Translated from ***Rev Prescrire*** **July 2009; 29 (309): 534-540**

Legal obligations for transparency at the European Medicines Agency: Prescrire's assessment over four years

● ***Prescrire*** **and the Medicines in Europe Forum contributed jointly to reinforcing the transparency rules that apply to EU drug regulatory agencies, now enshrined in the 2004 Directive and Regulation.** ***Prescrire*** **assessed how the European Medicines Agency (EMEA) implemented its legal obligations for transparency over a four-year period.**

● **Between 2005 and 2008,** ***Prescrire*** **submitted 81 requests for four main types of documents or complementary information: documents that should have been made publicly available on the EMEA website, but that were missing (mainly European Public Assessment Reports (EPARs) and their updates); internal documents that the Agency was not legally required to post on its website (mainly the full reports on which EPARs are based); documents held by the Agency but produced by a third party (mainly drug companies and regulatory agencies of EU member states); and various types of non-documentary information.**

● **As a result of our requests for information, many EPARs and revisions were posted on the EMEA website more rapidly, and a number of anomalies were rectified. Moreover, some pharmacovigilance data that would have otherwise remained hidden were made public. We also reminded the EMEA of its legal obligation to publish the conflict of interest statements made by all experts serving on its committees.**

● **Overall, our experience shows just how reluctant the EMEA is to divulge information, how slow it is to respond, and how it stonewalls when asked for clinical data contained in national agency reports and drug company documents, such as periodic safety update reports (PSURs).**

● **Some sections of documents containing important scientific information are simply censored, in the name of commercial confidentiality, further confirming that EMEA is failing in its duty to protect the health and safety of European citizens.**

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In 1995 the European Union created the European Medicines Agency (EMEA), an administrative agency with the power to recommend marketing authorisation through the EU centralised procedure (**a**)(1).

The EMEA is responsible for evaluating the safety, efficacy and quality of the drugs it recommends for market authorisation by the European Commission (2,3). Recommendations on drugs for human use are made by an EMEA committee known as CHMP (Committee for Medicinal Products for Human Use) (1,2), which is mainly responsible for marketing authorisations and subsequent modifications ("variations") (**b**).

Transparency, the key to reliable drug evaluation

From the beginning, the EMEA has published European Public Assessment Reports (EPARs) for all marketing authorisations on its website (**c**)(1,2). In the 1990s, EPARs represented a major step forward in terms of transparency of information on pharmaceutical products, compared with the sparse information previously provided by national agencies (4).

Drug regulatory agencies must be transparent in terms of how they function, the decisions they make and the data supporting these decisions, if they are to serve patients' best interests.

Too many public health scandals, like the notorious Vioxx® (*rofecoxib*) affair in the early 2000s, have undermined public confidence in the pharmaceutical industry and the regulatory agencies that are closely linked to them (5).

The excessive secrecy surrounding drug regulatory agencies, strongly denounced in the 1996 Uppsala Declaration, is posing an increasing threat to patients' well-being (6).

A source of information for Prescrire. Since *Prescrire* was founded, we have based our systematic reviews of new drugs on data collected from a variety of sources, including bibliographic databases, textbooks, health technology assess-

ment agencies, drug regulatory agencies, and drug companies, that hold key information unavailable elsewhere (7).

In the early 2000s, as an active member of the Medicines in Europe Forum, *Prescrire* helped to strengthen the transparency rules governing EU drug regulatory agencies (8). In 2005, we started to pay particular attention to the EMEA website, in order to determine whether the Agency was complying with its legal requirements for transparency. When we discovered that many documents had not been posted on their website, we submitted dozens of information requests to EMEA.

This review looks back at our information requests and EMEA's responses over the last four years.

81 requests for information

Between 1 January 2005 and 31 December 2008, *Prescrire* sent 81 requests for information to EMEA.

Most requests concerned the following types of documents:
– public assessment reports (EPARs) on new marketing authorisations or revised EPARs (usually because the EMEA was late in posting them online) ;
– conflict of interest statements, in order to examine the independence of experts participating in decisions that overturn initially unfavourable CHMP opinions;
– full CHMP reports on EPAR subsections, which the EMEA is not required to place online. These requests were made because the available information was sketchy, particularly concerning major changes in the section on adverse effects in the summary of product characteristics (SPC);
– assessment reports produced by national agencies acting as rapporteurs for products approved by the EMEA (requested for the same reasons);
– periodic safety update reports (PSURs) submitted by a drug company at the request of a drug regulatory agency;
– EMEA guidelines on the development of a number of drug classes, that were to be posted on the Agency website but never materialised.
In addition to requests for specific documents, *Prescrire* asked the EMEA for additional information, including:
– data on drug sales volume: this important information is absent in the EMEA pharmacovigilance reports but is needed to estimate the extent of population exposure to a given drug;
– clarification of confusing statements in the SPC;
– and an explanation of the rules governing health education for patients.

