

Guest Authorship and Ghostwriting in Publications Related to Rofecoxib

A Case Study of Industry Documents From Rofecoxib Litigation

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AUTHORSHIP IN BIOMEDICAL publication provides recognition while establishing accountability and responsibility. Guest authorship has been defined as the designation of an individual who does not meet authorship criteria as an author.^{1,2} It was identified in 16% of research articles, 26% of review articles, and 21% of editorials in a survey of 6 peer-reviewed medical journals,³ in addition to 41% of Cochrane reviews.⁴ Ghostwriting has been defined as the failure to designate an individual (as an author) who has made a substantial contribution to the research or writing of a manuscript.¹ Ghostwriting was demonstrated in 13% of research articles, 10% of review articles, 6% of editorials, and 11% of Cochrane reviews^{3,4}; other research has found similar rates.⁵

Two studies have characterized the practices of guest authorship and ghostwriting using industry documents, one examining practices related to gabapentin by Pfizer Inc and Parke-Davis, Division of Warner-Lambert Company,⁶ the other sertraline by Pfizer Inc.⁷ However, these studies were focused on how the research and publication strat-

See also pp 1813 and 1833.

Context Authorship in biomedical publication provides recognition and establishes accountability and responsibility. Recent litigation related to rofecoxib provided a unique opportunity to examine guest authorship and ghostwriting, practices that have been suspected in biomedical publication but for which there is little documentation.

Objective To characterize different types and the extent of guest authorship and ghostwriting in 1 case study.

Data Sources Court documents originally obtained during litigation related to rofecoxib against Merck & Co Inc. Documents were created predominantly between 1996 and 2004. In addition, publicly available articles related to rofecoxib identified via MEDLINE.

Data Extraction All documents were reviewed by one author, with selected review by coauthors, using an iterative process of review, discussion, and rereview of documents to identify information related to guest authorship or ghostwriting.

Data Synthesis Approximately 250 documents were relevant to our review. For the publication of clinical trials, documents were found describing Merck employees working either independently or in collaboration with medical publishing companies to prepare manuscripts and subsequently recruiting external, academically affiliated investigators to be authors. Recruited authors were frequently placed in the first and second positions of the authorship list. For the publication of scientific review papers, documents were found describing Merck marketing employees developing plans for manuscripts, contracting with medical publishing companies to ghostwrite manuscripts, and recruiting external, academically affiliated investigators to be authors. Recruited authors were commonly the sole author on the manuscript and offered honoraria for their participation. Among 96 relevant published articles, we found that 92% (22 of 24) of clinical trial articles published a disclosure of Merck's financial support, but only 50% (36 of 72) of review articles published either a disclosure of Merck sponsorship or a disclosure of whether the author had received any financial compensation from the company.

Conclusions This case-study review of industry documents demonstrates that clinical trial manuscripts related to rofecoxib were authored by sponsor employees but often attributed first authorship to academically affiliated investigators who did not always disclose industry financial support. Review manuscripts were often prepared by unacknowledged authors and subsequently attributed authorship to academically affiliated investigators who often did not disclose industry financial support.

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of Cardiovascular Medicine, Department of Medicine, Section of Health Policy and Administration, School of Public Health, Yale University School of Medicine, and Center for Outcomes Research and Evaluation, Yale-New Haven Hospital, New Haven, Connecticut (Dr Krumholz).
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egy of the companies was used to promote and market the products. No studies have used internal documents to characterize the role of authorship in collaborations between industry and the medical profession.

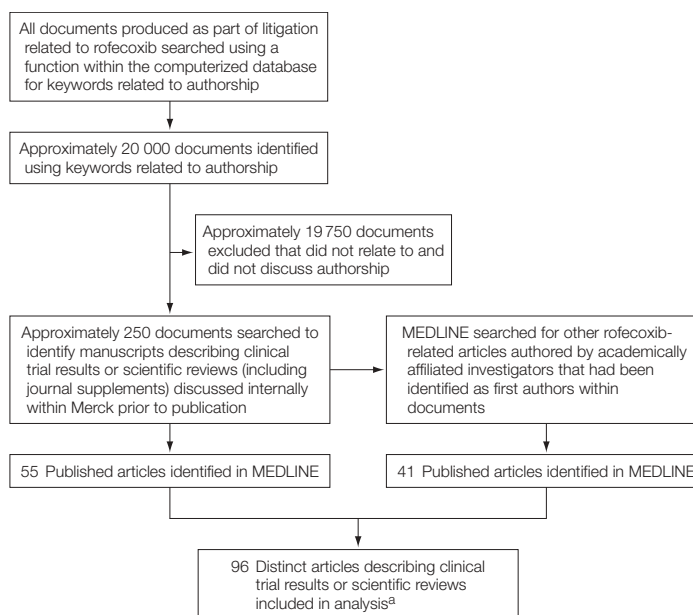
Recent litigation against Merck & Co Inc related to rofecoxib provided a unique opportunity to examine the practice of guest authorship and ghostwriting related to the research and promotion of this medication. Our objective was to provide a review using a case-study exploration of court documents, in tandem with a review of the medical literature, to describe the practice of guest authorship and ghostwriting related to rofecoxib.

Documents used for this article are posted at <http://dida.library.ucsf.edu>.

METHODS

In the course of the combined trials of *Cona vs Merck and Co, Inc* (No. ATL-L-3553-05, New Jersey Superior Court, Atlantic City) and *McDarby vs Merck and Co, Inc* (No. ATL-L-1296-05, New Jersey Superior Court, Atlantic City), millions of documents were made available to and archived in an integrated database maintained by the plaintiffs attorneys. These documents were created between 1996 and 2004 and included Merck internal and external correspondence, reports, and presentations. As consultants to attorneys on the behalf of plaintiffs, we had complete access to all archived documents. One investigator (J.S.R.) searched the database to extract a subset of documents related to authorship (FIGURE 1). The search was performed using the database keyword search function and included the following search terms: *clinical trial, author, authorship, review, manuscript, and publication*, along with terms encompassing the names of Merck scientists, the names of academically affiliated authors of clinical trials, the names and numbers of clinical trials, the names of medical publishing companies, and the names of journals. The search identified approximately 20 000 documents that included 1 or more of the keyword terms. Document numbers are an

Figure 1. Document and Manuscript Identification Flowchart



See the "Methods" section for detailed descriptions of the search terms and the number of documents searched and for the definition of "related to or discussed authorship."

^aIdentification of these manuscripts does not imply that each was guest authored or ghostwritten; we examined these manuscripts because we believed their discussion within internal documents (or the discussion of specific authors) suggested that Merck was aware of the publication and perhaps had provided support for the project.

approximation because information within one document may overlap with another, making it difficult to determine the exact number of distinct documents. For example, 1 document may include a string of 2 e-mails, whereas another document may include a string of 5 e-mails, including the prior 2.

One investigator (J.S.R.) searched the documents identified using the authorship keywords to determine if each was actually related to or discussed authorship, examining the document titles and the content within the database. "Related to or discussed authorship" refers specifically to examination for authorship of manuscripts describing nonpharmacological, human participant clinical trial results or scientific reviews (or journal supplements) that included an external, academically affiliated (non-Merck employee) author. Approximately 250 documents were identified, the majority of which were Merck internal correspondence and publication reports, along with ex-

ternal correspondence between Merck and medical publishing companies.

Two investigators (J.S.R. and K.P.H.) reviewed these 250 documents using the principles of grounded theory, an inductive approach in which source material was used to generate ideas rather than to test a preestablished hypothesis.⁸ This method has been applied to study issues at the intersection of litigation and health, particularly with tobacco,^{9,10} and more recently with pharmaceutical⁶ products. We first reviewed the documents to identify broad themes reflecting the practice of ghostwriting and guest authorship. Next, pertinent documents were reviewed again by all of the authors, using a negotiated consensus process to reach our final interpretation. This process ultimately generated a single agreed-upon set of themes, as well as documents and quotations to illustrate each theme.

After determining themes, 2 investigators (J.S.R. and K.P.H.) again reviewed these 250 documents to iden-

tify articles describing clinical trial results or scientific reviews (including journal supplements) discussed internally within Merck prior to publication that proposed an external, academically affiliated investigator as an author. No documents were excluded as part of this search; all documents were related to 1 or more of the identified manuscripts (most manuscripts were discussed within >1 document). The published articles were subsequently identified via MEDLINE. This search was supplemented with MEDLINE queries for other rofecoxib-related articles authored by academically affiliated investigators identified as first authors within documents, which were found by searching for the author's name and "rofecoxib" or "cyclooxygenase inhibitor." This search identified 96 published articles. Importantly, identification of these articles does not imply that each was guest authored or ghostwritten; we examined these articles because we believed their discussion within internal documents (or the discussion of specific authors) suggested that Merck was aware of the manuscript prior to publication and perhaps had provided support for the project.

