

**LETTER TO THE EDITOR****PROPOSAL FOR PUBLISHING AND PARALLEL REPORTING OF CASE REPORTS ON ADVERSE DRUG REACTIONS TO AUTHORITIES BY PHYSICIANS**

For the safe use of medicinal products, it is important that physicians publish adverse experiences with a medicinal product—particularly regarding side effects—in the scientific literature. However, when searching applicable publications, we determined that adverse drug reactions (ADRs) are often published several months after their occurrence. In the context of patient safety, this is rather questionable as new and important information on ADRs is not available quickly enough to be considered in pharmacovigilance systems. This delay is also not acceptable on the background of the timelines—eg, European Union (EU) legislation requires that marketing authorization holders (MAH) report serious ADRs (SADRs) within 15 calendar days. The legal basis for ADR reporting by physicians and other healthcare professionals is specified in article 102 of the EU Directive 2001/83/EC as amended (2010/84/EU).

According to this legislation, MAHs have the obligation to report cases of SADRs within 15 days and non-serious ADRs within 90 days to the competent authorities. This covers not only cases reported by patients or healthcare professionals but also cases published in the scientific or medical literature. Thus, the MAHs need to perform continuous literature searches in all relevant databases on a regular basis (weekly in the EU).

ADR reporting is based on the active substance—not on the product. In the case of generics with often hundreds of authorizations in the EU, the literature search procedure leads to unnecessary time- and cost-consuming parallel searches and repeated reporting of the same case, which needs to be identified and eliminated by the authorities.

The aim of the literature searches and reports to the

authorities is to identify unknown risks for a defined medication, which may generate signals for specific ADRs.

Thus, in order to improve and accelerate the information flow, it is proposed to demand from the authors of case reports that they also report in parallel the ADR/SADR to the authorities. This will substantially improve patient safety. A proposal is that every scientific or medical journal to which a manuscript about a case report is submitted requests from the author a confirmation that the case was reported to the authorities.

It is state-of-the-art when publishing controlled clinical trials to provide the registration number in clinical trial registries such as the National Institutes of Health (NIH) clinical trials register as part of the checklist for the electronic submission procedure to a journal as specified in the CONSORT (Consolidated Standards of Reporting Trials) statement. Most journals will not consider reports of clinical trials unless they were registered prospectively before recruitment of participants. If the registration was not performed and a registration number is not available, the manuscript cannot be published.

In a similar fashion, an additional item of this checklist could be established by the journals for a parallel ADR reporting by the authors/physicians to the authorities. This would enhance the safety of pharmaceutical products and also substantially reduce the time and costs associated with elaborate literature searches.

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**LETTER TO THE EDITOR****COMPLETE SPONTANEOUS REGRESSION OF MERKEL CELL CARCINOMA**

I read the article “Complete spontaneous regression of Merkel cell carcinoma metastatic to the liver: Did lifestyle modifications and dietary supplements play a role?”<sup>1</sup> with great interest. Merkel cell carcinoma carries a significant rate of recurrence and mortality.<sup>2</sup> Though spontaneous regression of Merkel cell carcinoma has been well documented in the literature,<sup>3</sup> the potential that the pathway of spontaneous regression functions via increased natural killer cell activation, second to ingestion of assorted mushrooms in this case, is promising for future research efforts. The Merkel cell polyomavirus (MCV) status of this patient is, however, extremely important in progressing the findings of this case report.

A majority of cases of Merkel cell carcinoma are

associated with the MCV.<sup>4</sup> These MCV-infected Merkel cell carcinomas produce T-antigens that could potentially alter immune surveillance.<sup>5</sup> As treatment with type-1 interferons has demonstrated some success in treating only polyomavirus-positive but not polyomavirus-negative Merkel cell carcinoma, the viral status of the patient’s tumor could significantly affect treatment with certain immunotherapies.<sup>6</sup> Thus, a test for MCV in this patient could aid in further interpretation and studies based on the findings presented. Nevertheless, I thank you for presenting this interesting case.

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**ERRATUM**

In the table of contents and on page 24 of the January issue (*Global Adv Health Med.* 2013;2(1):24), the primary author's name was misspelled in the article byline. The correct spelling is Roland Zerm, Dr med. *GAHMJ* regrets the error.