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value than measurement of the IgG anti-
cardiolipin antibody and lupus anticoagu-
ant status, both of which were negative. 1 In
this setting we questioned the decision to
maintain the patient on lifelong warfarin,
especially with the increased haemorrhage
risk of maintaining the international nor-
malised ratio in the range 3.0-4.5 in this
study. 3

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1997;314:599-603 (9 January)
1997;126:79-84

Authors' reply
Editor—There is no evidence to support treatment of patients with antiphospholipid antibodies who have a history of venous now, loss, thrombosis, or other features of the antiphospholipid syndrome. 1 Two prospective studies have addressed the treatment of antiphospholipid antibodies in pregnancy for women who have two or more fetal losses. Both indicate that low dose aspirin and prophylactic heparin is the treatment of choice. 2,3 There is no good evidence for using steroids in pregnant patients with the antiphospholipid syndrome. Indeed, the inappropriate use of steroids in pregnancy may increase the morbidity and mortality of the complications.

We agree with Robert Llewelyn about the importance of adequate contraception and prenatal counselling in patients with systemic lupus erythematosus with or without an antiphospholipid syndrome. We provide routine contraceptive advice and have our obstetric colleagues, hold a joint prenatal clinic for all patients with systemic lupus erythematosus.

This patient underwent an urgent renal biopsy on referral to this centre, and we agree with Elizabeth McDermott and colleagues about the usefulness of an early renal biopsy in the management of suspected lupus nephritis. There is no evidence that prednisolone plus intravenous pulse cyclophosphamide is superior to oral cyclo-

The tobacco industry and scientific publications

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Challenges on grounds of self evident potential bias are not unfair

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The problem for Lee and others who depend on revenue from the tobacco industry for a large proportion of their consultancy income is that the industry is clearly determined to corrupt the medical and scientific literature on tobacco and health through funding academics, conferences, publications, and delegates' attendance at events supported by the industry in attractive venues. New initiatives include the establishment of academic posts in prestigious institutions worldwide, and especially in regions that are now prime targets for market expansion. The industry's apparently limitless largesse is particularly noticeable in the Asia Pacific, where it is now trying to recruit health professionals as its advocates. P N Lee and others that take the industry's commissions will have to find more novel reasons why we should not regard them as its servants and treat their outputs with circumspection.

A J Hedley Professor
Department of Community Medicine, University of Hong Kong, Hong Kong

1 Lee PN. Many claims about passive smoking are not adequately justified. BMJ 1995;310:713-14
3 Lee PN. Environmental tobacco smoke and mortality. Br J Cancer:1992

Findings of scientists who were and were not funded by tobacco industry were strikingly different

Editor—It is hard to decide which part of Peter N Lee's letter is the most objection- able, but it is worth commenting on three points for the sake of truth. Firstly, Lee-whines that George Davey Smith and Andrew N Phillips mention that he receives tobacco industry funding. He implies that they insinuate that this financial support dis- torts his scientific veracity. But what is wrong with noting the truth about the source of his funding? I suspect that the real problem is that Lee's long-time association with the industry, which for decades has done everything it can to obfuscate the truth, may have had its effect—perhaps subconsciously—on him.

Secondly, to support one of his arguments he cites as prime evidence a report funded by Philip Morris USA. 1 He fails to mention this financial link, incestuous as it is in the context of his letter, despite his presumed search for truth. Furthermore, he does not note how the authors of that report, LeVais and Layard, obtained the data they used. For this information we need to turn to scientists who do not receive tobacco industry funding. They show several years ago the tobacco industry's lawyers obtained the American Cancer Society's CPS [cancer prevention study] data set, ostensibly to help in preparation of the defence of the wrongful death suit against a tobacco company. The industry's lawyers subsequently provided this data set to two consultants, LeVais and Layard, who conducted an analysis of these data, which concluded that passive smoking did not affect the risk of heart disease.