All published articles were categorized as to whether a manuscript's co-author was affiliated with Merck (ie, a Merck employee), whether the published article included any financial disclosure, whether the published article included a financial disclosure of Merck support, and whether the published article included a financial disclosure of Merck support by at least 1 of the academic authors. For articles in which there was neither a published disclosure of Merck financial support nor a published disclosure of Merck financial support by 1 of the academic authors, other articles by the academic authors published within 2 years of the relevant article were examined to determine if they had disclosed Merck financial support.

This research was deemed exempt from normal review by the Yale University Human Investigation Committee.

RESULTS

Review of internal documents and the published literature revealed 3 key findings related to guest authorship and ghostwriting: the first focused on the publication of clinical trials, the second focused on the publication of review papers, and the last was related to financial support disclosures.

Clinical Trial Manuscripts

When publishing their own clinical trials (designed, conducted, and sponsored by Merck), documents were found describing Merck scientists often working to prepare manuscripts and subsequently recruiting external, academically affiliated investigators to collaborate on the manuscript as guest authors. For instance, trial 078 (a randomized, double-blind study to investigate whether rofecoxib could delay the onset of Alzheimer disease in patients with mild cognitive impairment) was designed and conducted principally by scientists at Merck. FIGURE 2 shows the title and author list both from draft¹¹ and published¹² versions of the manuscript describing the trial. Both the title and the authorship were modified to attribute authorship to 3 academically affiliated investigators (first, second, and third authors) on the published article, in addition to the 8 Merck scientists who are attributed authorship on both the draft and published versions of the manuscript (1 Merck scientist is attributed authorship on the draft but not the final manuscript). Of note, only 1 of the 3 academically affiliated investigators who are attributed authorship on the published article was acknowledged in the draft version as a participating investigator in the rofecoxib 078 study group. In an internal e-mail discussing where to publish trial 078 as the draft is circulated, one of the Merck scientists states, "I think you should be the first author since you have done virtually all of the writing."¹³ Although there are minor differences in language and organization between the draft and final versions of the manuscript (particularly in the abstract, as opposed to the text), the results presented are almost identical,

reinforcing that the trial itself and the analyses were complete before the academically affiliated investigators were involved in the manuscript.

This same pattern occurred for the manuscript describing the Merck protocol 901 studies, which compared the efficacy of rofecoxib and naproxen in Asian and European populations. An e-mail written on behalf of members of Merck's publication committee to a Merck scientist states that the European study had been prepared as a manuscript and that a draft was shared with the European authors, in addition to describing 2 Merck employees who will prepare the manuscript describing the Asian study.¹⁴ However, the final publication describes both trials in a single article and lists neither of them as authors.¹⁵

Documents were found describing other examples of Merck recruiting external, academically affiliated investigators to collaborate as guest authors on manuscripts prepared by Merck scientists. The first author of the Assessment of Differences Between Vioxx and Naproxen to Ascertain Gastrointestinal Tolerability and Effectiveness (ADVANTAGE) study¹⁶ described to a *New York Times* reporter in 2005, "Merck designed the trial, paid for the trial, ran the trial . . . Merck came to me after the study was completed and said, 'We want your help to work on the paper.' The initial paper was written at Merck, and then was sent to me for editing."¹⁷ The academically affiliated authors of the Vioxx GI Outcomes Research (VIGOR) study,¹⁸ in response to an expression of concern by the *New England Journal of Medicine*,¹⁹ make a point of asserting that no Merck employee or representative was involved in the drafting of their response, but do not discuss who drafted the manuscript and with respect to cardiovascular events allude to not developing the analysis plan, not having access to the data, and not performing the analyses.²⁰ Merck's performance of the analyses was confirmed by the Merck-affiliated authors.²¹

A Merck publications status report identifies several of the early clinical

trials conducted by the company that were eventually published for which data were available (or would soon be available), including Merck protocols 010, 029, 033, 034, 035, 040, 041, 044, 045, 050, 058, 068, 072, 085, 088 (VIGOR), 090, 097, 098, 102 (ADVANTAGE), 103, 120, 121, 901, and 902.²² For each of these study protocols, a Merck employee is designated within the report as the author of the first draft of the manuscript. Examining the published articles, the first author is an external, academically affiliated investigator for 16 of 20 articles (some protocols were combined into single articles),^{15,16,18,23-35} with the exception of protocols 010, 029, 058, and 072,³⁶⁻³⁹ 3 of which had external, academically affiliated investigators

listed as authors, but not in the first authorship position. Among these 16 articles, all had 2 or more external, academically affiliated investigators who were attributed authorship (median, 4.5; range, 2-10) and these authors occupied 77% of the first, second, and third authorship positions (37 of 48). Of note, the Merck employee designated to be first author in the Merck publications status report is attributed authorship in 14 of these 16 articles (88%), most often as the final author.

Not all manuscripts were prepared independently by Merck before inviting an academically affiliated author; documents also were found describing Merck contracting with medical publishing companies to have manu-

scripts prepared. For instance, FIGURE 3 displays a letter from representatives of Scientific Therapeutics Information to Merck employees presenting the completed draft of a contracted manuscript for rofecoxib protocol 116.⁴⁰ Scientific Therapeutics Information describes itself on its Web site as "a full-service medical publishing group specializing in the development of scientific literature and other resource media with direct application to clinical therapeutics that has been serving members of the pharmaceutical industry and medical associations since 1985."⁴¹

Review Papers

Documents were found describing Merck employees contracting with medical publishing companies to ghost-

Figure 2. Draft Version and Final Version of Article Describing the Results of Protocol 078

Rofecoxib does not delay the onset of Alzheimer's disease: results from a randomized, double-blind, placebo-controlled study

External author?, W.H. Visser¹, E. Yuen¹, C. Assaid¹, M.L. Nessly¹, B.A. Norman¹, C.C. Baranak¹, C.R. Lines¹, S.A. Reines¹, G.A. Block¹ on behalf of the Rofecoxib Protocol 078 study group

A Randomized, Double-Blind, Study of Rofecoxib in Patients with Mild Cognitive Impairment

Leon J Thal¹, Steven H Ferris², Louis Kirby³, Gilbert A Block⁴, Christopher R Lines⁴, Eric Yuen⁴, Christopher Assaid⁴, Michael L Nessly⁴, Barbara A Norman⁴, Christine C Baranak⁴ and Scott A Reines⁴, on behalf of the Rofecoxib Protocol 078 study group⁵

¹University of California, San Diego, CA, USA; ²New York University School of Medicine, New York, NY, USA; ³Pivotal Research Centers, Peoria, AZ, USA; ⁴Merck Research Laboratories, West Point, PA, USA

write review manuscripts focused on rofecoxib and subsequently recruiting external, academically affiliated inves-

tigators to be guest authors. For example, FIGURE 4 displays an e-mail from representatives of Scientific Therapeu-

tics Information to Merck employees providing an update on the development and estimated delivery dates for

Figure 3. October 2000 Letter From Representatives of Scientific Therapeutics Information Inc (Grace E. Johnson, Una Kistner, John Romankiewicz) to Merck & Co Inc (Deborah Matzura-Wolfe, Greg Geba) Discussing the Completion of the First Draft of a Contracted Manuscript Related to Rofecoxib



8 manuscripts related to rofecoxib that the company was preparing, including intended titles, authors, and journals.⁴² Review articles were identified by 7 of the 8 investigators listed in Figure 4, several with titles nearly exactly as proposed.⁴³⁻⁴⁹ In addition, FIGURE 5 displays a contract for Health Science Communications Inc to provide a 20-page review manuscript with 6 figures or tables intended for a cardiology audience for Merck at a cost of \$23 841.00.⁵⁰ Contracts also were identified between these 2 parties to provide review manuscripts intended for nephrology and primary care audiences,^{51,52} as well as for other medical specialties. Health Science Communications Inc describes itself on its Web site as “a full-service health mar-

keting communications company committed to the highest quality of service . . . We're there pre-launch, preparing the market for a product's introduction. At launch, we establish the foundation for product uptake.”⁵³

