IN brief

Comparative effectiveness $100 million handout

Up to $100 million is on offer for grants focused on comparative effectiveness research (CER) to study what medical interventions work best and for whom and under what circumstances. On November 16, the Agency for Healthcare Research and Quality, located in Rockville, Maryland, will begin accepting proposals to support large projects in the Clinical and Health Outcomes Initiative in Comparative Effectiveness. The grants are funded by appropriations from the American Recovery and Reinvestment Act of 2009, which contains $1.1 billion in federal funding for CER over the next two years (*Nat. Biotechnol.* **27**, 211–212, 2009). Ten awards will be funded in FY2010, which may be up to three years with a grant not exceeding $10 million and no more than $4 million in any one year. CER is what Britain's National Institute for Health and Clinical Excellence (NICE) uses to advise the National Health Service on the cost effectiveness of new treatments. "Without such information, policy and policy decisions tend to be *ad hoc*, based on individual expert perceptions and may be influenced by interests of individuals or groups," says Kalipso Chalkidou, director of NICE's International Programme. As the US contemplates healthcare reform, US policymakers should consider [establishing] CER systems, says Chalkidou. NICE has recently launched a nonprofit fee-for-service, in which client countries or donors pay for advice. *Emma Dorey*

REMS violations fines

Companies that fail to follow Risk Evaluation and Mitigation Strategies (REMS) can face fines of up to $10 million, according to a new draft guidance released by the US Food and Drug Administration (FDA). The document released on September 30 is the most extensive guidance for industry regarding postmarket management of drug risks since REMS was established under the FDA Amendments Act of 2007 (FDAAA) (*Nat. Biotechnol.* **25**, 1189–1190, 2007). The guidelines specify the content the agency expects companies to submit in a REMS proposal and the fines for not meeting REMS requirements, which can add up to $10 million. On a practical level, the new guidance has the potential to delay a drug's approval process. For BioDelivery Sciences, in Raleigh, North Carolina, the agency's request for a REMS program had a major impact. The legislation was enacted as the FDA was reviewing their first drug, Onsolis (fentanyl buccal), for the management of cancer pain. Complying with REMS requirements delayed product approval for nearly a year. Nonetheless, Al Medwar, vice president of marketing and corporate development at BioDelivery says, "I completely support the FDA's ability to enforce this as necessary, including imposing fines on those who don't comply. For too long, the FDA has not had adequate ability to enforce the regulations put in place," he says. *Catherine Shaffer*

marketing of pediatric cold remedies.

Lurie's career includes academic studies in AIDS prevention (including epidemiology, economics and ethics), and activist work with Public Citizen focused on drugs, devices, occupational health and policy. Examples of his advocacy activities include filing a petition in June to the FDA to halt its review of Indianapolis-based Eli Lilly's anti-platelet drug Effient (prasugrel) due to safety concerns, and publishing a study showing that FDA advisory board members with conflicts of interest are 10% more likely to vote in favor of a drug reviewed by the agency than those without conflicts—although that study also showed financial conflicts do not alter the overall outcome of voting (*J. Am. Med. Assoc.* **295**, 1921–1928, 2006).

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Also earlier in June, Lurie testified before the House Energy and Commerce Committee Health Subcommittee on the dangers of the FDA's approval process for Menaflex, a device for injured meniscus produced by the Hackensack, New Jersey–based ReGen. The approval boondoggle resulted in a product recall, the resignation of Daniel Schultz, director of the Center for Devices and Radiological Health, and a major review of the 510(k) premarket notification process.

While at Public Citizen, Lurie, Wolfe and colleague Elizabeth Barbehenn released the monthly *Worst Pills, Best Pills*, a newsletter focused on the risks and safety aspects of approved drugs. The three-person project helped plug an acknowledged gap in postmarket surveillance. Many of the drugs designated "Do Not Use" by the editors have subsequently been withdrawn from the market.

Along with Lurie's appointment, several others were announced. These positions include: Meghan Scott, former campaign director for the union-backed group WakeUpWalmart.com of Washington, DC, as FDA's chief press officer; Vicki Seyfert-Margolis, CSO of nonprofit Immune Tolerance Network, as advisor to FDA chief scientist Jesse Goodman; and attorney John M. Taylor, III, as counselor to the FDA commissioner Margaret Hamburg.

The number of outside critics brought into the agency is a signal that Hamburg is not so much cleaning house as building a team with the most interested and motivated people she can find. According to Frank Torti, former FDA chief scientist and principal deputy commissioner, who served as acting commissioner after Andrew von Eschenbach stepped down, "I think it's important and wise to actually engage people from a variety of viewpoints in thinking about the FDA, so that reaching out to advocacy groups is a smart and necessary piece of reflecting different viewpoints. It makes some sense to me."

The new appointees, coupled with changes made in recent months, point at radical changes afoot. Hamburg is pushing for greater transparency in the approval process, increased scrutiny of apparent conflicts of interest, an overhaul of the device approval process, the strengthening of science and technology expertise at the agency, and a much-needed reform of the postmarket surveillance system.

Some observers, however, are concerned that assigning a few new people to senior roles will not shake the agency enough. Diana Zuckerman, president of the National Research Center for Women and Families, Washington, DC, points out that Lurie's job description is vague, and as an advisor, he may have little direct decision-making power. "The FDA is enormous," says Zuckerman, "and two people—even two people at the highest levels, including a commissioner who is very committed to public health—still can't turn around an agency. There are layers of leadership in the hierarchy at the FDA which have created the problems of the last 6 to 8 years, and most of those leaders are still there."

In the drug approval process, science ought to be used to weigh the risks and benefits of a new treatment. Political pressure or doctors' desires for more treatment choices are not supposed to play in. But this is not always what happens, according to Zuckerman. "What should be a very scientific process ends up being influenced by the leadership...when people are promoted not because of merit, but because of their willingness to please the companies whose products they're supposed to be regulating.... I think companies are still getting their way more often than the science would merit."

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