## EDITORIALS



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BODY POLITIC



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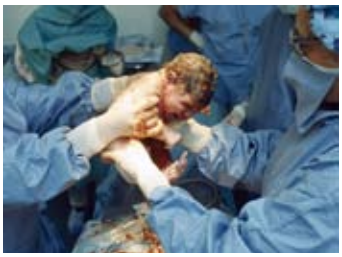
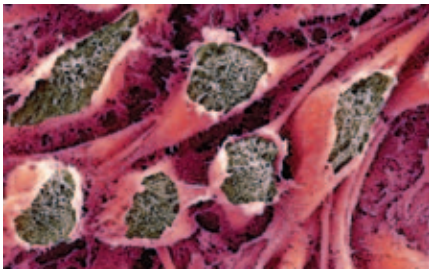
**Editorial, p 787, Analysis, pp 809, 811**
Missing data: doubting the evidence base



Caesarean deliveries, pp 789, 817



Stem cells for spinal injury, p 800

What the cuts mean for research, p 804

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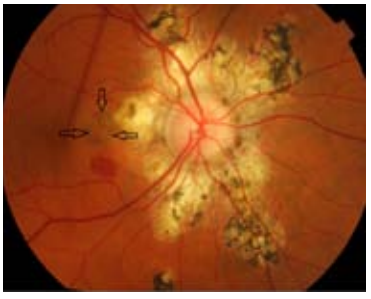
Cerebral palsy and Apgar scores, pp 788, 817

Surgical instruments on show, p 836



How to manage uveitis, p 821

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**The Editor, BMJ**
**BMA House, Tavistock Square,**
**London WC1H 9JR**
Email: editor@bmj.com
Tel: +44 (0)20 7387 4410
Fax: +44 (0)20 7383 6418
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## PICTURE OF THE WEEK

**The R K Khanna Tennis Complex, one of the venues for the 2010 Commonwealth Games, is fumigated at the end of the day to stop the breeding of mosquitoes that have caused an outbreak of dengue fever in New Delhi, India. At least one official has been taken to hospital after contracting the disease, and several athletes have pulled out of the competition.**

## THE WEEK IN NUMBERS

**3 in 10** Proportion of cases of haemophilia in which there is no family history **(Practice, p 827)**

**52.8%** Reporting rate for euthanasia in Flanders, Belgium, in 2007 **(Research, p 819)**

**Up to 115%** Percentage by which the benefit of reboxetine was overestimated compared with placebo in published data **(Research, p 816)**

**1 in 10** Cases of blindness attributed to uveitis among people of working age in the Western world **(Clinical Research, p 821)**

## QUOTE OF THE WEEK

**"If left unpruned, quangos would spread like rhododendrons, individually displaying exotic blooms but collectively blighting the scenery"**

Nigel Hawkes, freelance journalist, London, on the government spending review

**(Observations, p 808)**

## QUESTION OF THE WEEK

Last week's poll asked "Should the NHS mental health services fear the private sector?"

**62%** said yes (total 189 votes cast)

This week's poll asks "Would a tax on high fat or sugar foods help reduce obesity levels?"

**bmj.com** cast your vote

EDITOR'S CHOICE

# Evidence debased medicine

**Around 4600 people had taken part in trials of reboxetine, yet adequate data on outcomes had been published for only 1600 or so of the participants**

Our current evidence base on the benefits and harms of many treatments contains incomplete and questionable evidence. This week Elizabeth Loder and Fiona Godlee call for the record to be set straight and announce a *BMJ* theme issue in late 2011 for research that analyses uncovered evidence (p 787). The aim is to restore trust in the evidence base, not to point fingers.

This is an early call, but such studies take time because they often depend on freedom of information requests and protracted negotiations with companies. Dirk Eyding, Beate Wieseler, and colleagues from the German Institute for Quality and Efficiency in Health Care (IQWiG) show how it's done.

Their health technology assessment of the antidepressant reboxetine began in the usual way last year with an extensive literature search for primary and secondary studies (p 816). They found a yawning gap: around 4600 people had taken part in trials of reboxetine, yet adequate data on outcomes had been published for only 1600 or so of the participants (p 809). Over the next seven months the institute issued its preliminary conclusion that no benefit of reboxetine could therefore be proved; Pfizer (the drug's manufacturer) stated "we provided IQWiG with sufficient data" but then released most of the missing data; and the full assessment showed that, overall, reboxetine had no benefit. At the start, IQWiG had asked the manufacturer to sign an agreement requiring: (1) submission of a list of all sponsored published and unpublished trials investigating reboxetine; (2) submission of documents (generally the clinical study reports) compliant with the CONSORT criteria for all relevant trials selected by IQWiG; and (3) permission for publication of all previously unpublished relevant data.

Pfizer's provision of the data was an important, if belated, move. We hope that other drug companies and device manufacturers will see the *BMJ*'s theme issue next year as an opportunity to release and use data constructively and to improve clinical decision making. Some have already asked editors' advice on transparency and, despite—or perhaps owing to—the *BMJ*'s reputation for being tough on industry, this journal's editors have recently accepted unpaid invitations to talk with companies about publication ethics. Fiona Godlee and I have visited GlaxoSmithKline and AstraZeneca, and several of us have spoken at industry focused conferences run by organisations including the Drug Information Association and the International Society for Medical Publication Professionals. I have participated, too, in the consultations that produced two sets of guidance for industry based authors: the *Good Publication Practice* guidance (GPP2) (*BMJ* 2009;339:b4330) and the *Authors' Submission Toolkit* (10.1185/03007995.2010.499344).

There's ever more that journals can and should do to improve the evidence base, however. And this week Gerd Gigerenzer and colleagues rightly chastise us for failing to enforce transparent reporting of risks in journal abstracts (p 791). They urge institutions to cancel their subscriptions if we don't implement policies in the next two years to frame risks properly. We have been warned.

**Trish Groves, deputy editor, *BMJ* tgroves@bmj.com**

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Career Focus, jobs, and courses appear after p 838

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## BMJ.COM: MOST READ

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