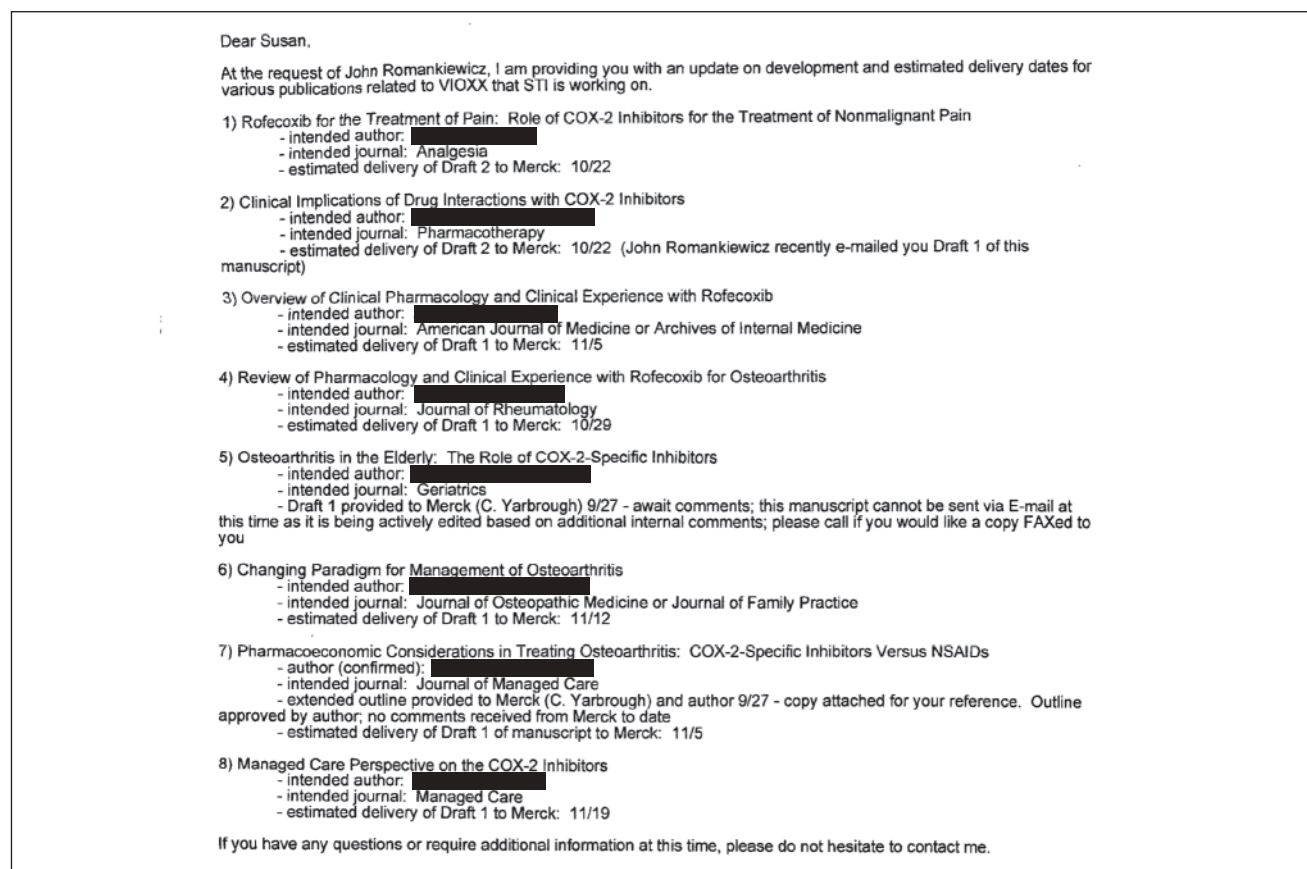
Documents were found demonstrating that medical publishing companies provided near complete drafts of review manuscripts to authors for editing, in addition to managing submissions and revisions. For instance, in preparing one manuscript, representatives from Scientific Therapeutics Information indicate in a publications status report that the first draft was sent to Merck and the company was awaiting comments, but an author needed to be invited.⁵⁴ In another e-mail that discusses an article with which the com-

pany was involved, a Scientific Therapeutics Information representative states:

“The .1439 journal article that was submitted to *Pharmacotherapy* by Dr. William Garnett has been accepted (I believe) with revisions. He has faxed me only the reviewers' comments, but is mailing me the entire packet that they sent to him. He would like us to make the revisions, as he is too busy at the moment to make them himself. According to the proposal (Doc # 66468) there is no mention of whether revisions are included, or can be done for an additional fee.”⁵⁵


Documents also were found demonstrating that medical publishing companies played critical roles in overseeing the development, organization, and manuscript drafting of supplemental issues focused on rofecoxib for journals.^{46,49,56-75}

Figure 4. October 1999 E-mail Between Representatives of Scientific Therapeutics Information Inc and Merck & Co Inc Discussing Contracted Publications Related to Rofecoxib



Review articles were identified by 7 of 8 investigators listed above, several with titles nearly exactly as proposed. Intended author names have been blacked out because articles were not identified by all named investigators.

Figure 5. Health Science Communications Inc Contract to Provide One 20-Page Review Manuscript With 6 Figures or Tables Intended for a Cardiology Audience for Merck & Co Inc at a Cost of \$23 841.00



Submitted by: Health Science Communications, Inc.
16 W. 22nd Street, 7th Floor
New York, NY 10010

Contact: Michael Broder
Telephone: 212-822-6764
Facsimile: 212-462-2831
Email: mbroder@hsci.com

Attention: Susan Baumgartner, PharmD
Marketing Manager
Analgesic & Anti-inflammatory
Therapeutic Business Group
US Human Health Division
Merck & Co., Inc.
UG2A-96
351 North Sumnerstown Pike
North Wales, PA 19454-2505

HSC Job Code #: TBD

Title of Project: REVIEW MANUSCRIPT #1 for Cardiology Audience
Author(s): TBD
Submission Date: December 2001
Length of Manuscript: Twenty (20) pages, double spaced, plus references and charts/figures/tables
Number of Graphics: Six (6) charts/figures/tables
Number of Revisions: Two
Scope of Work: From manuscript development to journal submission
Re-Submission: Will constitute a revised estimate if to a new journal
Deliverable: Manuscript draft with charts/tables/figures for initial author review;
journal-ready manuscript for author submission to journal

Program Total: \$23,841.00

Documents were found describing Merck compensating investigators with honoraria for agreeing to serve as authors on review manuscripts ghostwritten on their behalf by medical publishing companies. Honoraria varied, ranging from \$750 to \$2500. One author refused his honorarium from Scientific Therapeutics Information stating, "I really do not feel it is appropriate to be paid for this type of effort."⁷⁶

Financial Support Disclosure

There were 96 relevant published articles including 24 clinical trials and 72 reviews (TABLE). Of the 24 clinical trials, 22 (92%) published a disclosure of Merck's financial support. Of the 72 reviews (38 of which published any financial disclosures, and 34 of which either did not require or did not publish financial disclosures), 36 (50%) published either a disclosure of Merck sponsorship or a disclosure of whether the author had received any

financial compensation from the company.

Among 24 nonpharmacological, human participant clinical articles, all 24 included at least one coauthor who was a Merck employee. Nearly all (n=22) published a disclosure that the trial was supported by Merck, including 7 that also published a disclosure of a financial relationship between Merck and an academic author of the article. No financial disclosure was published for the academic authors of the remaining 17 articles, which may indicate that they did not receive or that they did not disclose receiving financial compensation.

Among 72 scientific review articles, 50 (69%) were solo-authored by an academic physician and 2 (3%) included at least 1 coauthor who was a Merck employee. Of these 72, 21 (29%) published a disclosure that the review was supported by Merck, usually through an unrestricted educational grant, 14 (19%) published a disclosure of a

financial relationship between Merck and an academic author of the review article, and 1 (1%) published a disclosure that the author had no financial relationship with Merck. However, for 15 of the 35 review articles (43%) that published a disclosure of Merck support, the disclosure was provided either as part of an introductory editorial describing the supplement's contents or on a separate "disclosure" page; a disclosure statement was not identified when any of the articles were individually accessed electronically [accessed by the authors on February 27, 2008].

Among the 36 of 72 review articles (50%) in which there was no published disclosure of Merck support or a financial relationship between Merck and the academic author, 24 of 36 articles (67%) were authored by at least 1 investigator who published a disclosure of a financial relationship between himself/herself and Merck within another article published within 2 years of the review article. Moreover, several others were authors of clinical trials sponsored by Merck, although no disclosure of a financial relationship between himself/herself and Merck was published. In addition, while none of the review articles from one journal's supplement disclosed financial relationships between Merck and the non-Merck employee authors of the review article, communication between representatives from Scientific Therapeutics Information describes an honorarium offered to the authors in payment for their service.¹²⁸

COMMENT

This case-study review of industry documents related to rofecoxib demonstrates that Merck used a systematic strategy to facilitate the publication of guest authored and ghost written medical literature. Articles related to rofecoxib were frequently authored by Merck employees but attributed first authorship to external, academically affiliated investigators who did not always disclose financial support from Merck, although financial support of the study was nearly always provided.

