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CRA endorsement of osteoporosis guidelines

The Canadian Rheumatology Association endorses the recently published guidelines for the treatment of osteoporosis.[1] We would like to make the readership of *CMAJ* aware that we support these important recommendations.

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Mandatory pharmacovigilance

A recent *CMAJ* editorial[1] commented on the lack of objective, user-friendly information from Health Canada and the pharmaceutical industry regarding the use and effectiveness of new therapies. However, one cannot help but perceive an element of hypocrisy on the part of *CMAJ*.

Since July 1994, *CMAJ* has provided a means of distribution for Health Canada's *Canadian Adverse Reaction Newsletter* (initially as part of the journal itself and now as an accompanying publication) without any editorial critique of the information presented there. Such critique is warranted for several reasons. In particular, the newsletter publishes information with medicolegal implications for appropriate medical practice.

However, many physicians have serious concerns about Health Canada's continuing reliance on a highly flawed approach to postapproval surveillance and the department's interpretation of the resulting data. A case in point: the October issue of the newsletter described potentially severe adverse reactions associated with leflunomide,[2] but when all patients exposed to the drug have been monitored, the rate of adverse events reported for leflunomide has been lower than for methotrexate or other commonly used disease-modifying antirheumatic drugs for rheumatoid arthritis.[3] Crude mortality rates were also lower for the patients who received leflunomide. Similar data attesting to the relative safety of leflunomide compared with methotrexate have been presented in another large study monitoring all patients exposed to leflunomide.[4]

In addition to revealing errors of ascertainment, these data highlight the serious limitations in attribution that may occur in surveillance programs that do not monitor exposure to the drug in question. Several countries have recognized and acted on these concerns by implementing surveillance programs that *do* monitor exposure (e.g., the UK National Institute of Clinical Excellence for Surveillance of Biologics). Meanwhile, as *CMAJ*'s editorialists indicated, Health Canada is only hesitantly "grasping the nettle" in addressing this issue. It is therefore all the more essential that the data it presents in its newsletter be subject to the same degree of scrutiny and peer review as any other data submitted to *CMAJ*.

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Competing interests: Dr. Maksymowych has received speaker fees from Merck and educational grants from Aventis.

[The editors of the *Canadian Adverse Reaction Newsletter* respond:]

In responding to Walter Maksymowych's letter about a recent *CMAJ* editorial[1] and an article about leflunomide[2] in the *Canadian Adverse Reaction Newsletter* (CARN), we would like to emphasize that every drug has benefits and risks. As its name implies, the CARN discusses mainly the risks associated with drugs rather than their benefits. Its purpose is to raise awareness of potential safety issues detected through the review of case reports submitted to Health Canada and to remind health care professionals of ways to minimize the risks. Publication of articles in the CARN is preceded by a comprehensive consultative process with scientific staff within Health Canada, the Regional Adverse Reaction Centres, members of the department's Expert Advisory Committee on Pharmacovigilance and the editor of *CMAJ*.

The leflunomide article[2] summarized safety information from various sources (e.g., the Arava product monograph, the *Australian Adverse Drug Reaction Bulletin* and documents on leflunomide from the European Medicines Evaluation Agency), rather than drawing conclusions based solely on the adverse reaction data presented in the article. The data in the CARN represent observational results from the Canadian Adverse Drug Reaction Monitoring Program database. Prominent caveats in the newsletter advise readers that adverse reactions to health products are considered suspicions, because a definite causal association is often impossible to determine. Spontaneous reports of adverse reactions cannot be used to estimate the frequency of such events, because adverse reactions remain underreported, and patient exposure is unknown.

Health Canada continues to enhance its postmarketing surveillance and assessment program for health products; the spontaneous adverse reaction report-