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Wyeth Is As Contraceptive As AIG

By Martha Rosenberg

Like Wall Street firms bestowing bonuses weeks after government bailouts, Premarin and Prempro maker Wyeth, recently merged with Pfizer, is unbowed.

Months after a Sen. Charles Grassley-led investigation into its ghostwriting and the unretracted falsified science it planted in medical journals--1,500 documents are found on UCSF's Drug Industry Document Archive <http://dida.library.ucsf.edu/> detail the con--the hormone giant is behind new articles in the Journal of Women's Health and Menopause.

And even after the Women's Health Initiative (WHI) found in 2002 that hormone therapy (HT) increases breast cancer by 26 percent, heart attacks by 29 percent, stroke by 41 percent and doubles the risk of blood clots and dementia, Wyeth still thinks it's a neat idea. (see: Iran-Contra scandal; Oliver North.)

Women "who are reluctant to take combination hormone therapies because of the publicity after WHI," writes Michelle P Warren, MD in the journal Menopause (Volume 16, Number 6) as if cancer were a PR problem, might find "improvement in their quality-of-life scores, including that for sleep" by adding another Wyeth drug, bazedoxifene which just happens to be up for FDA approval. The selective estrogen receptor modulator (SERM), says the Wyeth speaker and "advisory board member" according to the journal, would replace the "bad guy" progestin which is causing all the problems in hormone therapy. And replace revenues.

In fact bazedoxifene is such a potential pipeline saver, JoAnn V. Pinkerton, MD, also a Wyeth advisory board member according to Medscape, wrote three articles about it this fall and is "teaching" a Continuing Medical Education (CME) course on it called Controversies in Menopausal Hormone Therapy: Evaluating the Evidence with other pharma-funded doctors on Medscape.

CMEs, required by state boards for doctors to keep their licenses, are often undisguised pharma commercials and also being probed by Sen. Grassley. A CME on Medscape funded by a vaccine maker promises participants on completion of the "educational activity" they will be able to "specify the currently recommended age" for the vaccine. Gentlemen--start prescribing! An osteoporosis CME offered by the Cleveland Clinic Journal of Medicine unabashedly tells participants to "lobby your legislators" to restore reimbursement for bone density testing, a lucrative pharma racket.

Wyeth's ghostwriting firm DesignWrite introduced seven "corporate-sponsored" CMEs on postmenopausal hormone therapy in 2004--two years after WHI was discredited--in addition to establishing the \$12 million Council on Hormone Education at the University of Wisconsin School of Medicine and Public Health which closed in 2008.

Though the 20 million women who quit hormone therapy since 2002 and pulled down breast cancer rates in the process, didn't do so because it "wasn't cost effective" (or because of the "publicity" as Warren says) a Wyeth-funded article in the Journal of Women's Health (Volume 18, Number 10) discovers that hormone therapy is cost effective.

The article compares the financial and quality of life costs of breast cancer, heart attack, stroke and blood clots linked to HT with the hip, vertebral and wrist fractures and colon cancer HT might prevent and finds hormone therapy is cost effective--at least for Wyeth. "Some of the data used in the model were based on assumptions that introduce uncertainty to the results," the text admits perhaps referring to the fact that when colon cancer is found in women on HT, it tends to be more advanced. And HT's osteoporosis benefits require long term use, which is discouraged.

But the cleverest hormone therapy spin is the emerging proposition that a therapy that causes breast cancer and also makes mammograms harder to read, it is now known, is somehow good.

In a Menopause editorial (Volume 16, Number 6) about a breast density study which included women unwilling to discontinue hormone therapy for one to two months to improve readability of their mammograms, we're told in an ebullient aside "They might have intuitively made the right decision, albeit appearing unwise!" (Exclamation mark the editorial's.)

Even though density improved in hormone quitters their "recall" mammogram rate was not better than non-quitters, says the editorial, implying no immediate benefit

to stopping. Of course women who remain on hormone therapy "may face higher mortality from breast cancer in years to come," the editorial concedes but an "existing body of knowledge" indicates it is "good prognosis" cancer.

Continuing the good cancer spin is Wyeth-funded doctor Leon Speroff, MD who taught CMEs at the now discredited Council on Hormone Education and who is also a bazedoxifene fan.

In an article in last year's Menopause, "Postmenopausal Hormone Therapy And The Risk Of Breast Cancer: A Contrary Thought," (Volume 15, No. 2) Speroff submits that even though "more tumors in hormone users are detected" than in non-hormone users, they are better tumors--"more ductal in situ tumors" and "more node-negative." Moreover, since the cancers might pre-exist, hormone therapy, by accelerating them, could actually have a "beneficial impact, leading to earlier detection." A public service--like AIG's.

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