Cost-Related Motivations for Research

To the Editor—We agree with the authors of the Viewpoint on cost-related motivations for conducting research that patients should be fully informed of the purposes of a clinical trial. We were surprised, however, that the Comparison of Age-Related Macular Degeneration Treatment Trials (CATT) was selected as an example of a clinical trial for which cost was a primary reason for performing the trial and about which patients did not receive an adequate explanation of the purpose of the study.

There were 2 main scientific objectives in the CATT study. The first was to determine the relative efficacy and safety of 2 drugs for neovascular age-related macular degeneration. The second was to determine if less frequent dosing of either drug could produce visual results comparable with monthly dosing. Cost differences between drugs were one of several secondary outcome variables that were evaluated, as might be expected in any comparative effectiveness research study. But cost was not the primary scientific objective of the study as Mr Nayak and colleagues incorrectly implied.

The objectives of the CATT study were described accurately and completely in the CATT consent form in a series of 6 paragraphs, not just a single sentence as suggested by Nayak and colleagues. In the description of each drug, the approximate cost was provided to the patient as was the mode of action, evidence of efficacy, status of approval by the US Food and Drug Administration, frequency of treatment, and route of administration. In fact, when we compare the content of the language for the consent form suggested by Nayak and colleagues with the content of the CATT consent form, we find all of their points are covered.

In addition, Dr Miller, the senior author of the Viewpoint article, was a member of the CATT data and safety monitoring committee. As an ethicist on the committee, he reviewed and approved the consent form in 2007 and no concerns were raised during the 5-year period when the data and safety monitoring committee was active.

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Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Martin reported being the chair of the CATT study; Dr Fine reported being the vice-chair of the CATT study; Dr Maguire reported being the principal investigator for the coordinating center of the CATT study. All authors reported receiving grant support from the National Eye Institute for their role in the study.

CORRECTION

Data Error in Table: In the Original Investigation entitled “Proportion of US Adults Potentially Affected by the 2014 Hypertension Guideline” published in the April 9, 2014, issue of JAMA (2014;311[14]:1424-1429. doi:10.1001/jama.2014.2531), a typographical error appeared in Table 1. In the bottom half of the table (Age ≥60 y), in the CKD data, the row headed ≥70 y should have reported “SBP ≥150 or DBP ≥90” in the Above 2014 BP Guideline Goal column (instead of DBP twice). This article was corrected online.

Additional Information Omitted: In the Viewpoint entitled “Cost-Related Motivated for Conducting Research: Participation Should Be Informed” published in the April 16, 2014, issue of JAMA (2014;311[15]:1491-1492. doi:10.1001/jama.2014.1821), additional information about the author was omitted. The end matter should have included the following: “Additional Information: Dr Miller was a member of the data and safety monitoring committee for the CATT study.”

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