

Sir,  
**Comment on 'Preclinical aspects of anti-VEGF agents for the treatment of wet AMD: ranibizumab and bevacizumab'**

I read the above article with interest.

My main concern is that the authors did not write it. We learn in the acknowledgements that Matthew Cunningham of Alpha-Plus Medical Communications Ltd, with funding from Novartis, provided services including 'preparation of a first draft'.<sup>1</sup> An internet search for this company shows that they claim 'complete medical communication service for all marketing needs' (www.biopharmamarket.com/@offers/services/view/437) and are now part of the Fishawack group. Fishawack<sup>2</sup> tell us that they recently recruited Jo Jarvis from the pharmaceutical industry as UK Director, Stakeholder Strategies, and that her recent achievements include serving as faculty for a conference entitled, 'Inaugural West coast forum on Defining Compliant and Effective Interactions with Thought Leaders and Key Opinion Leaders to Support Product Development and Commercialization'.

The subject of 'medical ghostwriting' and the potential effects on healthcare delivery is a controversial area,<sup>3</sup> and the publication of this article in the college journal a matter for the Editor. Although I am reassured that the authors 'take full responsibility' for what has been written and recognise that the contribution of medical writing services funded by Novartis was mentioned in the acknowledgements, I feel that Mr Meyers' claim to have no conflict of interest is questionable on the basis of services rendered.

**Conflict of interest**

The author declares no conflict of interest.

**References**

- 1 Meyer CH, Holz FG. Preclinical aspects of anti-VEGF agents for the treatment of wet AMD: ranibizumab and bevacizumab. *Eye* 2011; 25: 661–672.
- 2 New stakeholder relations division at Fishawack Group. Press release April 2011, www.fishawack.com.
- 3 Goldacre B 'Medical ghostwriters who build a brand' 18th September 2011, www.guardian.co.uk.

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Sir,  
**Authors' Response to a Letter to the Editor**

We thank Dr Vallance<sup>1</sup> for his interest in our recent review. To begin with, it is of the utmost importance to point out that Dr Vallance did not actually voice any objections or doubts concerning the scientific

facts and the information given in our comprehensive review comparing the aspects of ranibizumab and bevacizumab in relation to their molecular characteristics, *in vitro* and *in vivo* properties, and preclinical safety data.<sup>2</sup>

The issue in question here is Dr Vallance objection to the fact that a medical writer funded by Novartis helped with the preparation of the manuscript. Dr Vallance even goes so far as to insinuate that the authors did not write the article at all. He bases his speculations on the fact that the company Mr Cunningham (the medical writer) works for also supplies 'complete medical communication services for all marketing needs'. With his reference to an article in 'The Guardian'<sup>3</sup> Dr Vallance finally draws comparison between the review article and ghostwriting commissioned by Wyeth, resulting in scientific articles of questionable content.

To us these allegations and insinuations are libellous.

First, we have written our review in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE). The Committee defines the criteria for authorship as follows:

Authors should have participated sufficiently in the work to take public responsibility for relevant portions of the content and should meet all three conditions below: Substantial contribution to conception and design, acquisition of data, or analysis and interpretation of data; and drafting the article or revising it critically for important intellectual content; and final approval of the version to be published.<sup>4</sup>

Second, professional medical writers are not ghostwriters. The Association of American Medical Colleges states: 'Transparent writing collaboration with contribution between academic and industry investigators, medical writers and/or technical experts is not ghostwriting. It is recommended that particular care is taken to ensure appropriate acknowledgment of the contribution made by medical writers and to describe their funding. If such assistance was available, the authors should disclose the identity of the individuals who provided this assistance and the entity that supported it in the publishing article. Companies funding the work of medical writers should ensure that writers follow good publication practice'.<sup>4</sup>

Finally, the guidelines to the publication policies of Nature Journals including *Eye* require a statement of responsibility in the manuscript that specifies the contribution of each author (http://www.nature.com/authors/gta.pdf). According to the journal an exemplary definition of abuse of financial interest are academic authors who have been paid by pharmaceutical companies to put their names and credibility to reviews produced by ghostwriters employed to boost company products. On the other hand, the journal explicitly states that the financial interests do not invalidate research studies or review articles at all. Authors should identify individuals who provided writing or other assistance and disclose the funding source for this assistance.<sup>5</sup>

In our review article we clearly state the name of the medical writer, name his company as well as the funding

company. We further precisely detailed to which degree the medical writer was involved in the preparation and submission of the manuscript and took full responsibility for the information given in our review, as well as all procedures connected with the preparation and submission of the article. Finally, we would like to emphatically stress the fact that we did not receive any honoraria for the publication of this work.

