

Racially Targeted Drug Therapy Questioned

BY JOYCE FRIEDEN

Associate Editor, Practice Trends

WASHINGTON — Drugs like BiDil that target a particular racial or ethnic group do not represent the best approach for looking at health disparities, Dr. Francis S. Collins said at a meeting sponsored by the Department of Health and Human Services and the Office of Minority Health.

"It is a good thing that we have a drug that treats individuals with congestive heart failure and clearly improves their survival," said Dr. Collins, director of the National Human Genome Research Institute, in Bethesda, Md. "But are we sure that this came about in a way that actually makes the most sense? Are we sure this drug would not have benefited other groups?"

Although the original clinical trial for BiDil (fixed-dose isosorbide dinitrate and hydralazine) appeared to show that only African Americans clearly benefited from the drug, "it was a relatively modest-sized study, and there could very well have been some benefit in others," Dr. Collins said. "Are we sure that this has anything to do with being African American, or could it be that since African Americans tend to have heart failure on the basis of hy-

pertension, that this [study] says this drug works for hypertensive heart failure and not as well for heart failure from coronary artery disease, which is perhaps more common in other groups?"

With the responders lumped into the category of a racial group, "there's a real risk that this will be interpreted as, 'Oh, well, that means black people really are biologically different. After all, there is this drug that only works for them,'" said Dr. Collins. "That is unjustified by the science that's been done here."

More drugs like BiDil may be coming, but "I don't think this is where we want to go," he said. "I think we want to go in the direction of figuring out, 'Okay, if this drug works for some people and not others, why is that? What specific DNA variants are responsible for the variation in response?' Let's check the individuals and find out whether they're likely to respond to the drug or not, and not use this very murky and potentially misleading and damaging proxy called race, and pretend that we're practicing really upscale medicine."

Part of the problem with using racial groups to explain health disparities is that race is hard to define, Dr.

Collins noted. "First you have to decide exactly what you mean by race. Race has so much baggage; it carries with it connotations of history and discrimination, culture and society, and dietary practices. It carries a little bit of ancestral geography, of course, but that is probably in the minority of what most people are actually thinking of when the term race appears in the census," he said.

Another problem with separating people into races is that the genetic makeup of all humans is actually quite similar, said Dr. Collins, who leads the Human Genome Project. He noted that people are 99.9% the same, genetically speaking.

"We are much more alike ... than most other species on the planet. There's more diversity in a small group of chimpanzees living on one hillside than there is in the entire human race, because we're so new on the scene."

Most of the variation in the human genome over the last 100,000 years "relates to the ways in which those genes were spread as those people migrated out of Africa," he said. And while genomics may play a role in the reasons for health disparities, "it is almost always in concert with environmental factors."

When new mutations have occurred, for the most part they appear and then disappear, according to Dr. Collins. One exception to that, however, is any mutation that gave people a selective advantage. Skin color is an example.

"If you're dark skinned in a northern climate where there's not as much sun exposure, you're likely to get rickets, and someone with rickets will have a difficult time in childbirth," he said. "Whereas, if you have light skin at the equator, you're going to end up with a very high risk of skin cancer."

The way that lighter-skinned people evolved from their starting point as black Africans just proves the fact that "we white people are actually mutants," he added.

Now that the Human Genome Project and other private groups have decoded the human genome, researchers are focusing on the 0.1% of the genome that varies among individuals.

Dr. Collins is currently managing the International HapMap Project, a cooperative effort among researchers in six countries to build a catalog of human genetic variation. ■

Information on the International HapMap Project can be found online at www.hapmap.org.

MANAGING YOUR DERMATOLOGY PRACTICE

Beware the Confidence Man

As I stepped from an exam room one busy morning last month, my office manager pulled me aside.

"Someone from the county courthouse is on the phone, and needs to talk to you right now," she whispered.

"You know better than that," I said. "While I'm seeing patients, I don't take calls from anyone except colleagues and immediate family."

