

LETTER



# Clarification of errors in Abbas et al.'s conflict of interest narrative review

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Dear Editor,

We read with interest the recent conflict of interest narrative review by Abbas et al. in *Intensive Care Medicine* [1]. In citing our work, the authors have a number of factual errors that we would like to correct related to our publications and to an unrestricted philanthropic contribution to Rush University Medical Center.

The authors note, “The family foundation of the co-founder of Sage, also chairman of the board, donated \$1 million for research to the institute of the senior author of this study [49]. Over the following few years, Sage funded six [sic] further trials that support bathing patients with chlorhexidine wipes [51–55]”. This statement is incorrect and thereby could be misleading. Regarding the five articles that are referenced:

- Reference 51 [2]. This study was done in 2005 and published in 2007; the major funding and oversight were from the U.S. Centers for Disease Control and Prevention (CDC). Sage was a co-funder and is acknowledged. This study was done pre-philanthropic donation.
- Reference 52 [3]. This was a CDC multi-hospital consortium study that did not include Rush University Medical Center. The study was funded by CDC and Sage. I was a consultant for the study trial design which was conducted with CDC at the study hospitals; the acknowledgement section notes, “Dr. Weinstein reports serving as an unpaid consultant for Sage Products and receiving grant support from the Foglia Family Foundation.”

- Reference 53 [4]. This was a study at a long-term acute care hospital where the primary author practiced. The study, done in 2006–2008 and published in 2009, reports success with a bulk/generic chlorhexidine solution that was diluted on site and failure of the chlorhexidine wipes in the post-intervention period of study. There was no funding.
- Reference 54 [5]. This article reports retrospective follow-up data for the Rush Medical Intensive Care Unit where chlorhexidine bathing was first studied [7]. The only funding was from CDC and the article specifically notes, “M.K.H. and R.A.W. received research funding from Sage Products for prior studies; however, there was no support from Sage Products for the current project.”
- Reference 55 [6]. This article, published in *Intensive Care Medicine*, reports retrospective data for the Rush Surgical Intensive Care Unit. The only funding was from CDC. And of note, the title of the article specifically states that chlorhexidine did *NOT* work in this setting [6] and the article concludes, “Nevertheless, given the apparent ineffectiveness of daily CHG bathing in reducing the rate of CLABSI, we cannot endorse this strategy as a routine infection prevention method in SICUs”.

In summary, the majority of our chlorhexidine research funding was from the CDC, and the CDC provided oversight of that work. We have been transparent about study support, e.g., information about the Foglia Foundation donation is known only because we acknowledge it in our articles, when appropriate. In fact, the majority of the above studies had no Sage or Foglia philanthropic donation funding. And two of the five articles that Abbas et al. reference actually report failure of chlorhexidine wipes, including the explicit designation of failure of chlorhexidine in the title of one of the articles. We hope that this

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clarifies errors in the Abbas narrative review of these contributions to the chlorhexidine literature.

Sincerely



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