NEJM's new editor cut ties with 20 drug companies before taking helm

Last year Dr. Jerome Kassirer, the editor of the *New England Journal of Medicine*, was fired after he refused to relinquish some of the journal's autonomy to the publisher, the Massachusetts Medical Society. Now the journal has made another controversial decision by hiring an editor with a history of close ties to the drug industry.

When the appointment of Dr. Jeffrey Drazen was announced last spring, there was some criticism in the lay media because of his connections with drug companies. However, the former chief of pulmonary and critical care medicine at the Brigham and Women's Hospital in Boston says he spent the next 2 months breaking those connections by resigning from advisory positions and liquidating stocks and assets.

Drazen: changes in store

Drazen says he abides by the 188-year-old journal's conflict-of-interest standards. They require authors of scientific reports to disclose industry ties and disqualify those who are in a potential conflict-of-interest position because they have been paid by a drug company or own stock in a company.

Drazen, a leading asthma researcher who helped test 3 popular asthma medications, said in an interview that he had ties with about 20 drug companies, although "it was all preliminary research."

In accordance with *NEJM* policy, Drazen says he won't deal with any manuscripts involving these companies for 2 years from his last point of contact. He doesn't think that recusing himself from these manuscripts will impede his work as editor. "Only about 12% of papers at the *NEJM* concern drugs or drug products," said Drazen, 53, who became editor July 1.

Dr. Marcia Angell, interim editor for the past year, says recusing himself could prove "a little bit awkward" for Drazen in the small, closely knit office, but she acknowledges that it was the "right thing to do."

Drazen had to overcome some bad PR in assuming the job. In March 1999, the Food and Drug Administration issued a "notice of violation" against a drug company, Sepracor Inc., because of "false or misleading" statements Drazen made about the safety and efficacy of an expensive new asthma drug, levalbuterol; it is a variant of albuterol, but costs 5 to 8 times more. Drazen described it as "the first real advance in rescue asthma therapy in over 20 years."

Drazen, who was paid to serve as the company's expert spokesman during the drug launch, told *The Wall Street Journal* that he was naïve to let that quotation stand, but he's unapologetic about his previous ties to industry. He maintains that academic researchers must work closely with drug companies if they are to remain conversant about new drugs as they come to market. The key, said Drazen, is that doctors running clinical trials involving drugs have no financial interest in the outcome. The influence of pharmaceutical companies on research, however, has been demonstrated. For example, an evaluation of calcium-channel antagonists (see *N Engl J Med* 1998;338:101-6) showed that a variety of financial relationships between authors and drug companies resulted in bias in favour of particular companies' products. About 70% of funding for US clinical trials of drugs and devices now comes from industry, not government.

Kassirer, the *NEJM* editor for 8 years, was dismissed because he opposed plans by the Massachusetts Medical Society to use the journal's name and logo to promote unrelated products — commonly referred to as branding. It also wanted to move the journal offices from the Countway Library at Harvard University — the very hub of research — to the more remote and corporate environment of the society's new head office (see *CMAJ* 1999;161:529-30).

"I don't know how [the branding issue] will play out," says Angell. "Branding is very important for financial success, and the medical society cares very much about that."

But Drazen isn't debating branding — he's talking about his plans for the *NEJM*. "I have a wonderful legacy from my predecessors," he says. He wants to make the journal more useful by enhancing review articles and adding a "very focused" series on hospital-based practice. — *Barbara Sibbald*, CMAJ

CMAJ's impact factor improves

CMAJ's impact factor, the most important indicator of how widely its articles are cited in the scientific literature, rose significantly last year, the Institute for Scientific Information in Philadelphia reports. The data indicate that the journal's impact factor rose from 1.6 citations per scientific article in 1997 to 2.4 in 1999. At the same time, the number of citations for *CMAJ* articles rose to 4873 in 1999, up 18% from 1997. The numbers are important because they express the relation between the volume of substantive scientific articles published and the frequency with which the journal is cited. The result means that *CMAJ* now ranks fifth among the world's general medical journals. The only general-interest journals with higher impact factors are the *NEJM* (28.9), *JAMA* (11.4), *Lancet* (10.2) and the *BMJ* (5.1).