Stiff penalty for vision researcher guilty of scientific misconduct

As an expert in glaucoma, Evan Dreyer is a highly respected vision researcher. But the former Harvard University scientist now also holds the dubious distinction of earning one of the harshest penalties the National Institutes of Health (NIH) has ever levied in a case of scientific misconduct. It was a foray outside his own field of specialty that led to the end of Dreyer's career at Harvard and cost him a ten-year discontinuance of government research grants, which started last month.

The case began in 1996 when Dreyer's colleagues at the Harvard University-affiliated Massachusetts Eye and Ear Infirmary questioned some of his research data. After an investigation, Harvard concluded that Dreyer had used falsified data in several documents, including an NIH grant application for the study of the hearing disorder Meniere disease. By then, Dreyer had left Harvard for the University of Pennsylvania, where he continues to do research on glaucoma.

Dreyer waged a legal battle to clear his name but last month, he signed a settlement agreement with Office of Research Integrity admitting that he had falsified 21 charts on a computer disc he had ini-

tially claimed would prove the veracity of his research. Still, he continues to deny "any substantive wrongdoing." A joint statement from Harvard and the Eye and Ear Infirmary states that the institutions acted quickly when they became aware of the situation and promptly turned their findings over to the NIH because they "consider integrity in research paramount and take seriously any and all allegations of scientific misconduct." Sensitivity to the situation is heightened because in 1988, some Harvard officials charged that the Massachusetts Eye and Ear had bungled a separate case of scientific misconduct. On that occasion, a researcher used an experimental eye drug on hundreds

patients while profiting from a company he set up to market the drug. The university now bars researchers who have a corporate affiliation from doing company-related research.

In the meantime, Dreyer continues to practice at University of Pennsylvania and to do research. Over the past two years, he has been co-author of at least 18 articles including a review published by the *Journal of the American Medical Association*. University officials told *Nature Medicine* that they were not aware of the Harvard case when they hired Dreyer and will review the NIH sanctions before deciding whether to take action against him.

Tinker Ready, Boston

Final policy on federal misconduct issued

Last month, the US Office of Science and Technology Policy (OSTP) published final guidelines on scientific misconduct for federally-funded research. The policy defines misconduct and establishes the scope of Federal involvement in such cases. A National Science and Technology Council (NSTC) interagency group has been set up to help achieve uniformity across agencies in implementing the policy, and all institutions that conduct government-funded research are bound to implement the new policy within by December 2001.

Publication of final guidelines follows a period of public comment in which 237 responses were logged. Details of the policy can be found at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2000_register&docid=00-30852-filed

K.B.

Tonga joins list of laboratory communities

The current fashion for biotechnology companies buying rights of access to the DNA of whole populations has meant that the people of Oceania's island nations, which belong to some of the world's most isolated and homogenous populations, have found themselves inherently valuable. The Melbourne-based genomic company Autogen, has already forged relationships with a number of governments, including Mauritius in the Indian Ocean and the Cook Islands in the South Pacific, and has now secured the rights to access DNA from the people of Tonga, a group of islands with a population of 108,000 people of Polynesian descent, east of Fiji.

"What's unique about Tonga is that we signed an agreement on the rights to genetic information relating to all diseases," says Autogen managing director and chairman Joseph Gutnick. The company specializes in obesity, diabetes, cardiovascular disease, hypertension and cancer.

"We should stress that it's all voluntary," he adds, reflecting the sensitivity that surrounds bids for the mass collection of human DNA which has led some religious activists in the islands to accuse researchers of trying to "steal their souls."

Each patient at the island's capital hospital in Nuku'Alofa will be asked to donate a blood sample for screening. The sera and DNA material remains the property of Tonga, with payment of net royalties on revenue generated from any commercialized discoveries.

Tonga now joins other genetically isolated communities, such as Iceland, Sardinia, Estonia and Cilento in Italy, in becoming a living laboratory. But unlike Iceland, Tonga has no archives of family health records on which to draw, making Autogen's offer to bolster the country's medical infrastructure extremely attractive.

Combating suspicions about the exploitation of a population through its genetic material often makes sealing such

deals an even more time-consuming task. When Australia's Griffith University Genomic Research Centre embarked on a project in March this year to build a genetic profile of the 1,800-strong population of remote Norfolk Island, 1,600 km east of New South Wales, it took more than a year of negotiations and parliamentary wrangling to gain permission. Norfolk, home to the descendants of Tahitian women and the 18th century British sailors from the infamous mutiny on the *Bounty*, had rejected a bid by Italian geneticists to study its unique inhabitants, but were convinced by Griffith University's ethics and its offer to conduct free health checks and set up a public health database.

In the Tongan case, a high-powered "ethical issues" committee had to be established. And according to Autogen R&D director, Greg Collier, the islands are expected to benefit from annual research funding paid to its Ministry of Health, the creation of a database and research centre and the subsequent increase in scientific jobs for medical graduates returning from studies in Australia and New Zealand.

Rada Rouse, Brisbane.