Table. Published Financial Disclosures Among Articles Describing Clinical Trial Results or Scientific Reviews (Including Journal Supplements) Discussed Internally Within Merck Prior to Publication That Proposed an External, Academically Affiliated Investigator as an Author^a

Type of Article and Reference No.	Coauthor Affiliated With Merck (ie, Employee)	Financial Disclosure		Academic Author(s) Disclosed Financial Support From Merck		Where Trial or Review Identified
		Any ^b	From Merck ^c	Current Article	Another Article	
Published in 1999						
Review ⁷⁷	No	No	NA	NA	No	Correspondence ^d
Trial ³⁷	Yes	Yes	Yes	No	Yes ^{18,78}	Merck publication status report ^e
Review ⁷⁹	No	Yes	No	Yes	NR	Merck publication status report ^e
Trial ²³	Yes	Yes	Yes	No	Yes ^{18,78}	Merck publication status report ^e
Published in 2000						
Trial ¹⁸	Yes	Yes	Yes	Yes	NR	Merck publication status report ^e
Trial ³³	Yes	Yes	Yes	No	No	Merck publication status report ^e
Review ⁸⁰	No	No	NA	NA	No	Correspondence ^d
Review ⁸¹	No	No	NA	NA	No	Correspondence ^d
Trial ³²	Yes	Yes	Yes	No	Yes ¹⁸	Merck publication status report ^e
Review ⁸²	No	No	NA	NA	Yes ^{18,79}	Merck publication status report ^e
Review ⁸³	No	Yes	No	No	No	Merck publication status report ^e
Trial ³¹	Yes	No	NA	NA	Yes ^{18,79}	Merck publication status report ^e
Trial ²⁷	Yes	Yes	Yes	No	No	Merck publication status report ^e
Trial ²⁹	Yes	Yes	Yes	Yes	NR	Merck publication status report ^e
Trial ³⁵	Yes	Yes	Yes	No	No	Merck publication status report ^e
Trial ⁸⁴	Yes	Yes	Yes	Yes	NR	Correspondence ^d
Published in 2001						
Review ⁸⁵	No	No	NA	NA	Yes ^{18,78}	Merck publication status report ^e
Review ⁸⁶	Yes	No	NA	NA	Yes ⁸⁴	Correspondence ^d
Review ⁸⁷	No	Yes	No	No	No	Correspondence ^d
Review ⁸⁷	No	Yes ^f	Yes ^f	No	No	Correspondence ^d
Review ⁸⁸	No	Yes ^f	Yes ^f	No	No	Correspondence ^d
Review ⁸⁹	No	Yes ^f	Yes ^f	No	No	Correspondence ^d
Review ⁸⁸	No	No	NA	NA	Yes ¹⁸	Merck publication status report ^e
Trial ³⁶	Yes	Yes	Yes	All authors employed by Merck ^g	All authors employed by Merck ^g	Merck publication status report ^e
Review ⁸⁹	No	Yes	No	Yes	NR	Correspondence ^d
Review ⁴⁴	No	No	NA	NA	No	Merck publication status report ^e
Review ⁴⁷	No	No	NA	NA	No	Merck publication status report ^e
Review ⁹⁰	No	No	NA	NA	No	Correspondence ^d
Review ⁹¹	No	No	NA	NA	Yes ⁸⁴	Correspondence ^d
Review ⁹²	No	Yes	No	No	No	Correspondence ^d
Trial ³⁰	Yes	Yes	Yes	Yes	NR	Merck publication status report ^e
Review ⁹³	Yes	No	NA	NA	Yes ^{18,79}	Merck publication status report ^e
Review ⁹⁴	No	No	NA	NA	Yes ^{18,79}	Merck publication status report ^e
Review ⁹⁵	No	No	NA	NA	Yes ^{18,79}	Merck publication status report ^e
Review ⁹⁶	No	No	NA	NA	Yes ^{18,79}	Merck publication status report ^e
Review ⁷⁰	No	Yes ^f	Yes ^f	No	No	Correspondence ^d
Review ⁹⁷	No	No	NA	NA	Yes ^{18,65}	Merck publication status report ^e
Review ⁷¹	No	Yes	Yes	No	No	Correspondence ^d
Review ⁹⁸	No	No	NA	NA	Yes ⁸⁹	Correspondence ^d
Review ⁷²	No	Yes ^f	Yes ^f	No	Yes ⁸⁴	Correspondence ^d
Review ⁷³	No	Yes ^f	Yes ^f	No	No	Correspondence ^d
Trial ³⁹	Yes	Yes	Yes	No	No	Merck publication status report ^e
Review ⁹⁹	No	No	NA	NA	Yes ^{18,78}	Merck publication status report ^e
Review ⁴⁸	No	No	NA	NA	Yes ^{18,78}	Merck publication status report ^e
Review ⁷⁴	No	Yes ^f	Yes ^f	No	Yes ^{18,65}	Correspondence ^d

(continued)

Table. Published Financial Disclosures Among Articles Describing Clinical Trial Results or Scientific Reviews (Including Journal Supplements) Discussed Internally Within Merck Prior to Publication That Proposed an External, Academically Affiliated Investigator as an Author^a (cont)

Type of Article and Reference No.	Coauthor Affiliated With Merck (ie, Employee)	Financial Disclosure		Academic Author(s) Disclosed Financial Support From Merck		Where Trial or Review Identified
		Any ^b	From Merck ^c	Current Article	Another Article	
Published in 2001						
Trial ³⁸	Yes	Yes	Yes	No	No	Merck publication status report ^e
Review ⁴⁵	No	Yes	Yes	No	Yes ⁷⁸	Merck publication status report ^e
Review ⁷⁵	No	Yes ^f	Yes ^f	No	No	Correspondence ^d
Trial ¹⁰⁰	Yes	Yes	Yes	No	Yes ^{18,79}	Merck publication status report ^e
Published in 2002						
Review ¹⁰¹	No	No	NA	NA	Yes ¹⁰²	Correspondence ^d
Review ⁵⁷	No	Yes	No	Yes	NR	Correspondence ^d
Review ¹⁰³	No	Yes	Yes	No	Yes ¹⁸	Merck publication status report ^e
Review ¹⁰⁴	No	No	NA	NA	Yes ⁸⁴	Correspondence ^d
Review ¹⁰⁵	No	Yes	Yes	No	Yes ⁸⁴	Correspondence ^d
Review ⁵⁸	No	Yes	No	Yes	NR	Correspondence ^d
Review ⁵⁹	No	Yes	No	Yes	NR	Correspondence ^d
Review ⁴⁹	No	Yes ^f	No	Yes ^f	NR	Merck publication status report ^e
Review ¹⁰⁶	No	No	NA	NA	No	Merck publication status report ^e
Trial ⁷⁸	Yes	Yes	Yes	Yes	NR	Correspondence ^d
Trial ²⁶	Yes	Yes	Yes	No	No	Merck publication status report ^e
Review ¹⁰⁷	No	No	NA	NA	No	Correspondence ^d
Review ¹⁰⁸	No	No	NA	NA	Yes ^{18,79}	Merck publication status report ^e
Review ⁴⁶	No	Yes ^f	No	Yes ^f	NR	Merck publication status report ^e
Review ¹⁰⁹	No	Yes	Yes	No	Yes ^{18,65}	Merck publication status report ^e
Review ⁶⁰	No	Yes	No	Yes	NR	Correspondence ^d
Review ¹¹⁰	No	No	NA	NA	Yes ⁶⁰	Correspondence ^d
Review ¹¹¹	No	Yes	Yes	No	Yes ³⁴	Merck publication status report ^e
Review ¹¹²	No	No	NA	NA	Yes ³⁴	Merck publication status report ^e
Review ⁶¹	No	Yes	No	Yes	NR	Correspondence ^d
Review ¹¹³	No	Yes	Yes	No	Yes ¹⁸	Correspondence ^d
Review ¹¹⁴	No	No	NA	NA	Yes ¹⁸	Correspondence ^d
Review ⁶²	No	Yes	No	Yes	NR	Correspondence ^d
Trial ¹⁵	Yes	Yes	Yes	No	No	Merck publication status report ^e
Review ⁶³	No	Yes	No	Yes ^h	No	Correspondence ^d
Review ¹¹⁵	No	No	NA	NA	No	Correspondence ^d
Review ¹¹⁶	No	Yes	Yes	No	Yes ¹¹⁷	Merck publication status report ^e
Review ⁶⁴	No	Yes	No	Yes	NR	Correspondence ^d
Review ⁵⁶	No	Yes ^f	No	Yes ^f	NR	Correspondence ^d
Review ¹¹⁸	No	No	NA	NA	Yes ^{18,78}	Correspondence ^d
Review ⁶⁵	No	Yes	No	Yes	NR	Correspondence ^d
Review ⁶⁶	No	Yes	No	Yes	NR	Correspondence ^d
Published in 2003						
Review ¹¹⁹	No	No	NA	NA	No	Correspondence ^d
Review ¹²⁰	No	Yes ^f	Yes ^f	No	Yes ⁶⁶	Correspondence ^d
Review ⁴³	No	No	NA	NA	No	Merck publication status report ^e
Review ¹²¹	No	No	NA	NA	No	Merck publication status report ^e
Trial ²⁸	Yes	No	NA	NA	Yes ^{18,79}	Merck publication status report ^e
Trial ³⁴	Yes	Yes	Yes	Yes	NR	Merck publication status report ^e
Review ¹²²	No	Yes ^f	Yes ^f	No	Yes ⁷⁸	Correspondence ^d
Review ¹²³	No	Yes ^f	Yes ^f	No	Yes ¹⁸	Correspondence ^d
Trial ¹⁶	Yes	Yes	Yes	Yes	NR	Merck publication status report ^e
Review ¹²⁴	No	Yes ^f	Yes ^f	No	Yes ^{62,117}	Correspondence ^d
Review ¹²⁵	No	No	NA	NA	Yes ⁶⁴	Correspondence ^d