"He says he has a warrant for your arrest!"

I took the call.

"You failed to appear for jury duty," the official-sounding voice said. That's a violation of New Jersey law, as you were warned when you received your jury summons. You'll have to come down here and surrender yourself immediately, or else we'll have to send deputies to your office. I don't think you'll want to be led through your waiting room in handcuffs."

"Wait a minute," I replied nervously. "I served on a jury less than a year ago. They said I wouldn't be called again for at least 3 years. There must be some mistake."

"Perhaps we've confused you with a citizen with the same or a similar name," he said. "Let me have your Social Security number and birth date."

Alarm bells! Suddenly I realized what must be happening. "You should have that information already," I replied. "Why don't you read me what you have?"

A short silence, and then ... click.

I called the courthouse immediately. "Citizens who fail to appear receive a warning letter and a new questionnaire, not a phone call," said the jury manager. "And we use driver license numbers to keep track of jurors."

Like most other supposedly affluent professionals, doctors have always been popular targets for scam artists and con men, but their increasing creativity requires ever-higher levels of vigilance. This is especially true as the Internet becomes more popular and communication is facilitated. As the cartoon character Dilbert once said, there's a real dark side to the information age.

The phone company traced the call, which dead-ended at a Voice over Internet Protocol (VoIP) circuit, as the police warned me it probably would. I'll be discussing the many benefits of VoIP and its potential usefulness to your practice in a future column. But for now, know that the downside of VoIP is that unscrupulous individuals can use the technology to appear to be calling you from a legitimate business when they are not.

Those of us of a certain age remember phony calls offering great deals on office supplies or waiting room magazine subscriptions. As those capers became well known they gradually disappeared, but scam artists are endlessly creative in finding new, clever ways to target professionals.

The jury duty scheme, I learned, is an in-

creasingly popular one. Others involve calls from the "fraud department" of your bank, claiming to be investigating a breach of your checking or savings account, or one of your credit or debit card accounts. Another purports to be a "customs official" informing you that you owe a big duty payment on an overseas shipment.

And then there are a few old standbys: the irresistible offer of a "preapproved," unsecured loan; the good news that a distant relative you never met has died, leaving you lots of money; the packet of "confidential inside information" that will save you a bundle on taxes.

Usually, the common denominator, and the biggest red flag, is a request for a Social Security number, a birth date, a credit card number, or other private information that could be used to steal your identity or rob you blind.

You may think you would never be fooled for a minute by any of these schemes. But trust

me: These guys are good. And they sound quite authentic, particularly when they surprise you in the midst of a busy schedule.

So stay alert, trust no one you don't know personally, and always be suspicious of unsolicited offers and unexpected "windfalls." The cliché, "If it seems too good to be true, it probably is" is a cliché because it is true.

And always keep the following in mind:

► Do not give out bank account, Social Security, or credit card numbers over the telephone if you didn't initiate the call, no matter how legitimate the caller sounds. This is true of anyone claiming to be from a bank, a service company, or a government office, as well as anyone trying to sell you anything. If such callers insist upon "verifying" personal information, have them read the data to you from their records for you to confirm or deny.

► Court workers will never call to say you've missed jury duty, or that they are assembling jury pools and need to "pre-screen" those who might be selected to serve on them. The police detectives I spoke with said they knew of no reason you would ever be called about jury service until after you had mailed back your completed questionnaire, and even then such a call would be extraordinary.

► Never send anyone a "commission" or "finder's fee" as a condition of receiving funds. In legitimate transactions, such fees are merely deducted from the money being paid out.

► Examine your credit card and bank account statements every month, keeping an eye out for unauthorized charges. Immediately challenge any items that you did not approve.



BY JOSEPH S. EASTERN, M.D.

DR. EASTERN practices dermatology and dermatologic surgery in Belleville, N.J. To respond to this column, write Dr. Eastern at our editorial offices or e-mail him at sknews@elsevier.com.