#### Conflict of interest

Frank Holz has provided expert consultation services to and received speaker honoraria from Novartis Pharmaceuticals Corporation, Pfizer, Genentech, and Alcon. Carsten Meyer has no conflict of interest to declare.

#### References

- 1 Vallance JH. Comment on 'Preclinical aspects of anti-VEGF agents for the treatment of wet AMD: ranibizumab and bevacizumab'. *Eye* 2012; **26**: 167.
- 2 Meyer CH, Holz FG. Preclinical aspects of anti-VEGF agents for the treatment of wet AMD: ranibizumab and bevacizumab. *Eye* 2011; **25**: 661–672.
- 3 Goldacre B. Medical ghostwriters who build a brand. <http://www.guardian.co.uk> (accessed 18 September 2010).
- 4 Graf C, Battisti WP, Bridges D, Bruce-Winkler V, Conaty JM, Ellison JM *et al*. International Society for Medical Publication Professionals. Research Methods & Reporting. Good publication practice for communicating company sponsored medical research: the GPP2 guidelines. *BMJ* 2009; **339**: b4330.
- 5 Editorial. Financial disclosure for review authors. *Nature Neurosci* 2003; **6**: 997.

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#### Sir, Response to Vallance

In response to Dr Vallance's letter,<sup>1</sup> we refute the implication that this article<sup>2</sup> is an example of 'medical ghostwriting'. Alpha-Plus Medical Communications acts in accordance with good publication practice guidelines (GPP2) as published in the *BMJ*,<sup>3</sup> and confirms that there was no exception with this article. The authors provided direction, had full control of the editorial content, and accepted full responsibility for views and opinions as well as accuracy of the content.<sup>4</sup> A clear and unambiguous statement regarding our involvement in this publication was included in the acknowledgements.

In relation to Dr Vallance's claim that Alpha-Plus provides 'complete medical communication services for all marketing needs', we would like to highlight that the source of this statement is an out-of-date and obsolete business listing from early 2009. We thank Dr Vallance

for drawing our attention to this listing and have requested that it is removed at the earliest opportunity. Please refer your reader to our website (<http://www.fishawack.com>) for up-to-date and accurate information regarding our group of companies. As you will note on our website, publication activities are separate from other medical communications services.

We would like to add that with regard to comments made about the appointment of Jo Jarvis, the conference in which Jo participated focused on how the industry should interact with different stakeholder groups (including physicians) in an ethically responsible manner and in compliance with the latest code of practice governing this area.

#### Conflict of interest

Alpha-Plus Medical Communications provides medical communications services to a number of pharmaceutical companies.

#### References

- 1 Vallance JH. Comment on 'Preclinical aspects of anti-VEGF agents for the treatment of wet AMD: ranibizumab and bevacizumab'. *Eye* 2012; **26**: 167.
- 2 Meyer CH, Holz FG. Preclinical aspects of anti-VEGF agents for the treatment of wet AMD: ranibizumab and bevacizumab. *Eye* 2011; **25**: 661–672.
- 3 Graf C, Battisti WP, Bridges D, Bruce-Winkler V, Conaty JM, Ellison JM *et al*. International Society of Medical Publication Professionals. Good publication practice for communicating company sponsored medical research: the GPP2 guidelines. *BMJ* 2009; **339**: b4330.
- 4 International Committee of Medical Journal Editors. *Uniform requirements for manuscripts submitted to biomedical journals*. [http://www.icmje.org/ethical\\_1author.html](http://www.icmje.org/ethical_1author.html).

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#### Sir, Central serous chorioretinopathy following oral tadalafil

We report a case of central serous chorioretinopathy (CSCR) following oral tadalafil (Cialis, Lilly-ICOS LLC) use. A review of the literature found one post-marketing surveillance study in which patients with CSCR showed no increase in prescription exposure to phosphodiesterase type 5 (PDE-5) enzyme inhibitors compared with their age-matched controls.<sup>1</sup>

#### Case report

A 51-year-old man with no significant past medical history presented with painless reduced central vision in the left eye of 2 weeks duration. His vision became