(continued)

Table. Published Financial Disclosures Among Articles Describing Clinical Trial Results or Scientific Reviews (Including Journal Supplements) Discussed Internally Within Merck Prior to Publication That Proposed an External, Academically Affiliated Investigator as an Author^a (cont)

Type of Article and Reference No.	Coauthor Affiliated With Merck (ie, Employee)	Financial Disclosure		Academic Author(s) Disclosed Financial Support From Merck		Where Trial or Review Identified
		Any ^b	From Merck ^c	Current Article	Another Article	
Published in 2004 or Later						
Trial ²⁴	Yes	Yes	Yes	No	No	Merck publication status report ^e
Review ¹²⁶	No	No	NA	NA	No	Merck publication status report ^e
Trial ¹²⁷	Yes	Yes	Yes	No	Yes ^{18,78}	Correspondence ^d
Trial ²⁵	Yes	Yes	Yes	No	Yes ^{18,78}	Merck publication status report ^e

Abbreviations: NA, not applicable, no disclosure was published; NR, not relevant, if a disclosure of the academic author's financial support from Merck was published within the article, it was not relevant whether there was a published disclosure of financial support from Merck of the author within a different, recently published article.

^aThe sample was supplemented with MEDLINE queries for rofecoxib-related articles authored by academic investigators named within internal documents. Identification of these articles does not imply that each was guest authored or ghostwritten. We examined these articles because we believed that their discussion within internal documents (or the discussion of specific authors) suggested that Merck was aware of the manuscript and perhaps had provided support for the project.

^bNo may indicate that the journal did not require or did not publish financial disclosures.

^cNo may indicate that the academic authors did not receive financial compensation or that the academic author did not disclose receiving financial compensation.

^dIndicates either named within correspondence between Merck and a medical publishing company or written by an external, academically affiliated investigator named within the correspondence.

^eIndicates either named within a rofecoxib publication status report or written by an external, academically affiliated investigator named within the publication status report.

^fFinancial disclosure provided in the journal's supplement overview or introduction, not in the individual article.

^gAn external, academically affiliated author was identified within internal documents but was not attributed authorship within published article.

^hDisclosed that there was no financial relationship between Merck and the author.

Similarly, review articles related to rofecoxib were frequently prepared by unacknowledged authors employed by medical publishing companies and attributed authorship to investigators who often did not disclose financial support from Merck.

The limited nature of our source material for this case-study review prevented an exact determination of the contributions of recruited authors to the overall design and conduct of the clinical trial and/or the preparation of manuscripts. Although we reviewed in excess of 20 000 documents produced during the consolidated rofecoxib litigation, we were frequently unable to identify versions of manuscript drafts dated before and after external, academically affiliated authors had been recruited. In addition, we cannot exclude contributions by authors made by telephone or in person that would not be identified by reviewing documents obtained through litigation. However, the instances for which we did identify before and after manuscript drafts, such as for protocol 078, we found scant documentary evidence that the recruited authors were involved in the design or conduct of the study or made substantive contributions to the manuscript beyond minor editing. Participating only in minor editing does not

meet authorship criteria of the International Committee of Medical Journal Editors (ICMJE).¹²⁹ In addition, we could not determine how often ghostwriting and guest authorship actually occurred, whether the contracted manuscript drafts from medical publishing companies were used, or if the proposed payments (honoraria) were provided. Nevertheless, although we cannot conclude that each of the external, academically affiliated investigators attributed authorship for their respective trial or review article made no substantive contributions to the study design or manuscript preparation, the authorship pattern observed within these documents suggests there was a widespread practice of inappropriately attributing authorship to academic authors and a failure to disclose relevant financial relationships.

Several issues should be considered in evaluating this study. Although every effort was made to present this information objectively and fairly, it is important to note that all of the authors of this article have been compensated for their work as consultants/expert witnesses at the request of plaintiffs in litigation against Merck related to rofecoxib. In addition, relevant documents may not have been identified in our review, despite our use of a sys-

tematic method with a comprehensive and exhaustive search strategy to minimize missed documents. However, we believe that while our review may not be sensitive, it was specific. We do not think that we missed documents that would negate the totality of our findings.

Finally, this case-study review is based on documents from a single company related to a single medication. We cannot determine if the authorship pattern we observed for clinical trial and review articles related to rofecoxib also would be observed in articles describing other Merck products or the products of other pharmaceutical companies. However, given the reported prevalence of guest authorship and ghostwriting among the most prestigious medical journals³⁻⁵ and that similar authorship patterns were identified using documents produced during litigation surrounding both gabapentin and sertraline,^{6,7} it is reasonable to expect that the authorship practices observed in this case study may be used by other pharmaceutical companies as well. A recent press account seems to confirm as much,¹³⁰ as does the presence of an industry specializing in medical writing.^{41,53} Because Merck has traditionally characterized itself and its conduct as among the most ethically ap-

appropriate of pharmaceutical companies,¹³¹ perhaps the practices we observed are conservative in comparison with other companies within the industry. Nevertheless, access to industry documents through litigation presents a rare opportunity to explore the relationship between the medical profession and the pharmaceutical industry and has provided valuable insights and findings in the past.¹³²

The medical profession must determine how to interpret and respond to these examples of guest authorship and ghostwriting, conduct that the World Association of Medical Editors has described as dishonest and unacceptable¹³³ and that erodes the ethical foundation of medicine and medical research.¹³⁴ Our case-study review suggests that the practice of inappropriately attributing authorship was common. However, we cannot be certain of the specific actions of individuals, both by those active in academic medicine and those employed by Merck. Perhaps academic authors just permitted themselves to be listed as authors, perhaps they did a substantial amount of editing and simply should have disclosed the actual writer as a coauthor. Moreover, we cannot be certain of the actions of journals. Each journal likely differs in its policies regarding authorship and financial disclosures; we assume that every journal expects that the primary author of an article makes substantive intellectual contributions to the paper, which may include conception of the project, design and conduct of the trial, responsibility for the data and analysis, or drafting of the manuscript, and discloses all other individuals who substantially contributed to the article.

We are hopeful that our findings encourage discussion of ways in which to improve the integrity of research. The medical profession and the pharmaceutical industry should agree that collaborations must be conducted with the highest standards.¹³⁵ We suggest that academic researchers consistently provide to the journals the author contributions for all manuscripts, including original research, meta-analyses, re-

views, and commentaries, and disclose relationships and support from all industry sources, regardless of the journal's requirements. Authors who "sign-off" on or "edit" original manuscripts or reviews written explicitly by pharmaceutical industry employees or by medical publishing companies should offer full authorship disclosure, such as, "drafting of the manuscript was done by representatives from XYZ, Inc; the authors were responsible for critical revisions of the manuscript for important intellectual content." A coordinated oversight strategy involving academic physicians, journal editors, and industry representatives is necessary to discourage both guest authorship and ghostwriting and improve the integrity of the biomedical authorship system.

Author Contributions: Dr Ross had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Ross, Hill, Egilman, Krumholz.

Acquisition of data: Ross, Hill, Egilman, Krumholz.

Analysis and interpretation of data: Ross, Hill, Krumholz.

Drafting of the manuscript: Ross.

Critical revision of the manuscript for important intellectual content: Ross, Hill, Egilman, Krumholz.

Study supervision: Krumholz.

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Role of the Sponsor: No outside source had any role in the design or conduct of the study; collection, management, analysis or interpretation of the data; preparation, review or approval of the manuscript, or in the decision to submit the manuscript for publication.

Additional Information: All legal documents used in this article are available at <http://dida.library.ucsf.edu>.

REFERENCES

1. Rennie D, Flanagin A. Authorship! authorship! guests, ghosts, grafters, and the two-sided coin. *JAMA*. 1994;271(6):469-471.
2. Rennie D, Yank V, Emanuel L. When authorship fails: a proposal to make contributors accountable. *JAMA*. 1997;278(7):579-585.
3. Flanagin A, Carey LA, Fontanarosa PB, et al. Prevalence of articles with honorary authors and ghost authors in peer-reviewed medical journals. *JAMA*. 1998; 280(3):222-224.

4. Mowatt G, Shirran L, Grimshaw JM, et al. Prevalence of honorary and ghost authorship in Cochrane reviews. *JAMA*. 2002;287(21):2769-2771.

5. Shapiro DW, Wenger NS, Shapiro MF. The contributions of authors to multiauthored biomedical research papers. *JAMA*. 1994;271(6):438-442.