In summary, we made 4 types of requests for information, concerning documents that should have been published on the EMEA website, such as EPARs and their updates; internal documents that the EMEA was not legally required to post on its website (mainly the full reports on which EPARs are based); documents produced by a third party (mainly a drug company or a member state's regulatory agency); and various types of non-documentary information.

EPARs: still too many delays. 2005 was marked by numerous administrative failings. For example, the Agency took far too long to place new EPARs or revisions online (including new indications), many dates were unclear, and so on. These failures delayed or hindered public access to the information in question.

In March and June 2005, the Agency, aware of its shortcomings, informed us in writing that it was reviewing all EPARs that needed updating and had taken measures to improve its quality controls (9).

Things started to improve in 2006, although there are still delays in the posting of some EPARs online in 2009. *Prescrire* is now able to focus its requests for other types of documents.

CHMP documents: semblance of transparency

According to EMEA rules, variations of marketing authorisations must be published and summarised in tabular form under the EPAR subheading "steps taken after granting authorisation".

In this way the Agency intends to meet the legal requirements provided for in European Regulation 726/2004 on EPAR updates for variations that affect a drug's risk-benefit balance (2).

But the information posted online is often too sparse to be of much value to health professionals and patients. We therefore request a copy of the full CHMP report on which the summary information is based.

In keeping with the EMEA rules, these full assessment reports are not published online. They can, however, be obtained through European Regulation 1049/2001 on access to administrative documents (10).

Too many deletions in reports. In most cases the documents that EMEA provided contain supplementary information on adverse effects. But entire sections are sometimes blacked out, and the annexes containing the assessment report written by the member state rapporteur for the variation are missing.

Some blacked-out sections contain important information. For example, following a request for a pharmacovigilance variation concerning visual disorders associated with *pregabalin* (Lyrica°), four lines of the CHMP report were blacked out in the section describing the conclusions of the ophthalmology expert group (11).

In several documents the sections that had been deleted concerned follow-up studies companies were asked to undertake, known as "follow-up measures" (FUMs), as in the CHMP report on various adverse effects of *telithromycin* (Ketek°) (12). However, FUMs are one way in which regulatory agencies are able to obtain more thorough information on adverse effects from a company.

When we asked for the assessment report(s) supporting a note in the *zoledronic acid* (Aclasta°) EPAR concerning 4 cases of osteonecrosis affecting bones other than the jaw, the EMEA first refused to provide any information whatsoever, citing protection of commercial interests and intellectual property rights (13). We then repeated our request, arguing that it was a public health issue.

In the end, the EMEA informed us that the documents we had requested were part of a "confidential" file on a variation. In addition, the EMEA did not provide the CHMP report on the variation, claiming that it was more or less identical to the information available online (13). ►►

a- In addition, the European Agency (EMEA) arbitrates disagreements between member states on drugs authorised by national agencies. Reasons for arbitration include possible serious adverse effects or suspension of marketing authorisation in a single member state; in such cases, it is up to the EMEA to decide whether to withdraw or continue marketing the drug in question in Europe (ref 2,3).

b- In fact, it is not CHMP members who evaluate data on medicines, but rather assessors and/or other experts from national agencies. For each marketing authorisation, two national agencies, known as the "rapporteur" and "co-rapporteur" evaluate the drug and prepare an assessment report. CHMP members are experts from national agencies who convene each month to recommend to the European Commission whether to grant or refuse marketing authorisations or variations.

c- The EPAR is a document prepared by the EMEA and posted on the Agency's website. It is supposed to be clear enough for anyone to understand. Nevertheless, some sections are only published in English, including the Scientific Discussion. The EPAR contains a summary of the main sections of the marketing application (history of the procedure; summary of preclinical animal data; summary of human clinical data on efficacy and adverse effects; general marketing terms and risk management plan (RMP), such as studies to be provided by the company once the product has been licensed ("follow-up measures" (FUM)). As the licensed indications are gradually modified, EMEA publishes summaries of some variations in tabular form. Each of these summaries is backed up by a more thorough CHMP report that is not posted on the EMEA website.

