**Appendix 1: Syneos**

Returning to Syneos, you mention generic products and the many marketing authorization holders (MAHs) involved in each drug. You state that because Kinapse and Syneos are not MAHs, EMA’s view is there is less likelihood of a problem. This seems wrong on one major score, which is the original branded company still has responsibility for the drug label, or had when EMA instituted this policy.

It is just as important that Kinapse and Syneos are respectively a medical writing company and a contract research organization working to the pharmaceutical industry. They are in a position of moral hazard, less able to do the right thing than one of the MAHs who has the option to sell people better drugs on the basis of providing better information on their compounds labels than competitors.

Have a look at contributions to Syneos in France alone in the table below. And payments from them to

health institutions in the second table. Syneos received 21,143,025 Euros between 2018 and 2022 from pharmaceutical companies and paid 13,878,932 Euros between 2017 and 2022 to hospitals, associations and public health units in France.

**Top 10 Payers to Syneos**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Raison sociale** | **montant** | **Beneficiaire identite** | **anne**  **debut** | **anne**  **fin** |
| AstraZeneca | 5,219,484.0 | Syneos | 2019 | 2022 |
| Recordati Rare Diseases | 4,657,889.0 | Syneos | 2020 | 2022 |
| Leo Pharma | 2,486,721.0 | Syneos | 2020 | 2022 |
| Orphan Europe | 208,114.0 | Syneos | 2019 | 2020 |
| Orphan Europe | 1,892,508.0 | Syneos | 2020 | 2020 |
| Laboratoire Servier | 1,434,604.0 | Syneos | 2020 | 2022 |
| MSD France | 544,059.0 | Syneos | 2019 | 2022 |
| Ipsen Innovation | 443,962.0 | Syneos | 2019 | 2022 |
| Ipsen Global | 351,895.0 | Syneos | 2019 | 2021 |
| Boehringer Ingelheim | 283,976.0 | Syneos | 2020 | 2022 |

**Top 10 Beneficiaries from Syneos**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **raison\_sociale** | **montant** | **Beneficiaire identite** | **debut** | **fin** |
| Syneos | 1.662,184.0 | Institut Gustave Roussy | 2018 | 2022 |
| Syneos | 716169.0 | Association Institut de Myologie | 2018 | 2022 |
| Syneos | 627249.0 | Tresorerie Bordeaux | 2019 | 2022 |
| Syneos | 617798.0 | Assistance Publique Hopitaux de Paris | 2019 | 2022 |
| Syneos | 469968.0 | CHU de NICE | 2020 | 2022 |
| Syneos | 462,005.0 | Assistance Publique Hopitaux de Paris | 2020 | 2022 |
| Syneos | 434.412.0 | Institut Curie | 2018 | 2022 |
| Syneos | 406.632.0 | Recettes des finances de Marseille Assistance Publique | 2019 | 2022 |
| Syneos | 327,451.0 | Institut Claudius Regaud | 2019 | 2022 |
| Syneos | 308,308.0 | Tresorerie Bordeaux | 2019 | 2022 |

Those who are concerned about conflict of interest would likely find these tables shocking. I do not believe that fixing appearances is as important as fixing the system that leaves us uncertain as to what appearances might mean. The system that EMA is a central part of has become the problem.

Rather than try and weigh up whether Syneos or Kinapse are more likely to be conflicted than a MAH, it would be better to enforce or restore a requirement on companies to assess cause and effect in the standard scientific way. EMA should take a lead and tell companies that claiming there does not appear to be a problem because RCTs have not shown a statistically significant effect is plain wrong.

Pharmacovigilance cannot be effective without active cooperation from the medical profession. It will take more than EMA to get doctors functioning effectively again.