6. Steinman MA, Bero LA, Chren MM, Landefeld CS. Narrative review: the promotion of gabapentin: an analysis of internal industry documents. *Ann Intern Med*. 2006;145(4):284-293.

7. Healy D, Cattell D. Interface between authorship, industry and science in the domain of therapeutics. *Br J Psychiatry*. 2003;183:22-27.

8. Pope C, Ziebland S, Mays N. Qualitative research in health care: analysing qualitative data. *BMJ*. 2000; 320(7227):114-116.

9. Anderson SJ, Dewhurst T, Ling PM. Every document and picture tells a story: using internal corporate document reviews, semiotics, and content analysis to assess tobacco advertising. *Tob Control*. 2006; 15(3):254-261.

10. Wayne GF, Connolly GN. How cigarette design can affect youth initiation into smoking: Camel cigarettes 1983-93. *Tob Control*. 2002;11(suppl 1):i32-i39.

11. External author?, Visser WH, Yuen E, et al. Rofecoxib Protocol 078 Study Group. Draft version 2: rofecoxib does not delay the onset of Alzheimer's disease: results from a randomized, double-blind, placebo-controlled study. <http://dida.library.ucsf.edu/tid/vio07x10>. Accessed February 27, 2008. Bates Nos. MRK-AFV0431065 through MRK-AFV0431102.

12. Thal LJ, Ferris SH, Kirby L, et al. A randomized, double-blind, study of rofecoxib in patients with mild cognitive impairment. *Neuropsychopharmacology*. 2005;30(6):1204-1215.

13. Lines CR. Vioxx Prot 078 paper [e-mail to Eric Yuen, Alise Reicin, Barry Gertz, et al. on January 27, 2004]. <http://dida.library.ucsf.edu/tid/vio01x10>. Accessed February 27, 2008. Bates Nos. MRK-AAC0139936 through MRK-AAC0139937.

14. Moan A. Publication of 901 studies—Vioxx versus naproxen Asian and European study [e-mail to Barry J. Gertz, Martino Laurenzi, Diana Rogers, and Alexander M. Kostek on June 27, 2001]. <http://dida.library.ucsf.edu/tid/vio08x10>. Accessed February 27, 2008. Bates No. MRK-NJ0197070.

15. Myllykangas-Luosujärvi R, Lu HS, Chen SL, et al. Comparison of low-dose rofecoxib versus 1000 mg naproxen in patients with osteoarthritis: results of two randomized treatment trials of six weeks duration. *Scand J Rheumatol*. 2002;31(6):337-344.

16. Lisse JR, Perlman M, Johansson G, et al. Gastrointestinal tolerability and effectiveness of rofecoxib versus naproxen in the treatment of osteoarthritis: a randomized, controlled trial. *Ann Intern Med*. 2003; 139(7):539-546.

17. Berenson A. Evidence in Vioxx suits shows intervention by Merck officials. *New York Times*. April 24, 2005:A1.

18. Bombardier C, Laine L, Reicin A, et al; VIGOR Study Group. Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis. *N Engl J Med*. 2000;343(21):1520-1528.

19. Curfman GD, Morrissey S, Drazen JM. Expression of concern: Bombardier et al: "Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis," *N Engl J Med*. 2000;343:1520-8. *N Engl J Med*. 2005;353(26): 2813-2814.

20. Bombardier C, Laine L, Burgos-Vargas R, et al. Response to expression of concern regarding VIGOR study. *N Engl J Med*. 2006;354(11):1196-1199.

21. Reicin A, Shapiro D. Response to expression of concern regarding VIGOR study. *N Engl J Med*. 2006; 354(11):1196-1199.

