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All that glitters...

“Sprint”, “Respond”, “Advance”, “Realize”... words that evoke success, dynamism and efficacy, and would not be out of place on advertising billboards. But are they really suitable as acronyms for clinical trials of new treatments, in this case *boceprevir* and *telaprevir* (see issue 126)?

Clinical trial monikers are carefully chosen by drug companies as being easy to remember and putting a favourable spin on the future results. This reflects the growing influence of marketing departments, which begin to intervene well before a drug reaches market. Yet should not clinical development be based simply on objective scientific evaluation of a new drug's benefits and harms for the patients concerned?

The use of grandiloquent and pompous acronyms is an old trick aimed at mentally preparing healthcare professionals to receive the results of clinical trials with a sympathetic eye and therefore to accept them at face value. And if companies continue to use this ploy it is no doubt because physicians and pharmacists are still not sufficiently critical of the information they receive.

We must resist these cynical attempts to pull the wool over our eyes.

In this issue (page 119) we see how trials of *vernakalant* are presented as different acts of a successful play but, on closer inspection, are farcical. Healthcare professionals must keep a critical mind if they are to prevent farce from turning to tragedy for their patients.

Prescrire