Stanton Glantz and His Retracted Study: A Look at the Human Side of Science

By Chuck Dinerstein, MD, MBA — February 25, 2020

To err is human, but unfortunately, so is coping with mistakes and errors. A controversial paper on vaping, which has been retracted, demonstrates the more subjective, human side of science.

Background

Several months ago, Dr. Stanton Glantz, Professor of Medicine and Director of the Center for Tobacco Control Research and Education at UCSF, and his associates published a paper in the Journal of the American Heart Association in which they conclude that vaping increased the likelihood of a heart attack. Coming on the heels of the vaping deaths, now believed to be due to illegal contaminants, the study received notice in the mainstream media. Dr. Brad Rodu, a tobacco researcher and Chair in Tobacco Harm Reduction Research at the University of Louisville, with an entirely different perspective, protested, publishing a critique of his concerns.

“Many of the myocardial infarctions (MI) used in the calculation of the association between e-cigarettes use and MI risk occurred before subjects first used e-cigarettes. The PATH survey includes timing data for MI and first e-cigarette use that the authors should have used to exclude these cases from the analysis.”
Further, the authors went on to conclude that the association was causal and made policy recommendations regarding smoking cessation practice on that basis. When the cases in which the MI occurred before e-cigarette use are excluded, the analysis does not show an association. …It follows that the conclusion is not supported by the underlying data and, therefore, the published findings could mislead practitioners and policymakers.” [Emphasis added]

He was subsequently joined by sixteen other academics who wrote to JAHA requesting a retraction.

Both men are accomplished scientists with peer-reviewed publications and funded research. Glantz may be characterized as against the use of tobacco in all forms, while Rodu seeks harm reducing alternatives to conventional cigarettes.

**bogus - not genuine or true; fake**

The first of what I would describe as hurtful words came from Dr. Rodu, who described Glantz’s research as “bogus.”

He was quickly followed by Dr. Glantz, who characterized Dr. Rodu as “a professor at the University of Louisville with a long record of working with the tobacco industry.” Glantz does provide a link to his “evidence,” the UCSF Truth Tobacco Industry Documents, specifically over 4100 documents. I spent a few minutes looking around, and there is no way you can determine the veracity of Dr. Glantz’s claim without spending a few days looking through the material.

**Does “cherry-picking” your quotes suggest you “cherry pick” your data?**

Glantz continued to try and demonize Rodu rather than respond to his criticism by pointing out how letters of scientific criticism “are a longstanding industry strategy.” Following that link comes to a JAMA editorial response from 1993, noting a recent article with several letters from researchers funded by tobacco interests. But as the editor writes,

> “Of course, that in itself does not mean that the arguments made in the letters are wrong, or that the letter writers were anything less than honorable and competent scientists. Mantel, for example, was one of the first to demonstrate that lung cancer in women was associated with active smoking. Nor does it mean that such organization by an industry, if, indeed, it took place, is anything but an exercise of those freedoms we all hold precious.”

**The Scarlet A - Shaming**

Both Drs. Rodu and Glantz carried their monologues into science’s social media, a variety of websites. From Retraction Watch, which reports on the retraction of scientific papers to PubPeer, an online platform for discussion and criticism of journal articles of all kinds, considered
controversial because it allows anonymous commentators. Dr. Glantz characterizes PubPeer as “e-cigarette advocates” among those responsible for “pressuring” the JAHA editors. [1]

While you might minimize the pain of being called out for your work by labeling your critics as having a conflict of interest, it is far harder to try and remove the stain when the journal’s editors called you to task.

**blunder - a stupid or careless mistake**

The JAHA editors “demanded” that the analysis be redone removing those individuals whose heart attacks preceded their vaping. But this was not possible, because access to the data had been revoked – Dr. Glantz had without permission, shared survey information in his article. You can attribute that, as Dr. Glantz did, to a “blunder,” a word easily replaced with carelessness or inattention to detail. The same kind of blunder that would allow you to count myocardial infarctions among e-cigarette users incorrectly.

Because Dr. Glantz was unable to meet the demands of the editors and was unwilling to retract the paper himself, the editors retracted the article. This action is particularly wounding to Dr. Glantz, a reputational insult; he takes pain to protest [5] in his correspondence with them as well as in his public-facing blog.

"The decision of JAHA to retract the paper is an extreme action that should be limited to papers that reflect serious misconduct. The International Committee of Medical Journal Editors (ICMJE) statement on “Scientific Misconduct, Expressions of Concern, and Retraction” states: “Scientific misconduct in research and non-research publications includes but is not necessarily limited to data fabrication; data falsification including deceptive manipulation of images; purposeful failure to disclose relationships and activities; and plagiarism” ... The Editors of JAHA know there is no evidence that Dr. Bhatta or I engaged in any of these practices. To incorrectly imply otherwise is extremely damaging to us."

All that is true, but of course, Dr. Glantz’s focused on the strawman of misconduct, which was never suggested by the editors, making it more difficult to see a little further into the ICMJE guidelines, “The integrity of research may also be compromised by inappropriate methodology that could lead to retraction.” Another careless misreading, misdirection, half-truth? How would you characterize his excuse?

Every week, if not daily, surgeons stand before their peers and explain the complications and deaths that have occurred on “their watch.” I have been a part of that process for my entire clinical life. It is uncomfortable; you seek to diffuse responsibility, often it is the “patient’s fault” for being so ill. It is hard to stand before your peers and say you were wrong, and you will try to do better. Science is no different; it is a human endeavor and infused with the good and bad of human nature. Instead of answering his critics directly, Dr. Glantz chose to cherry-pick results, misdirect your attention, even tell half-truths. Just as there is Big Tobacco, one can argue that there is Big
Anti-Tobacco. While you might believe the intentions of one is better than another, you must not let that belief mask bad behavior.

Dr. Glantz and scientific discourse would do better if he just accepted his error and momentary embarrassment or shame. I know of what I speak, those painful moments made me a better surgeon and more caring physician.

Note

[1] He also cites Consumer Advocates for Smoke-Free Alternatives Association, which from its name alone raises concerns, and who suggested a letter-writing campaign to the editors; but how many letters were written or received?