22. List of current article submissions and publica-

- tion plans on January 12, 2000. <http://dida.library.ucsf.edu/tid/vio02x10>. Accessed February 27, 2008. Bates Nos. MRK-ABK0098260 through MRK-ABK0098281.
23. Schnitzer TJ, Truitt K, Fleischmann R, et al. The safety profile, tolerability, and effective dose range of rofecoxib in the treatment of rheumatoid arthritis: Phase II Rofecoxib Rheumatoid Arthritis Study Group. *Clin Ther*. 1999;21(10):1688-1702.
24. Kivitz AJ, Greenwald MW, Cohen SB, et al. Efficacy and safety of rofecoxib 12.5 mg versus nabumetone 1,000 mg in patients with osteoarthritis of the knee: a randomized controlled trial. *J Am Geriatr Soc*. 2004;52(5):666-674.
25. Weaver AL, Messner RP, Storms WW, et al. Treatment of patients with osteoarthritis with rofecoxib compared with nabumetone. *J Clin Rheumatol*. 2006;12(1):17-25.
26. Geusens PP, Truitt K, Sfikakis P, et al. A placebo and active comparator-controlled trial of rofecoxib for the treatment of rheumatoid arthritis. *Scand J Rheumatol*. 2002;31(4):230-238.
27. Hunt RH, Bowen B, Mortensen ER, et al. A randomized trial measuring fecal blood loss after treatment with rofecoxib, ibuprofen, or placebo in healthy subjects. *Am J Med*. 2000;109(3):201-206.
28. Hawkey CJ, Laine L, Simon T, Quan H, Shingo S, Evans J. Incidence of gastroduodenal ulcers in patients with rheumatoid arthritis after 12 weeks of rofecoxib, naproxen, or placebo: a multicentre, randomized, double blind study. *Gut*. 2003;52(6):820-826.
29. Saag K, van der Heijde D, Fisher C, et al; Osteoarthritis Studies Group. Rofecoxib, a new cyclooxygenase 2 inhibitor, shows sustained efficacy, comparable with other nonsteroidal anti-inflammatory drugs: a 6-week and a 1-year trial in patients with osteoarthritis. *Arch Fam Med*. 2000;9(10):1124-1134.
30. Hawkey CJ, Laine L, Harper SE, Quan HU, Bolognese JA, Mortensen E. Influence of risk factors on endoscopic and clinical ulcers in patients taking rofecoxib or ibuprofen in two randomized controlled trials. *Aliment Pharmacol Ther*. 2001;15(10):1593-1601.
31. Hawkey C, Laine L, Simon T, et al; Rofecoxib Osteoarthritis Endoscopy Multinational Study Group. Comparison of the effect of rofecoxib (a cyclooxygenase 2 inhibitor), ibuprofen, and placebo on the gastroduodenal mucosa of patients with osteoarthritis: a randomized, double-blind, placebo-controlled trial. *Arthritis Rheum*. 2000;43(2):370-377.
32. Day R, Morrison B, Luza A, et al; Rofecoxib/Ibuprofen Comparator Study Group. A randomized trial of the efficacy and tolerability of the COX-2 inhibitor rofecoxib vs ibuprofen in patients with osteoarthritis. *Arch Intern Med*. 2000;160(12):1781-1787.
33. Cannon GW, Caldwell JR, Holt P, et al; Rofecoxib Phase III Protocol 035 Study Group. Rofecoxib, a specific inhibitor of cyclooxygenase 2, with clinical efficacy comparable with that of diclofenac sodium: results of a one-year, randomized, clinical trial in patients with osteoarthritis of the knee and hip. *Arthritis Rheum*. 2000;43(5):978-987.
34. Katz N, Ju WD, Krupa DA, et al. Efficacy and safety of rofecoxib in patients with chronic low back pain: results from two 4-week, randomized, placebo-controlled, parallel-group, double-blind trials. *Spine*. 2003;28(9):851-859.
35. Sigthorsson G, Crane R, Simon T, et al. COX-2 inhibition with rofecoxib does not increase intestinal permeability in healthy subjects: a double blind crossover study comparing rofecoxib with placebo and indomethacin. *Gut*. 2000;47(4):527-532.
36. Ehrlich EW, Bolognese JA, Watson DJ, Kong SX. Effect of rofecoxib therapy on measures of health-related quality of life in patients with osteoarthritis. *Am J Manag Care*. 2001;7(6):609-616.
37. Ehrlich EW, Schnitzer TJ, Mcllwain H, et al; Rofecoxib Osteoarthritis Pilot Study Group. Effect of specific COX-2 inhibition in osteoarthritis of the knee: a 6 week double blind, placebo controlled pilot study of rofecoxib. *J Rheumatol*. 1999;26(11):2438-2447.
38. Truitt KE, Sperling RS, Ettinger WH Jr, et al. A multicenter, randomized, controlled trial to evaluate the safety profile, tolerability, and efficacy of rofecoxib in advanced elderly patients with osteoarthritis. *Aging (Milano)*. 2001;13(2):112-121.
39. Reicin A, Brown J, Jove M, et al. Efficacy of single-dose and multidose rofecoxib in the treatment of post-orthopedic surgery pain. *Am J Orthop*. 2001;30(1):40-48.
40. Johnson GE. VIOXX C-1 manuscript (protocol 116) [letter to Deborah Matsuura-Wolfe on October 9, 2000]. <http://dida.library.ucsf.edu/tid/vio13x10>. Accessed February 27, 2008. Bates No. STI0023352.
41. Scientific Therapeutics Information Inc Web site. <http://www.stimedinfo.com/sti.htm>. Accessed February 21, 2008.
42. Kistner U. Update on VIOXX manuscripts [e-mail to Susan Baumgartner, Sabrina Mauw, Judy Fallon, Virginia Schad, Peggy Protopapadakis, Merry Saba, and John Romankiewicz on October 8, 1999]. <http://dida.library.ucsf.edu/tid/vio16x10>. Accessed February 27, 2008. Bates Nos. STI0032791 through STI0032792.
43. Gajraj NM. Cyclooxygenase-2 inhibitors. *Anesth Analg*. 2003;96(6):1720-1738.
44. Garnett WR. Clinical implications of drug interactions with coxibs. *Pharmacotherapy*. 2001;21(10):1223-1232.
45. Weaver AL. Rofecoxib: clinical pharmacology and clinical experience. *Clin Ther*. 2001;23(9):1323-1338.
46. Hochberg MC. Treatment of rheumatoid arthritis and osteoarthritis with COX-2-selective inhibitors: a managed care perspective. *Am J Manag Care*. 2002;8(17)(suppl):S502-S517.
47. Gloth FM III. Pain management in older adults: prevention and treatment. *J Am Geriatr Soc*. 2001;49(2):188-199.
48. Schnitzer TJ. Osteoarthritis management: the role of cyclooxygenase-2-selective inhibitors. *Clin Ther*. 2001;23(3):313-326.
49. Fendrick AM. Cost-effective use of NSAIDs: issues pertinent to coxib use in managed care. *Am J Manag Care*. 2002;8(17)(suppl):S529-S541.
50. Broder M; Health Science Communications Inc. Invoice for review manuscript #1 for cardiology audience [attn: Susan Baumgartner, PhD, on September 25, 2001]. <http://dida.library.ucsf.edu/tid/vio03x10>. Accessed February 27, 2008. Bates Nos. MRK-ADF0003422 through MRK-ADF0003423.
51. Broder M; Health Science Communications Inc. Invoice for review manuscript #2 for nephrology audience [attn: Susan Baumgartner, PhD, on September 25, 2001]. <http://dida.library.ucsf.edu/tid/vio04x10>. Accessed February 27, 2008. Bates No. MRK-ADF0003424.
52. Broder M; Health Science Communications Inc. Invoice for review manuscript #4 for primary care audience [attn: Susan Baumgartner, PhD, on September 25, 2001]. <http://dida.library.ucsf.edu/tid/vio05x10>. Accessed February 27, 2008. Bates Nos. MRK-ADF0003428 through MRK-ADF0003429.
53. Health Sciences Communications Inc Web site. <http://www.hsci.com/>. Accessed February 21, 2008.
54. Scientific Therapeutic Communications Inc. VIOXX publications status report (November 15, 2000). <http://dida.library.ucsf.edu/tid/vio06x10>. Accessed February 27, 2008. Bates Nos. MRK-AFI0158301 through MRK-AFI0158303.
55. Schad V. 1439 journal article [e-mail to Marion Phillips on May 14, 2001]. <http://dida.library.ucsf.edu/tid/vio17x10>. Accessed February 27, 2008. Bates No. STI 0034921.
56. Scheiman JM. Gastrointestinal outcomes: evidence for risk reduction in patients using coxibs. *Am J Manag Care*. 2002;8(17)(suppl):S518-S528.
57. Bingham CO III. Development and clinical application of COX-2-selective inhibitors for the treatment of osteoarthritis and rheumatoid arthritis. *Cleve Clin J Med*. 2002;69(suppl 1):S15-S112.
58. Cronstein BN. Cyclooxygenase-2-selective inhibitors: translating pharmacology into clinical utility. *Cleve Clin J Med*. 2002;69(suppl 1):S113-S119.
59. Fendrick AM. Developing an economic rationale for the use of selective COX-2 inhibitors for patients at risk for NSAID gastropathy. *Cleve Clin J Med*. 2002;69(suppl 1):S159-S164.
60. Katz WA. Cyclooxygenase-2-selective inhibitors in the management of acute and perioperative pain. *Cleve Clin J Med*. 2002;69(suppl 1):S165-S175.
61. Konstam MA, Weir MR. Current perspective on the cardiovascular effects of coxibs. *Cleve Clin J Med*. 2002;69(suppl 1):S147-S152.
62. Lema MJ. Emerging options with coxib therapy. *Cleve Clin J Med*. 2002;69(suppl 1):S176-S184.
63. Peura DA. Gastrointestinal safety and tolerability of nonselective nonsteroidal anti-inflammatory agents and cyclooxygenase-2-selective inhibitors. *Cleve Clin J Med*. 2002;69(suppl 1):S131-S139.
64. Scheiman JM. Outcomes studies of the gastrointestinal safety of cyclooxygenase-2 inhibitors. *Cleve Clin J Med*. 2002;69(suppl 1):S140-S146.
65. Schnitzer TJ, Hochberg MC. COX-2-selective inhibitors in the treatment of arthritis. *Cleve Clin J Med*. 2002;69(suppl 1):S120-S130.
66. Weir MR. Renal effects of nonselective NSAIDs and coxibs. *Cleve Clin J Med*. 2002;69(suppl 1):S153-S158.
67. Buttgerit F, Burmester GR, Simon LS. Gastrointestinal toxic side effects of nonsteroidal anti-inflammatory drugs and cyclooxygenase-2-specific inhibitors. *Am J Med*. 2001;110(suppl 3A):135-195.
68. Cannon GW, Breedveld FC. Efficacy of cyclooxygenase-2-specific inhibitors. *Am J Med*. 2001;110(suppl 3A):65-125.
69. Catella-Lawson F, Crofford LJ. Cyclooxygenase inhibition and thrombogenicity. *Am J Med*. 2001;110(suppl 3A):285-325.
70. Hernández-Díaz S, García-Rodríguez LA. Epidemiologic assessment of the safety of conventional nonsteroidal anti-inflammatory drugs. *Am J Med*. 2001;110(suppl 3A):205-275.
71. Lipsky PE. Recommendations for the clinical use of cyclooxygenase-2-specific inhibitors. *Am J Med*. 2001;110(suppl 3A):35-55.
72. Peloso PM, Scheiman JM. The economic implications of cyclooxygenase-2-specific inhibitors. *Am J Med*. 2001;110(suppl 3A):505-545.
73. Raisz LG. Potential impact of selective cyclooxygenase-2 inhibitors on bone metabolism in health and disease. *Am J Med*. 2001;110(suppl 3A):435-455.
74. Shamoon M, Hochberg MC. The role of acetaminophen in the management of patients with osteoarthritis. *Am J Med*. 2001;110(suppl 3A):465-495.
75. Whelton A. Renal aspects of treatment with conventional nonsteroidal anti-inflammatory drugs versus cyclooxygenase-2-specific inhibitors. *Am J Med*. 2001;110(suppl 3A):335-425.
76. Schnitzer TJ. Ms [discussion of honorarium for article; e-mail to Peggy Protopapadakis on August 9, 2000]. <http://dida.library.ucsf.edu/tid/vio10x10>. Accessed February 27, 2008. Bates No. STI 0013235.
77. Cannon GW. Cyclooxygenase-2 selective inhibitors. *Drugs Today (Barc)*. 1999;35(7):487-496.
78. Geba GP, Weaver AL, Polis AB, Dixon ME, Schnitzer TJ. Efficacy of rofecoxib, celecoxib, and acetaminophen in osteoarthritis of the knee: a randomized trial. *JAMA*. 2002;287(1):64-71.

