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December 27, 2004

Dr. Edward Abraham  
Editor, American Journal of Respiratory and Critical Care Medicine

Dr. Sharon Rounds  
President, American Thoracic Society

Dr. Peter Wagner  
President-elect, American Thoracic Society

Re: Official Statement of the American Thoracic Society. Diagnosis and Initial Management of Nonmalignant Diseases Related to Asbestos. Amer Jour Res Crit Care Med 2004;170:691-715.

Dear Drs. Abraham, Rounds, and Wagner:

I had hoped that the long-awaited ATS update on diagnosis of nonmalignant asbestos disease (1) would be thorough and discuss the diagnostic abuse of mass asbestos claims (2). Instead, in regards to diagnostic aspects that impact the claim process, the article contains numerous inaccurate, unsupported and un-referenced statements (3-4). Their origin appears to be underlying bias by several authors and some ATS officials over issues such as banning the product, plaintiff compensation, and subjectivity in diagnosis (5). Compounding the problem is that AJRCCM broke its own ironclad policy by omitting author Conflict of Interest statements (3).

All of this is particularly troublesome because what ATS publishes is often quoted in asbestos legal proceedings. It is therefore vital that the 2004 ATS Asbestos Statement be perceived as objective, scientific, beyond reproach. Unfortunately, inaccurate and un-referenced statements, coupled with lack of author disclosure, undermine the article's credibility and that of ATS as well.

To help restore ATS/AJRCCM credibility in this area, I recommend going outside the established coterie of asbestos experts for an unbiased assessment. Convene a blue-ribbon, independent panel of clinician-researchers, people *not* professionally involved with asbestos. Ask them to review the ATS Official Statement and all criticisms (mine as well as others). Their report should address these questions:

#### Questions for an Independent Panel

- 1) Is there evidence of professional bias that subverted the ATS Statement's objectivity and scientific analysis?
- 2) Does it contain statements that are not documented or referenced, but that should have been in a 26-page, 160-reference review article?
- 3) Does it omit explanation of why the threshold profusion score for diagnosing asbestosis was changed from 1/1 [1986] to 1/0 [2004]? If so, should an explanation have been provided?
- 4) Can the article be construed to favor the non-scientific asbestos diagnosis screening process run by plaintiff attorneys and their hired B-readers?
- 5) Did the 11-author committee lack balance across the spectrum of opinion regarding asbestos diagnosis and causation of disease?
- 6) Should there have been full disclosure about possible conflicts of interest for the authors? (For example, any: letters written to Congress to influence asbestos legislation? editorials regarding compensation for asbestos claimants? money received from the plaintiff's bar for speaking and consulting? memberships in attorney-sponsored asbestos groups?)

If the panel is truly objective and independent, you will find many affirmative answers. ATS/AJRCCM officials should publish a meaningful response to each issue raised, with full transparency, and self-criticism where appropriate. At this point, publishing a few letters to the editor and superficial conflict of interest statements won't suffice to restore credibility.

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Ironically, I did not set out to investigate ATS biases or broadcast my criticisms on the internet. In October I wrote a brief letter-to-the-editor about the article (6), which was quickly rejected. You (Dr. Abraham) implied I might receive a response from some of the Committee members, but that never came. Only then did I begin working on the web sites and exploring the authors' asbestos-issue pronouncements. Using publicly-available documents, I discovered striking biases that explain the article's pro-plaintiff, 'anti-science agenda' in the area of asbestos disease diagnosis (5).

AJRCCM is of course not alone in mistaking bias for science. NEJM, JAMA and other journals have dealt with this problem over the years (7-16). Most commentary regarding author/editorial bias deals with drug research, but bias can infect almost any subject, *especially* criteria for asbestos disease diagnosis. It is for this reason – the potential for bias in any area – that AJRCCM's "Instructions for Contributors" states:

“At the time of submitting an original scientific manuscript, review article, editorial, or letter to the editor to the Journal, each and every author is required to complete a "Disclosure of Financial Interest" form.” (17)

On this disclosure form, which every author must sign, is clearly stated the importance of protecting against bias in fact *and* spirit:

“A conflict exists not only when judgment has been clearly influenced. It also exists when judgment might be influenced or might be perceived to be influenced. That is, a conflict exists before any actual breach of trust, and irrespective of whether a breach of trust actually occurs.” (18)

I can think of no rational reason why ATS-sponsored authors should be exempt from this unequivocal policy. Early this year former AJRCCM editor Dr. Martin Tobin wrote about 10 measures of journal performance, and used AJRCCM to illustrate them. His no. 8 is particularly germane here:

“An *eighth* measure of performance is steps taken by the editor to ensure the integrity of the literature. Because clinicians and researchers rely heavily on biomedical publications, they have a vested interest in their integrity. There is broad agreement that integrity of a journal rests jointly on the ethical behavior of authors and editors—an aspect of science that should not be confused with the honest errors inevitable in vigorous research. An editor’s greatest responsibility is to ensure that every item published in his or her journal satisfies the highest standards of scientific integrity. How an editor is perceived to handle this responsibility has far-reaching effects on the trust of readers in a journal. And without trust, there is no worthwhile journalism.” (19)

To any who doubt the importance of issues raised in this letter, I strongly recommend the rest of Dr. Tobin’s “eighth measure” comments (available on-line). It is not too late for ATS/AJRCCM to admit there’s a problem and act to restore credibility. The central issue can be summed up in two words – science and objectivity. Both have been trampled by bias in the 2004 Official Statement. Please help restore science and objectivity in asbestos disease diagnosis.

Yours truly,

Lawrence Martin, M.D.

cc: Other ATS physicians and scientists

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