
Editorial note

Quality control in cardiovascular research

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The article by Evasio Pasini and Giuseppe Steffenino in this issue of the *Italian Heart Journal* and the comment by Massimo Chiariello and Sandro Betocchi, address the problem of quality control in cardiovascular research.

This theme is timely and deserves full consideration. The current state of affairs outlined by Pasini and Steffenino is clear but the “need to do something about it” poses major difficulties.

As it happens in clinical practice, having made a diagnosis does not imply that there are easy “fixes”! In such cases it is useful to dissect, in as much detail as possible, the “problem areas” that appear more obvious and focus on the possible specific “therapies” that can help.

I agree with the view of Chiariello and Betocchi that the problems of basic and of pathophysiological clinical research are different from those of clinical trials.

For basic and pathophysiological research the main problems are: the choice of research topics (many innovative findings come as serendipity)¹; the methodology (this should be checked by reviewers); the ethical aspects (ethical committees); the appropriateness of the conclusions (and honesty!).

Lack of “honesty” may lead to bending of the results in order to increase the chance of publication or to obtain potential financial gains related to industrial interests.

For clinical trials I agree with Chiariello and Betocchi that the concern arises from the fact that they are mostly designed by companies in order to increase sales of their products, often under the flag of “evidence-based medicine”^{2,3}.

The ANMCO committee could play a teaching role and a regulatory and censorship role but only upon request by the responsible of the research project. I would see a much greater role for clinical trials than for pathophysiological clinical research and basic cardiovascular research which would require a very diverse and vast specific expertise.

I am sure that these provocative views will stimulate a debate.

I will be happy to consider the possibility of publishing the key notes of such debate in a special minisymposium.

References

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2. Maseri A. Evidence based medicine: a progress but not a final solution. *Clin Cardiol* 1998; 21: 463-4.
3. Maseri A, Cianflone D, Pasceri V, Crea F. The risk and cost-effective individual patient management: The challenge of a new generation of clinical trials. *Cardiovasc Drugs Ther* 1996; 10: 751-8.