79. Hawkey CJ. COX-2 inhibitors. *Lancet*. 1999;353(9149):307-314.
80. Cannon GW. Rofecoxib: a specific cyclooxygenase inhibitor. *Drugs Today (Barc)*. 2000;36(4):255-262.
81. Crofford LJ. Clinical experience with specific COX-2 inhibitors in arthritis. *Curr Pharm Des*. 2000;6(17):1725-1736.
82. Jackson LM, Hawkey CJ. COX-2 selective non-steroidal anti-inflammatory drugs: do they really offer any advantages? *Drugs*. 2000;59(6):1207-1216.
83. Harris RC. Cyclooxygenase-2 in the kidney. *J Am Soc Nephrol*. 2000;11(12):2387-2394.
84. Swan SK, Rudy DW, Lasseter KC, et al. Effect of cyclooxygenase-2 inhibition on renal function in elderly persons receiving a low-salt diet: a randomized, controlled trial. *Ann Intern Med*. 2000;133(1):1-9.
85. Bell GM, Schnitzer TJ. Cox-2 inhibitors and other nonsteroidal anti-inflammatory drugs in the treatment of pain in the elderly. *Clin Geriatr Med*. 2001;17(3):489-502.
86. Brater DC, Harris C, Redfern JS, Gertz BJ. Renal effects of COX-2-selective inhibitors. *Am J Nephrol*. 2001;21(1):1-15.
87. Breyer MD, Harris RC. Cyclooxygenase 2 and the kidney. *Curr Opin Nephrol Hypertens*. 2001;10(1):89-98.
88. Day RO. Pharmacokinetic and pharmacodynamic aspects of the ideal COX-2 inhibitor: a rheumatologist's perspective. *Clin Exp Rheumatol*. 2001;19(6)(suppl 25):S59-S62.
89. FitzGerald GA, Patrono C. The coxibs, selective inhibitors of cyclooxygenase-2. *N Engl J Med*. 2001;345(6):433-442.
90. Gloth FM III. Principles of perioperative pain management in older adults. *Clin Geriatr Med*. 2001;17(3):553-573.
91. Harris CJ, Brater DC. Renal effects of cyclooxygenase-2 selective inhibitors. *Curr Opin Nephrol Hypertens*. 2001;10(5):603-610.
92. Harris RC, Breyer MD. Physiological regulation of cyclooxygenase-2 in the kidney. *Am J Physiol Renal Physiol*. 2001;281(1):F1-F11.
93. Hawkey CJ, Jackson L, Harper SE, Simon TJ, Mortensen E, Lines CR. Review article: the gastrointestinal safety profile of rofecoxib, a highly selective inhibitor of cyclooxygenase-2, in humans. *Aliment Pharmacol Ther*. 2001;15(1):1-9.
94. Hawkey CJ. COX-1 and COX-2 inhibitors. *Best Pract Res Clin Gastroenterol*. 2001;15(5):801-820.
95. Hawkey CJ. NSAIDs and COX-2 inhibitors: what can we learn from large outcomes trials? the gastroenterologist's perspective. *Clin Exp Rheumatol*. 2001;19(6)(suppl 25):S23-S30.
96. Hawkey CJ, Jones JI. Gastrointestinal safety of COX-2 specific inhibitors. *Gastroenterol Clin North Am*. 2001;30(4):921-936.
97. Hochberg MC. What have we learned from the large outcomes trials of COX-2 selective inhibitors? the rheumatologist's perspective. *Clin Exp Rheumatol*. 2001;19(6)(suppl 25):S15-S22.
98. Patrono C. Measurement of cyclooxygenase isozyme inhibition in humans: exploring the clinical relevance of biochemical selectivity. *Clin Exp Rheumatol*. 2001;19(6)(suppl 25):S45-S50.
99. Schnitzer TJ. Cyclooxygenase-2-specific inhibitors: are they safe? *Am J Med*. 2001;110(1A):465-495.
100. Wight NJ, Gottesdiener K, Garlick NM, et al. Rofecoxib, a COX-2 inhibitor, does not inhibit human gastric mucosal prostaglandin production. *Gastroenterology*. 2001;120(4):867-873.
101. Aisen PS. Evaluation of selective COX-2 inhibitors for the treatment of Alzheimer's disease. *J Pain Symptom Manage*. 2002;23(4)(suppl):S35-S40.
102. Aisen PS. The potential of anti-inflammatory drugs for the treatment of Alzheimer's disease. *Lancet Neurol*. 2002;1(5):279-284.
103. Bombardier C. An evidence-based evaluation of the gastrointestinal safety of coxibs. *Am J Cardiol*. 2002;89(6A):3D-9D.
104. Brater DC. Renal effects of cyclooxygenase-2-selective inhibitors. *J Pain Symptom Manage*. 2002;23(4)(suppl):S15-S20.
105. Brater DC. Anti-inflammatory agents and renal function. *Semin Arthritis Rheum*. 2002;32(3)(suppl 1):33-42.
106. Fine PG. The role of rofecoxib, a cyclooxygenase-2-specific inhibitor, for the treatment of non-cancer pain: a review. *J Pain*. 2002;3(4):272-283.
107. Harris RC Jr. Cyclooxygenase-2 inhibition and renal physiology. *Am J Cardiol*. 2002;89(6A):10D-17D.
108. Hawkey CJ. Cyclooxygenase inhibition: between the devil and the deep blue sea. *Gut*. 2002;50(suppl 3):iii25-iii30.
109. Hochberg MC. New directions in symptomatic therapy for patients with osteoarthritis and rheumatoid arthritis. *Semin Arthritis Rheum*. 2002;32(3)(suppl 1):4-14.
110. Katz WA. Use of nonopioid analgesics and adjunctive agents in the management of pain in rheumatic diseases. *Curr Opin Rheumatol*. 2002;14(1):63-71.
111. Katz N. Coxibs: evolving role in pain management. *Semin Arthritis Rheum*. 2002;32(3)(suppl 1):15-24.
112. Katz N. The impact of pain management on quality of life. *J Pain Symptom Manage*. 2002;24(1)(suppl):S38-S47.
113. Laine L. The gastrointestinal effects of nonselective NSAIDs and COX-2-selective inhibitors. *Semin Arthritis Rheum*. 2002;32(3)(suppl 1):25-32.
114. Laine L. Gastrointestinal safety of coxibs and outcomes studies: what's the verdict? *J Pain Symptom Manage*. 2002;23(4)(suppl):S5-S14.
115. Rex DK. Screening for colon cancer and evaluation of chemoprevention with coxibs. *J Pain Symptom Manage*. 2002;23(4)(suppl):S41-S50.
116. Ruoff GE. Challenges of managing chronic pain in the elderly. *Semin Arthritis Rheum*. 2002;32(3)(suppl 1):43-50.
117. Bingham CO III, Sebba AI, Rubin BR, et al. Efficacy and safety of etoricoxib 30 mg and celecoxib 200 mg in the treatment of osteoarthritis in two identically designed, randomized, placebo-controlled, non-inferiority studies. *Rheumatology (Oxford)*. 2007;46(3):496-507.
118. Schnitzer TJ. Update of ACR guidelines for osteoarthritis: role of the coxibs. *J Pain Symptom Manage*. 2002;23(4)(suppl):S24-S31.
119. Cheng HF, Harris RC. Does cyclooxygenase-2 affect blood pressure? *Curr Hypertens Rep*. 2003;5(1):87-92.
120. DeMaria AN, Weir MR. Coxibs—beyond the GI tract: renal and cardiovascular issues. *J Pain Symptom Manage*. 2003;25(2)(suppl):S41-S49.
121. Gajraj NM. The effect of cyclooxygenase-2 inhibitors on bone healing. *Reg Anesth Pain Med*. 2003;28(5):456-465.
122. Kuritzky L, Weaver A. Advances in rheumatology: coxibs and beyond. *J Pain Symptom Manage*. 2003;25(2)(suppl):S6-S20.
123. Laine L. Gastrointestinal effects of NSAIDs and coxibs. *J Pain Symptom Manage*. 2003;25(2)(suppl):S32-S40.
124. Ruoff G, Lema M. Strategies in pain management: new and potential indications for COX-2 specific inhibitors. *J Pain Symptom Manage*. 2003;25(2)(suppl):S21-S31.
125. Scheiman JM. Gastrointestinal safety of cyclooxygenase-2 inhibitors. *Curr Pharm Des*. 2003;9(27):2197-2206.
126. Gajraj NM, Joshi GP. Role of cyclooxygenase-2 inhibitors in postoperative pain management. *Anesthesiol Clin North America*. 2005;23(1):49-72.
127. Schnitzer TJ, Weaver AL, Polis AB, Petruschke RA, Geba GP. Efficacy of rofecoxib, celecoxib, and acetaminophen in patients with osteoarthritis of the knee: a combined analysis of the VACT studies. *J Rheumatol*. 2005;32(6):1093-1105.
128. Schad V. 1607 journal supplement [e-mail to John Romankiewicz, Una Kistner, and Jessica Leber on May 14, 2001]. <http://dida.library.ucsf.edu/tid/vio09x10>. Accessed February 27, 2008. Bates No. STI 0006924.
129. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication (October 2007). <http://www.icmje.org/>. Accessed February 21, 2008.
130. Armstrong D. Odd ghostwriting offer raises researcher's blood pressure. <http://blogs.wsj.com/health/2007/11/21/odd-ghostwriting-offer-raises-researchers-blood-pressure/>. Accessed February 21, 2008.
131. Hirsch LJ. Conflicts of interest in drug development: the practices of Merck & Co, Inc. *Sci Eng Ethics*. 2002;8(3):429-442.
132. Kesselheim AS, Avorn J. The role of litigation in defining drug risks. *JAMA*. 2007;297(3):308-311.
133. World Association of Medical Editors. Ghost writing initiated by commercial companies. *J Gen Intern Med*. 2005;20(6):549.
134. Relman AS. Medical professionalism in a commercialized health care market. *JAMA*. 2007;298(22):2668-2670.
135. Krumholz HM, Ross JS, Presler AH, Egilman DS. What have we learnt from Vioxx? *BMJ*. 2007;334(7585):120-123.