

American Heart Association fails to disclose \$100K in Pharma-Funded Research Led by Vice Chair of Cholesterol Guideline

In 2013, the American Heart Association did not disclose Eli Lilly and Company's over \$100,000 in research funding to a clinical study of LY3015014, one of a relatively new class of cholesterol-lowering drugs called PCSK9 inhibitors. A principle investigator for this PCSK9 study was Dr. Jennifer G. Robinson. This non-disclosure is notable because Dr. Robinson was Vice Chair of the ACC/AHA's most recent cholesterol guideline ("2013 AHA Guideline"), the effect of which doctors have argued is to promote the prescription of PCSK9 inhibitors. Moreover, the year after the study came out, the makers of one of two PCSK9 inhibitors on the market (Praluent) significantly increased its payments to whom? That's right: Dr. Robinson. Dr. Robinson received more than \$110,000 in non-research funding in 2013 and 2014 combined from the makers of Praluent, the first FDA-approved PCSK9 inhibitor.

Doctors and researchers have written that PCSK9 inhibitors are over-priced, some noting—as did a recent rigorous study covered by the New York Times—that these drugs could singlehandedly add more than \$21 billion in annual net health care costs in the United States.ⁱ CVS Health has called for a review of the 2013 Guideline.ⁱⁱ

The 2013 American College of Cardiology (ACC)/ American Heart Association (AHA) Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults ("2013 AHA Guideline") made significant changes to the previous guideline. Among others, the updated version abandoned the principle that patients should be treated to specific cholesterol (LDL-C) targets based on their cardiovascular risk, and titrating medication use to meet that target.ⁱⁱⁱ Writing in the Journal of the American Medical Association (JAMA) in August 2015, doctors for CVS Health, the second-largest pharmacy-benefit manager in the U.S.,^{iv} expressed cost concerns about the 2013 AHA Guideline changes in light of expensive PCSK9

inhibitors coming to market.^v

The Vice Chair of the 2013 AHA Guideline, Dr. Jennifer G. Robinson (Professor of Epidemiology and Medicine at the University of Iowa) served as a lead investigator on studies of PCSK9 inhibitors paid for by its manufacturers. According to a database maintained by the Centers for Medicare and Medicaid Services (CMS), in 2013 and 2014 combined, Robinson was a principal investigator of studies evaluating a PCSK9 inhibitor being developed by Eli Lilly and Company, for which the company paid more than \$200,000.

The AHA did not, however, declare the 2013 Eli

Lilly-sponsored research in the 2013 AHA Guideline. The pharmaceutical company paid over \$105,000 in 2013 for a PCSK9-inhibitor study of which Dr. Robinson was a principal investigator. Payment for the study, as noted in the CMS database, was dated three months before the release of the 2013 AHA Guideline. However, the 2013 AHA Guideline's conflict of interest appendix does not list any relationship between Dr. Robinson and Eli Lilly and Company during 2013.^{vi}

In addition to the undisclosed research funding, the reporting of nearly \$7,000 that Regeneron (the co-manufacturer of Praluent) paid Robinson prior to the November 12, 2013 release of the 2013 AHA Guideline has been inconsistent.^{vii} Appendix 1 to the 2013 AHA Guideline notes a "significant relationship" between "Sonofi-aventis/Regeneron" and Robinson under the "Personal Research" category.^{viii} In the same appendix, the AHA points to a policy for managing relationships with industry, which defines "Personal Research" as "Investigator, co-investigator, or steering committee member in industry supported research or institutional direct decision-making responsibility for such funds (e.g. research or other grants that provide support for fellowship, faculty or other clinical personnel)."^{ix} However, the payments documented in the CMS database were listed in the "general payments" category, which is defined as payments "that are not associated with a research study."