Company documents: top secret!

In 2008, we requested additional information on adverse effects collected through a risk management plan (RMP) for *rimonabant* (formerly Acomplia°), a psychotropic marketed for the treatment of obesity. Its risk-benefit balance was becoming increasingly unfavourable, and the drug has since been withdrawn from the market (14,15).

After several written exchanges with the EMEA, we managed to identify the available documents and were able to ask for: two CHMP reports on two pharmacovigilance variations; RMP assessment reports established by the Swedish Agency (EU rapporteur for Acomplia°); and the company's PSUR prepared for the European Agency.

The EMEA sent us the two CHMP reports but refused to provide the other documents. Following further requests, we finally received another six documents providing some relevant information. But 65 of the 68 pages of the Swedish Agency's report were totally blacked out (see inset page 231).

Finally, the EMEA refused to provide us with any PSURs, based on the argument that they were produced by drug companies (15). However, they contain clinical data on adverse effects, and, according to the EMEA's own rules, clinical data are not considered confidential (16). Moreover, as the EMEA receives and retains copies of PSURs, they should be available under Regulation 1049/2001.

Thus, in practice, despite the transparency rules to which the EMEA is subject, the Agency is clearly more concerned with protecting drug companies' interests than with providing access to scientific knowledge or protecting patients' interests.

Conflicts of interest: not available online for all EMEA "experts"

European Regulation 726/2004 requires the EMEA to disclose the names of CHMP members and members of the board of governors.

All members of the EMEA committees and task forces, and all experts, must make annual statements declaring their financial interests. They must also declare any conflicts of interest specifically relating to each meeting and the points under discussion. This information must also be made public (2).

Limited transparency concerning conflicts of interest. According to the EMEA's internal rules on the management of conflicts of interest, dated 8 June 2006, the list of experts proposed by national agencies for participation in committees and other scientific groups, and those of additional experts, must be published on the EMEA website (17).

In practice, among the published lists, only CHMP members declare their conflicts of interest online. The declarations of other experts are only available on specific request (17,18).

Furthermore, according to the Agency, the advice of outside experts is sometimes needed. A given marketing authorisation committee can therefore include other "members" than the agency experts listed on the website (17). In addition, EPARs contain no section mentioning all the experts or "members" consulted, or their declarations of conflicts of interest. It is therefore difficult to know who participated on a committee without asking the EMEA for a list of all those present.

Our requests for information on outside experts concerned new drugs or new indications for which an initially unfavourable CHMP opinion was overturned by a group of experts convened to re-examine the file at the company's request.

Erlotinib: questionable decision veiled in secrecy. The case of *erlotinib*, a drug marketed by Roche under the name Tarceva°, is particularly informative (18).

The drug was first indicated in lung cancer, but a negative opinion was issued on an application for use in pancreatic cancer in July 2006. However, in December 2006, this opinion was overturned after the application was re-examined by a group of cancer experts.

On 24 January 2007, we asked for the names of the experts concerned. On 14 February, the EMEA drew our attention to the online list of its oncology experts but refused to name the additional members, arguing that the European Commission had not yet approved the new indication (**d**)(19).

We then repeated our request, considering that the rules governing conflicts of interest in no way justified such a refusal. The EMEA did not send us the names of the four additional members until 22 May 2007, followed, on 29 June, by their conflict of interest statements. Two out of the four de- [go to page 233] ►►

d- The CHMP makes recommendations on marketing authorisation, but it is the European Commission, Enterprise Directorate General, that approves or rejects these recommendations. The EMEA regularly refuses to provide certain documents, under the pretext that the European Commission has not yet approved a recommendation. However, there is no provision in the transparency rules to justify this position (refs 10,24).

The European Medicines Agency censors pharmacovigilance data

Information on adverse drug reactions is extremely sensitive. Patients and health professionals need access to this information to improve the quality of care they give and receive. Pharmaceutical companies' business may suffer if their products' limitations and risks are disclosed. Drug regulatory agencies hold a vast amount of data on adverse drug reactions, but they are reluctant to disclose this information.

When preparing our reviews, we often ask the EMEA for information that is not posted on the Agency's website. The Agency's res-ponse concerning *rimonabant* (since withdrawn from the market) illustrates the censorship practiced by regulatory agencies.

