

ing the mask is the first and most often successful approach for air leaks. In a recent study, 13 cases of air leaks occurred out of 100 insertion of *LMA-Supreme*TM and all were taken care of with repositioning.¹ Replacing the mask is easy after induction of anesthesia but may involve risk of airway loss and pulmonary aspiration when performed during surgery.^{3,4} Although recommended in the manufacturers' instruction, when the FT-to-lip distance was less than 0.5 cm, we did not find any case of mask replacement in the growing literature on *LMA-Supreme*TM. Our practical experience has shown us that *LMA-Supreme*TM is an excellent device. In this case, however, the reducing FT-to-lip distance went under-noticed. The case taught us that the performance of *LMA-Supreme*TM has to be closely monitored throughout anesthesia and also for FT-to-lip distance.

Michele Carron, M.D.,* Ulderico Freo, M.D., Carlo Ori, M.D. *Istituto di Anestesia e Terapia Intensiva, Università di Padova, Padova, Italy. micarron@libero.it

References

1. Timmermann A, Cremer S, Eich C, Kazmaier S, Bräuer A, Graf BM, Russo SG: Prospective clinical and fiberoptic evaluation of the Supreme laryngeal mask airway. *ANESTHESIOLOGY* 2009; 110:262–5
2. Verghese C, Ramaswamy B: LMA-Supreme—a new single-use LMA with gastric access: A report on its clinical efficacy. *Br J Anaesth* 2008; 101:405–10
3. Stix MS, Borromeo CJ, Sciortino GJ, Teague PD: Learning to exchange an endotracheal tube for a laryngeal mask prior to emergence. *Can J Anaesth* 2001; 48:795–9
4. Keller C, Brimacombe J, Bittersohl J, Lirk P, von Goedecke A: Aspiration and the laryngeal mask airway: Three cases and a review of the literature. *Br J Anaesth* 2004; 93:579–82

(Accepted for publication September 25, 2009.)

Erroneously Published Fospropofol Pharmacokinetic–Pharmacodynamic Data and Retraction of the Affected Publications

To the Editor:

As described in a letter to the editor, published in *ANESTHESIOLOGY*, *Anesthesia and Analgesia*, and the *European Journal of Anaesthesiology*,^{1–3} an analytical propofol assay inaccuracy was discovered after all six initial studies on the pharmacokinetic–pharmacodynamic and tolerability of fospropofol had been published.^{4–9} This assay inaccuracy makes the measured propofol plasma concentrations in these previously published studies unreliable.

All six affected studies were phase I and II studies sponsored by a pharmaceutical company (Guilford Pharma, Baltimore, MD, and later MGI Pharma, Baltimore, MD) and were performed in two independent academic-based phase I cen-

ters in Gent, Belgium, and Erlangen, Germany. Because of the stage of the drug testing, the study drugs were made available by the initial sponsor. As described previously,^{1–3} the sponsor developed and validated a specific propofol assay. Both academic centers had no influence on the choice of methodology for sample handling and chemical analysis. For all six studies,^{4–9} assays were performed at an external laboratory (MDS Pharma Services, Montreal, Canada) as per the sponsor's decision. Finally, the original publications were coauthored by both academic and sponsor-based investigators.

In a letter to the editor,^{1–3} the initial owner of the drug (MGI Pharma, not affiliated with the academic centers from the original studies) declared that additional studies were planned using an appropriate assay to describe the pharmacokinetics and pharmacodynamics of fospropofol in healthy volunteers and patients. They stated their intent to publish these results shortly along with an estimate of the degree of error from the previously published studies reporting results using the old assay. In the response article, the editors-in-chief of *ANESTHESIOLOGY*, *Anesthesia and Analgesia*, and the *European Journal of Anaesthesiology* requested a publication within the next 12 months validating the new assay, analyzing the likely error and bias in each of the six articles in question, and determining how the error and its correction would influence the conclusions.