Dr. Robinson received \$16,986 in non-research-related payments from pharmaceutical companies during 2013, over \$14,000 of which came from Regeneron. The day after the release of the guideline, Regeneron paid for Dr. Robinson's travel to and lodging in Paris, France, worth \$6,901. And in 2014, the year after the guideline was published, makers of Praluent and their subsidiaries together

paid Dr. Robinson more than \$98,000 for consulting and other services, not including research funding.^x

Commenting on the 2013 AHA Guideline following the FDA's approval of Praluent, Dr. William H. Shrank, M.D., MSHS, Chief Scientific Officer at CVS Health, said of PCSK9 inhibitors: "the current cholesterol management guidelines do not provide clarity as to how these expensive new medications could fit in the treatment paradigm, potentially resulting in some scenarios where a prescriber could consider a PCSK9 inhibitor for a low-risk patient... if used broadly, PCSK9 inhibitors would likely be the most costly class of medications we've seen thus far."^{xi}

As reported in the New York Times, medical experts raised concerns about the 2013 AHA Guideline and its accompanying risk calculator directly following their release, with Dr. Nancy Cook and Dr. Paul M. Ridker of Harvard Medical School writing that they open the door to "considerable overprescription" of cholesterol-lowering drugs.^{xii} And earlier this year, Dr. Andrew Paul DeFilippis, M.D., M.Sc., lead author of a study by investigators at Johns Hopkins University and other institutions, stated that the ACC/AHA calculator connected with the 2013 AHA Guideline considerably over-rated risk, which "could lead to more health care spending, less health gain, and unnecessary exposure to drug side effects."^{xiii}

Given these legitimate concerns about over-prescription and PCSK9 inhibitors' potentially unprecedented costs, newly uncovered information about failures to disclose conflicts of interest raises serious questions about the legitimacy of the 2013 AHA Guideline and independence of the AHA itself.

Is the AHA for sale?



Endnotes

- i. http://cepac.icer-review.org/wp-content/uploads/2015/04/PCSK9_Draft_Report_0908152.pdf, page ES15. See also, Andrew Pollack, "New Cholesterol Drugs Are Vastly Overpriced, Analysis Says," New York Times, September 8, 2015, at <http://www.nytimes.com/2015/09/09/business/new-cholesterol-drugs-are-vastly-overpriced-analysis-says.html>
- ii. <http://jama.jamanetwork.com/article.aspx?articleid=2427467>
- iii. <https://www.lipid.org/nla/2013-accaha-guideline-treatment-blood-cholesterol-reduce-atherosclerotic-cardiovascular-risk>, <https://www.cvshealth.com/content/cvs-health-research-institute-encourages-reconsideration-current-cholesterol-management>, <http://www.medscape.com/viewarticle/814152>
- iv. <http://blogs.wsj.com/briefly/2015/03/30/pharmacy-benefit-managers-the-short-answer/>
- v. <http://jama.jamanetwork.com/article.aspx?articleid=2427467>
- vi. See 2013 ACC/AHA cholesterol guideline, Appendix 1, page S28.
- vii. <http://newsroom.heart.org/news/acc-aha-publish-new-guideline-for-management-of-blood-cholesterol>
- viii. See 2013 ACC/AHA cholesterol guideline, Appendix 1, page S28.
- ix. At the end of the guideline's Appendix 1, Author Relationships With Industry and Other Entities (Relevant), the AHA points to a webpage of the National Heart, Lung, and Blood Institute for its comprehensive policies for managing relationships with industry and other entities. That page describes "Personal Research" as "Investigator, co-investigator, or steering committee member in industry supported research or institutional direct decision-making responsibility for such funds (e.g research or other grants that provide support for fellowship, faculty or other clinical personnel)." See <http://www.nhlbi.nih.gov/health-pro/guidelines/in-develop/cardiovascular-risk-reduction/conflict-of-interest-policy>
- x. <https://openpaymentsdata.cms.gov/physician/35650>
- xi. <https://www.cvshealth.com/content/cvs-health-research-institute-encourages-reconsideration-current-cholesterol-management>
- xii. <http://www.nytimes.com/2013/11/18/health/risk-calculator-for-cholesterol-appears-flawed.html>, <http://www.nytimes.com/2013/11/13/health/new-guidelines-redefine-use-of-statins.html>
- xiii. http://www.hopkinsmedicine.org/news/media/releases/most_clinical_calculators_over_estimate_heart_attack_risk