The Agency did provide us with several documents, but only 3 of the 68 pages of a report prepared by the Swedish Agency were legible, as the rest had been systematically blacked out, line by line, even including the date of the report! (for an overview see page 231 and the document on our website at prescrire.org).

Similarly, in a report by the European Agency, two pages of data on the frequency of adverse effects were blacked out.

The European Agency tries to justify these practices on the grounds of the protection of commercial interests and intellectual property rights. But what can possibly justify depriving patients and health professionals of drug safety information? What commercial secret could possibly override the need to protect patients from drug toxicity?

How long will the authorities continue to expose patients to unnecessary risks by placing the financial interests of private enterprise before the well-being of the patients they are supposed to protect?

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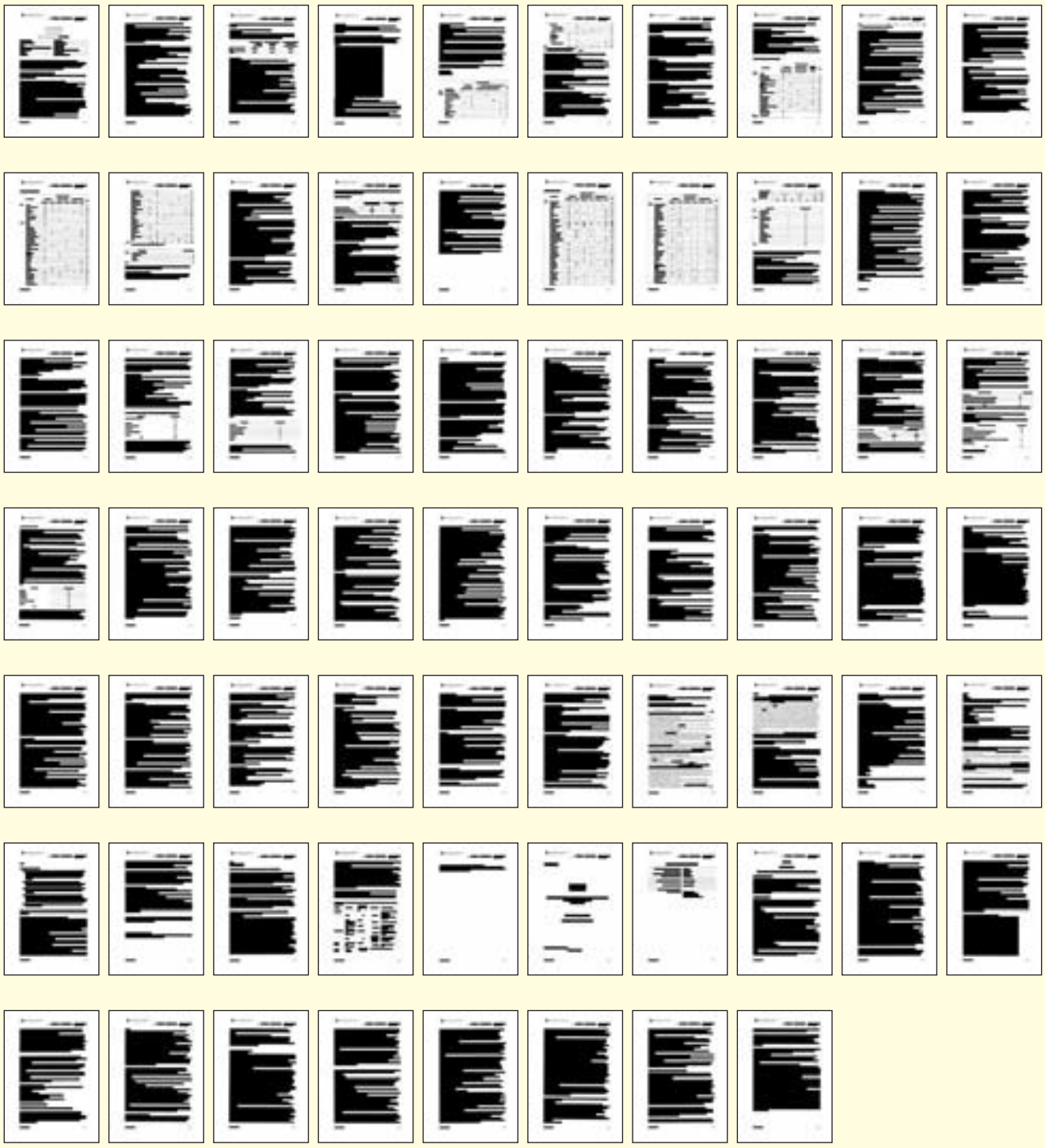
Censorship masquerading as "transparency": the EMEA assessment report on rimonabant



We often ask the European Medicines Agency (EMEA) for information that is not available on the agency's website. Their response in the case of *rimonabant,* a drug that has now been withdrawn from the market, is an example of how drug regulatory agencies practice censorship.

