

Drug firms hype disease as sales ploy, industry chief claims

Ray Moynihan *Sydney*

A senior pharmaceutical company executive says estimates of the prevalence of diseases are often exaggerated.

Using the example of his company's promotion of "social phobia," Fred Nadjarian, managing director of Roche in Australia, said: "The marketing people always beat [hype] these things up. It's just natural enthusiasm."

The candid comments come as the pharmaceutical industry intensifies its push to loosen European regulations on direct-to-consumer promotions involving both "disease awareness campaigns" and straight advertisements for drugs.

In the late 1990s Roche

planned to market its anti-depressant moclobemide (marketed as Aurorix in Australia and as Manerix in the United Kingdom) for the treatment of social phobia. A media release sponsored by Roche claimed at the time that more than one million Australians suffered a "soul destroying" psychiatric disorder called "social phobia," which could be treated with behavioural therapy and drugs.

In an interview last month Mr Nadjarian said he now feels he was somewhat "taken in" by the estimates that were presented to him of the prevalence of social phobia. "I thought there might be a big market. But when we

tried to recruit [for clinical trials] we just weren't able to," he said.

While not disputing the existence of legitimate illness, Mr Nadjarian said the extent of social phobia was much smaller than was initially thought.

He argues that his experience with that one condition highlights a much wider problem: "If you added up all the statistics, we all must have about 20 diseases. A lot of these things are blown out of all proportion," he said.

The comments add weight to fears that pharmaceutical companies may be systematically seeking to portray certain health conditions in ways that maximise their size and seriousness—partly

to help build markets for new products.

Acknowledging the obvious potential for conflicts of interest when drug companies sponsor publicity about diseases, Mr Nadjarian said: "Behind every statistic there is a vested interest." He added that while the vested interests of a company official are clear, other people such as professors who appear independent may also have a vested interest in exaggerating estimates of a disease's prevalence—so as to attract attention to an area of research. "There's a natural human tendency to exaggerate," he said. (See p 886.) □

Neuroblastoma screening does not reduce mortality

Annette Tuffs *Heidelberg*

Two studies from Canada and Germany published last week provide clear evidence that children aged 1 year or younger should not be screened for neuroblastoma, because mortality is not reduced by mass screening (*New England Journal of Medicine* 2002;346:1041-6 and 1047-53).

On the contrary, screening may have adverse effects, the researchers say, because it detects early cases of the tumour that probably would have remitted spontaneously without treatment. The German study reported three deaths that were due to treatment complications after early detection.

Neuroblastoma is the second most common type of childhood tumour. The prognosis depends on the age—the younger, the better—and the stage of the disease. Therefore, early detection by mass screening was thought to be a promising strategy.

Screening is easy. The tumour produces catecholamines, which can be detected in urine. "Studies in Japan with 6 month old children and our own pilot studies had suggested that screening might be beneficial," said the lead author of the German study, Dr Freimut Schilling, of the Olgahospital Paediatric Centre in Stuttgart.

In the early 1990s German health insurance companies were willing to pay for the screening, but expert opinion remained divided. Eventually German doctors convinced the health insurance companies to fund a large epidemiological study that would provide clear evidence on the issue. The German study cost DM30m (£9.4m; \$13.4m; €15.3m).

In the screening of almost 1.5 million children aged 1 year in six German states from July 1994 to October 1999, 149 cases



Joseph Kotran and his daughter Lauren, who had neuroblastoma

of neuroblastoma were found. With the help of the German childhood cancer registry, the researchers compared the screened group with the unscreened population in the rest of Germany.

The number of children with progressive disease and a poor prognosis was not reduced by screening. The mortality in both groups was almost equal: 1.1 deaths per 100 000 children. More early cases were detected in the screened group, who

received unnecessary treatment that in some cases was harmful.

The high rate of overdiagnosis indicates that spontaneous regression occurs after the first nine months.

The Canadian study looked at about 150 000 children in Quebec who were screened between the ages of 3 weeks and 6 months. Again, the mortality in Quebec was not reduced in the screened population, compared with children in the rest of Canada. □