

by those responsible at McGill. The online case was subsequently and appropriately modified.

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Competing interests: None declared.

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[McGill University's Associate Dean of CME replies:]

The McGill Centre for Continuing Medical Education developed and accredited the case study "A hypertensive snow bird." The Centre stands behind this case as both valid and important.

Dr. Lexchin's letter was forwarded to us by the CFPC and resulted in an internal review of the case. The review found no evidence that the use of the generic term telmisartan was influenced by the sponsor (Boehringer Ingelheim) or mdBriefCase. The review made several recommendations, all of which were implemented by the Centre and mdBriefCase and included changing the word telmisartan to "ARB" (angiotensin receptor blocker) in the online version, in response to Dr. Lexchin's concerns.

The Centre firmly believes in the delivery of high-quality unbiased CME and appreciates comments on content accredited by McGill.

Michael D. Rosengarten
Associate Dean of Continuing Medical Education
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Competing interests: Dr. Rosengarten did not receive payments, etc., from the company sponsoring the article. Income for his department was derived from mdBriefCase and was used to cover expenses and to fund CME projects.

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[The Chair of Family Medicine, McGill University, replies:]

The CME "snow bird" case was written to illustrate the importance of treating hypertension and to illustrate that compliance with medication depends on the

physician being aware of side effects and taking appropriate action; that treatment of hypertension after stroke is important (particularly as treatment of many stroke patients remains inadequate); and to describe the role of ambulatory blood pressure monitoring in hypertension management. The mention of an individual generic drug name was removed from the online version of this case as soon as it was brought to our attention via Dr. Lexchin's letter to the College.

Despite Dr. Lexchin's assertion that in the absence of diabetes most patients with hypertension should be treated with a thiazide diuretic, in practice many patients experience side effects from thiazines or have contraindications to thiazides such as gout, refractory hypokalemia or renal impairment.¹ The case presents options for the management of this type of patient.

Martin Dawes
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Competing interests: Dr. Dawes received payment from the CME office at McGill for writing the original case. This funding was provided by mdBriefCase and does not represent direct pharmaceutical funding.

REFERENCE

1. Fagard RH, Van Den Ended M, Leelman N, et al. Survey on treatment of hypertension and implementation of World Health Organization / International Society of Hypertension risk stratification in primary care in Belgium. *J Hypertens* 2002;20(7):1297-302.

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[The President of mdBriefCase replies:]

I agree that the CFPC should not be accrediting CME programs that have a commercial bias. With more than 4000 physicians visiting our site each month to access more than 30 courses, credibility is critical to the continued success of www.mdbriefcase.com.

Medical schools and associations create the content of the courses we offer. All of these courses are accredited by the College. This means they must meet guidelines (available on our home page) set by both the College and the

CMA. These guidelines state that CME programs "must meet accepted ethical standards, particularly regarding commercial support."

Dr. Lexchin submitted his concerns with regard to the program "A hypertensive snow bird" to the CFPC in April 2005. As a result, there was a third-party review of this course by the CFPC. It concluded there was no evidence of commercial bias.

This course has been taken by hundreds of physicians. In the course evaluation, participants are asked, "Was this program free of commercial bias?" Participant rating for this course is 4.87 out of 5 (with a rating of 5 meaning "completely unbiased").

At mdBriefCase we will continue to provide high-quality online CME programs, created by leading Canadian medical institutions, and following the standards of the College and the CMA.

Greg Cook
President
mdBriefCase

Competing interests: None declared.

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Conforming to ICMJE principles

There is increasing concern about interactions between academic investigators and the pharmaceutical industry, particularly relating to financial and other conflicts of interest, access by investigators to all research data and the ability of investigators to take full responsibility for the results of studies funded by industry. The latter 2 concerns led to a revision of the guidelines for the submission of articles to biomedical journals published in 2001 by the International Committee of Medical Journal Editors (ICMJE).¹ Four years after publication of that commentary, clinical trial agreements between academic medical centres and industry still do not conform to the ICMJE principles.²⁻⁴

The Canadian Association for Immunization Research and Evaluation (www.caire.ca), a network of investigators from academia and public health,