The EMEA provided us with several documents, including a report from the Swedish agency (Läkemedelsverket "Acomplia Final Assessment Report"). Yet, only 3 of the 68 pages in this report were legible: the rest of the text has been systematically blacked out, line by line, even including the date of the report.

How to obtain a document or other information from the European Medicines Agency

A basic knowledge of the Regulation on access to European administrative documents and the rules governing the European Medicines Agency (EMEA) is all that is needed to apply for information that is not routinely published, and to anticipate possible grounds for refusal (**a**).

Arguments based on the relevant legal text. Directives 2001/83/EC + 2004/27/EC and Regulation 726/2004 impose several legal obligations on the EMEA to make information publicly accessible: this includes immediate online publication of the European Public Assessment Report (EPAR) for new medicines, and updates after each major variation (modification of the licence that has clinical implications), and online posting of Withdrawal Public Assessment Reports (WPAR) (1 art. 21 and 125,2).

If there is a delay in posting documents or their revisions online, it is sufficient to notify the Agency by e-mail, at emeainfo@emea.europa.eu. Documents that are not published on the EMEA website can be accessed by citing European Regulation 1049/2001 on access to administrative documents (3).

To obtain these documents, one must first send a request to EMEA at the above e-mail address. The Agency has 15 workdays to respond. If the agency refuses, the applicant has 15 days to repeat the request, thus implicitly rejecting the Agency's arguments. The repeated request must be sent to the EMEA Director (in early 2009, Thomas Lönngren, at thomas.lonngren@emea.europa.eu).

Other means of obtaining information. If the agency again refuses, the applicant can file a complaint with the EU Ombudsman (www.ombudsman.europa.eu) or take legal action (4).

Complaints to the Ombudsman must be made within 2 years after the date on which the applicant became aware of facts relating to the complaint (5). Once a complaint is received, the Ombudsman seeks the opinion of the relevant administration, then forwards this opinion to the applicant, who has one month to respond (4). Depending on the applicant's response, the Ombudsman may close the case or re-examine the complaint and report his or her findings within a one-year period (4).

What is an administrative "document"? Regulation 1049/2001 defines administrative documents as any documents produced or received by a European institution (3). Reports prepared by national agencies for drugs authorised by the EMEA, and company documents such as Periodic Safety Update Reports (PSURs), must therefore be publicly accessible.

The reasons mentioned in Regulation 1049/2001 as justification for withholding all or part of an administrative document include the protection of commercial interests and intellectual property rights (3). The EMEA cited confidentiality as the reason for refusing to send us the documents we requested on *rimonabant* (see pages 230 and 231 of this issue).

Confidentiality: vague definition of "overriding public interest". However, such refusals by the EMEA are not legally justified, because Regulation 1049/2001 stipulates that the grounds for refusal are null and void when the overriding public interest justifies disclosure of the document in question (3 art. 4-2). Furthermore, according to the EMEA's own confidentiality rules, clinical data are not considered confidential, whatever their source (6).

This discrepancy between theory and practice in matters of transparency represents a major obstacle in access to official documents.

Requests for information: longer delays in response time. "Information" requests (excluding requests for "documents") are not subject to these legal obligations, although Regulation 1049/2001 requires EU institutions to establish good administrative practices (3). According to its Code of conduct, the EMEA must answer all questions as reasonably as possible and within 2 months at the latest (7).

a- During the winter of 2008-2009, the EMEA submitted for consultation an update of its practices with respect to access to documents (ref 8,9). Prescrire and the International Society of Drug Bulletins (ISDB) participated in this consultation (refs 10,11).

1- "Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use" Consolidated version dated 30 December 2009. ec.europa.eu accessed 9 April 2009: 129 pages.

2- "Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency" Consolidated version dated 26 January 2007. ec.europa.eu accessed 15 February 2009: 51 pages.

