have not failed to target the pharmaceutical industry as the body that should pay, thereby adding to the cost of bringing new therapeutic agents to patients.

Instead of a proposal that the universities and the pharmaceutical industry deal with individual transgressions, I see the usual administrative urge to make one size fit all. Given the litany of administrative failures to achieve the latter in other areas of medicine, we should be chary of allowing this proposal to proceed in an uncritical manner.

Barry Koehler
Clinical Professor
Department of Medicine
University of British Columbia
Vancouver, BC

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Although we agree with the publication rules suggested by Frank Davidoff and his colleagues in the International Committee of Medical Journal Editors,[1] we think the implementation of the proposals of Steven Lewis and coauthors[2] would seriously impair the conduct in Canada of academically credible clinical research carried out in partnership with industry. The examples cited by Lewis and colleagues are all warnings to investigators that companies are primarily responsible to their stockholders, but only one, the Olivieri case, relates to a dispute over the publication of results.[2]

Our experience in coordinating over 120 national clinical trials in which pharmaceutical companies supplied drugs or financial support or both suggests strongly that such untenable situations can be avoided if the principles identified by Davidoff and colleagues are contractually protected. In all of our trials we, or a partner academic group, create and maintain the trial database, analyze the trial data according to protocol-specified plans and have the right to publish our conclusions. Our host university insists on preserving these academic rights. Furthermore, we are ultimately accountable for all of our studies, whether supported by industry or by competitive grants, to the National Cancer Institute of Canada, which periodically peer reviews the scientific quality of our program and the trials we conduct.

By focusing on a few justly disturbing cases and not examining alternative models, Lewis and colleagues failed to gather the data needed to make sound recommendations.[2] At a time when the major source of new therapeutic agents is the pharmaceutical industry, we need solutions that protect academic integrity but simultaneously allow Canadian trials to be developed and conducted quickly by qualified physician-investigators. The highly centralized and potentially bureaucratic system proposed by Lewis and colleagues might fulfill the former requirement but will certainly not fulfill the latter.

We feel strongly that better approaches must be adopted if Canadian investigators are to be adequately protected in, but not excluded from, an important research endeavour. Our experience suggests that the key elements of such approaches should include accountability to an agency that represents the public interest and a clear understanding on the part of investigators and university contract officers of their rights and responsibilities. All of this can be achieved by educational initiatives and appropriate leadership from existing professional and funding bodies.

Joseph L. Pater
National Cancer Institute of Canada
Clinical Trials Group
Queen's University
Kingston, Ont.
Wendy Parulekar
National Cancer Institute of Canada
Clinical Trials Group
Queen's University
Kingston, Ont.
Christopher O'Callagham
National Cancer Institute of Canada
Clinical Trials Group
Queen's University
Kingston, Ont.
Lois Shepherd
National Cancer Institute of Canada
Clinical Trials Group
Queen's University
Kingston, Ont.
Elizabeth Eisenhauer
National Cancer Institute of Canada
Clinical Trials Group
Queen's University
Kingston, Ont.
Lesley Seymour
National Cancer Institute of Canada
Clinical Trials Group
Queen's University
Kingston, Ont.
Dongsheng Tu
National Cancer Institute of Canada
Clinical Trials Group
Queen's University
Kingston, Ont.
Keyue Ding
National Cancer Institute of Canada
Clinical Trials Group
Queen's University
Kingston, Ont.