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Post-marketing studies: deception on a large scale

For many years, drug regulatory agencies have tended to cut back on the clinical evaluation of drugs before market authorisation (MA), asserting that such assessment can be completed after MA (1).The German experience shows that this is a misleading claim (2).

Retention of documents. The authors of one survey sought to obtain detailed knowledge about the post-MA studies that drug companies are required to submit to the authorities in Germany (two health insurance bodies and the German drug regulatory agency). These studies were meant to enable identification of adverse effects in daily practice that were not detected in the initial trials. Only after taking legal action were the authors of the survey able to gain access to descriptions of planned post-MA studies registered in Germany between January 2008 and December 2010 (2).

Studies designed not to find anything. During the three years examined, 558 post-MA studies were registered in Germany. Many of the documents describing these studies were very vague. 55% of the notifications were less than 10 pages, and 72% did not provide details about the study protocol (2).

The number of patients included in these studies varied from 2 to 75 000 (median: 600). The number of doctors involved in the studies varied from 0 to 7000 (median: 63). Each doctor followed 1 to 10 000 patients (median: 8). The duration of these studies varied from 24 to 7549 days (median: 480) (2).

The authors of the survey did not find any report of an adverse effect linked to these 558 studies in the German pharmacovigilance database. Only 5 studies resulted in a scientific publication (2).

In the opinion of the authors of the survey, the often modest number of patients per doctor and per study (with a few exceptions) and, above all, the lack of adverse effect reporting, showed that most of these studies were not designed to advance knowledge. So what purpose do they serve?

A promotional technique: sow the seeds. In the authors' view, the objectives of many of these studies have been diverted, and their real purpose is clearly to convince a large number of doctors to prescribe a new drug. These are so-called "seeding trials", aimed at changing prescribing habits (2,3).

In the 558 studies, half of the doctors were paid more than 200 euros per patient, with a maximum of 7280 euros per patient. In 158 of the 558 studies, the doctors had to sign a confidentiality agreement concerning the data (2).

"*A bird in the hand is worth two in the bush*": an old proverb which the facts support. Robust evaluation of drugs before market authorisation, in particular to look for possible serious adverse effects, is worth more than authorising them after only minimal assessment, in the false expectation that "good" post-marketing studies will be conducted.

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