3- "Regulation (EC) No 1049/2001 of the European Parliament and of the Council of 30 May 2001 regarding public access to European Parliament, Council and Commission documents" Official Journal of the European Communities, 31 May 2001: L 145/43-L 145/48.

4- The European Ombudsman "Your complaint 1161/2007/TN against the European Medicines Agency" 24 October 2008: 6 pages.

5- "The European Ombudsman: Could he help you? How to complain and form" June 2006. www.ombudsman.europa.eu accessed 6 April 2009: 6 pages.

6- European Medicines Agency "Principles to be applied for the deletion of commercially confidential information for the disclosure of EMEA documents" 15 April 2007: 8 pages.

7- European Medicines Agency "The EMEA Code of conduct" 1 January 2005: 23 pages.

8- European Medicines Agency "Draft EMEA policy on the practical operation of access to EMEA documents - 18 December 2008". www.emea.europa.eu accessed 2 March 2009: 5 pages.

9- European Medicines Agency "Output of the draft EMEA policy on the practical operation of access to EMEA documents in the context of authorisation and supervision of medicinal products for human and veterinary use - 18 December 2008". www.emea.europa.eu accessed 2 March 2009: 26 pages.

10- Prescrire "Excessive secrecy beyond the law ! Prescrire answer to Draft of "EMEA policy on the practical operation of access to EMEA documents"" 2 March 2009: 5 pages.

11- International Society of Drug Bulletins "EMEA: Excessive secrecy beyond the law! Transparency should be the norm": 3 pages.

► clared they had links to Roche, and one of them had not updated his/her declaration since 2004. A third member declared a link with Roche in 2007. We published these conflicts of interest in the November 2007 issue of our French edition (18).

Subsequently, in 2008, the EMEA responded more rapidly to two similar requests concerning *panitumumab* (Vectibix°) and *trabectedin* (Yondelis°) (20,21).

Requests for information: slow responses

Most of our requests for "information", apart from printed "documents", eventually yield satisfactory answers from the EMEA. But in most cases the Agency initially refuses to respond or procrastinates.

For example, in March 2006, we wanted to know why the *ethinylestradiol* dose in Evra° patches (*norelgestromin+ethinylestradiol*) had been reduced from 750 µg to 600 µg. Three months later, not having received an answer, we again questioned the EMEA (22). It was only on 19 July 2006 that the EMEA finally explained the administrative reasons for this change. A few days later, we therefore asked for more detailed scientific information. Our request was granted on 12 September, but the names of the investigators who conducted the bioequivalence study were withheld, on the grounds that they were "confidential" (22). In total, it took over 6 months to obtain the relevant information.

Similarly, in June and again in July 2007, we asked the EMEA for data on the consumption of 9 drugs for which there were specific safety issues (**e**)(23). In August 2007, the EMEA refused to provide this information, arguing that it was an industrial secret. Finally, on 29 October, the Agency sent us the data on the 7 drugs for which it had recommended marketing authorisation (23).

Towards full transparency. In summary, our requests for information over the years have served to remind the EMEA of its legal obligations for transparency and to point out its failings.

Late EPARs are now posted online more rapidly. Correction of the flaws that *Prescrire* noted on the Agency's website may have helped other users to obtain needed information. Our requests for CHMP reports that were not systematically made public allowed us to provide our subscribers with more information, especially in terms of drug safety.

Prescrire's requests exposed the current secrecy practiced by the European Medicines Agency, for the reasons already mentioned in the 1996 Uppsala Declaration: secrecy (retention of information about drugs, or late and inadequate posting of information online), paternalism, subservience towards drug companies or certain national regulatory agencies, drug company influence.

Our experience also shows the importance of perseverance and long-term commitment when seeking information from the EMEA that is relevant to public health.

The EMEA still has a long way to go if it is to win back public confidence.

©Review prepared and translated by the Prescrire Editorial Staff (no conflicts of interest)

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e- Seven of these drugs were authorised by the EMEA: celecoxib, epoetin alfa and epoetin beta, olanzapine, topical tacrolimus, rosiglitazone and telithromycin, and two were authorized through national or mutual recognition procedures: dextropropoxyphene+paracetamol and methylphenidate.

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Selected references from Prescrire's literature search.

1- Prescrire Rédaction "Aujourd'hui, la politique du médicament se conçoit à l'échelon européen" *Rev Prescrire* 2002; **22** (229): 461-463.

2- "Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency" Consolidated version dated 26 January 2007. ec.europa.eu accessed 15 February 2009: 51 pages.