The planning of studies was delayed primarily because of the transfer of ownership of the drug to another pharmaceutical company in mid 2009 (Eisai, Woodcliff Lake, NJ). As a result and although requested by the academic investigators immediately after the publication of the letter to the editor,^{1–3} the investigators from the original studies were not able to reanalyze the pharmacokinetics–pharmacodynamics of fospropofol in human volunteers within the deadline of 12 months given by the editors-in-chief. As such, we, the undersigned corresponding and senior authors from the six original articles, in the name of all coauthors, request that the articles in question that provide flawed pharmacokinetic–pharmacodynamic data be retracted. We regret that we are unable to successfully resolve the problem within the given timeframe. (See a list of retracted articles from *ANESTHESIOLOGY* on page 1058 of this issue.)

Michel M. R. F. Struys, M.D., Ph.D.,* Jörg Fechner, M.D.,† Jürgen Schüttler, M.D.,† Helmut Schwilden, M.D., Ph.D.†

*University of Groningen, Groningen, The Netherlands, and University of Ghent, Gent, Belgium. m.m.r.f.struys@anest.umcg.nl. †University of Erlangen-Nuremberg, Erlangen, Germany.

References

1. Shah A, Mistry B, Gibiansky E, Gibiansky L: Fospropofol assay issues and impact on pharmacokinetic and pharmacodynamic evaluation (letter). *ANESTHESIOLOGY* 2008; 109:937; reply
2. Shah A, Mistry B, Gibiansky E, Gibiansky L: Fospropofol assay issues and impact on pharmacokinetic and pharmacodynamic evaluation. *Anesth Analg* 2009; 108:382

Support was provided solely from institutional and/or departmental sources.

3. Shah A, Mistry B, Gibiansky E, Gibiansky L: Fospropofol assay issues and impact on pharmacokinetic and pharmacodynamic evaluation. *Eur J Anaesthesiol* 2009; 26:81
4. Fechner J, Ihmsen H, Hatterscheid D, Schiessl C, Vornov JJ, Burak E, Schwilden H, Schüttler J: Pharmacokinetics and clinical pharmacodynamics of the new propofol prodrug GPI 15715 in volunteers. *ANESTHESIOLOGY* 2003; 99:303-13
5. Fechner J, Ihmsen H, Hatterscheid D, Jeletzov C, Schiessl C, Vornov JJ, Schwilden H, Schüttler J: Comparative pharmacokinetics and pharmacodynamics of the new propofol prodrug GPI 15715 and propofol emulsion. *ANESTHESIOLOGY* 2004; 101:626-39
6. Fechner J, Ihmsen H, Schiessl C, Jeletzov C, Vornov JJ, Schwilden H, Schüttler J: Sedation with GPI 15715, a water-soluble prodrug of propofol, using target-controlled infusion in volunteers. *Anesth Analg* 2005; 100:701-6
7. Gibiansky E, Struys MM, Gibiansky L, Vanluchene AL, Vornov J, Mortier EP, Burak E, Van Bortel L: AQUAVAN injection, a water-soluble prodrug of propofol, as a bolus injection: A phase I dose-escalation comparison with DIPRIVAN (part 1): Pharmacokinetics. *ANESTHESIOLOGY* 2005; 103:718-29
8. Struys MM, Vanluchene AL, Gibiansky E, Gibiansky L, Vornov J, Mortier EP, Van Bortel L: AQUAVAN injection, a water-soluble prodrug of propofol, as a bolus injection: A phase I dose-escalation comparison with DIPRIVAN (part 2): Pharmacodynamics and safety. *ANESTHESIOLOGY* 2005; 103:730-43
9. Schywalsky M, Ihmsen H, Tzabazis A, Fechner J, Burak E, Vornov J, Schwilden H: Pharmacokinetics and pharmacodynamics of the new propofol prodrug GPI 15715 in rats. *Eur J Anaesthesiol* 2003; 20:182-90

(Accepted for publication January 13, 2010.)