3- "Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use" Consolidated version dated 30 December 2009. ec.europa.eu accessed 9 April 2009: 129 pages.

4- Prescrire Editorial Staff "Official information from the European drugs agency" *Prescrire Int* 1997; **6** (27): 6.

5- Prescrire Editorial Staff "How to avoid future Vioxx°-type scandals?" *Prescrire Int* 2005; **14** (77): 115-117.

6- "Statement of the international working group on transparency and accountability in drug regulation: Uppsala Declaration". www.isdbweb.org.

7- Prescrire Rédaction "Les agences du médicament ont des devoirs d'information" *Rev Prescrire* 2003; **23** (245 suppl. Se documenter): 918.

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9- European Medicines Agency "Lettres à Prescrire" 15 March 2005 + 30 June 2005: 2 pages in total.

10- "Regulation (EC) No 1049/2001 of the European Parliament and of the Council of 30 May 2001 regarding public access to European Parliament, Council and Commission documents" Official Journal of the European Communities, 31 May 2001: L 145/43-L 145/48.

11- Prescrire Rédaction "Lettre à l'EMEA: prégabaline-Lyrica°" 30 May 2008 + European Medicines Agency "Lettre à Prescrire" 20 June 2008: 1 page + "CHMP Variation Assessment Report. Variation EMEA/H/C/000546/II/0023" 21 February 2008: 6 pages.

12- Prescrire Rédaction "Lettre à l'EMEA: télithromycine – Ketek°" 22 December 2008: 1 page + European Medicines Agency "Lettre à Prescrire": 2 pages + "CHMP Variation Assessment Report. Variation EMEA/H/C/000354/II/0047": 7 pages.

13- Prescrire Rédaction "Lettres à l'EMEA: acide zolédronique-Aclasta°" 29 October 2008 + 20 November 2008: 2 pages in total + European Medicines Agency "Lettres à Prescrire" 18 November 2008 + 5 December 2008: 3 pages in total.

14- Prescrire Editorial Staff "Rimonabant: marketing authorisation suspended at last" *Prescrire Int* 2009; **18** (100): 61.

15- Prescrire Rédaction "Lettres à l'EMEA: rimonabant – Acomplia°" 18 September 2008 + 21 October 2008: 2 pages in total + European Medicines Agency "Lettres à Prescrire" 7 October 2008 + 16 October 2008 + 30 October 2008: 4 pages in total + "Acomplia FUM 027" 25 May 2007: 1 page + "Acomplia FUM 030" 19 November 2007: 2 pages + "Acomplia. Updated Joint Assessment Report" 14 November 2007: 6 pages + "Acomplia Risk Management Plan 032" 25 April 2008: 4 pages + "CHMP Variation Assessment Report. Variation EMEA/H/C/000666/II/0008": 18 pages + "CHMP Variation Assessment Report. Variation EMEA/H/C/000666/II011": 13 pages + Läkemedelsverket "Acomplia Final Assessment Report of FUM 027" (date blacked out): 16 pages + "Acomplia Final Assessment Report" (date blacked out): 68 pages.

16- European Medicines Agency "Principles to be applied for the deletion of commercially confidential information for the disclosure of EMEA documents" 15 April 2007: 8 pages.

17- European Medicines Agency "Policy on the handling of conflicts of interests of management board and scientific committee members and EMEA experts" 8 June 2006: 5 pages.

18- Prescrire Editorial Staff "Experts and conflicts of interest" *Prescrire Int* 2008; **17** (93): 2.

19- Prescrire Rédaction "Lettres à l'EMEA: erlotinib-Tarceva°" 24 January 2007 + 16 February 2007 + 22 May 2007: 3 pages in total + European Medicines Agency "Lettre et Courriels à Prescrire" 14 February 2007 + 25 April 2007 + 29 June 2007: 16 pages in total.

20- Prescrire Rédaction "Lettre à l'EMEA: panitumumab-Vectibis°" 25 March 2008: 1 page + European Medicines Agency "Lettre à Prescrire" 16 April 2008: 2 pages.

21- Prescrire Rédaction "Lettre à l'EMEA: trabectédine-Yondelis°" 26 March 2008: 1 page + European Medicines Agency "Lettre à Prescrire" 15 April 2008: 1 page.

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See the *Prescrire in English* website for this additional text from *Prescrire International*:

EMEA censored rimonabant data

Full text in English available online at:

www.english.prescrire.org