Designed To Fail

Direct-MS Analysis

Given what we now know about the UBC CCVI trial, it would seem it was designed to fail. This assessment is based on the following aggregate of information.

It is established beyond doubt that the study leader, Anthony Traboulsee is an agent of MS pharmaceutical companies (i.e. he receives money from them). Thus, he has a strong financial incentive to have the trial fail. Traboulsee's pharmaceutical connections and motivations were revealed in spades by his recent comment "We hope these findings, .. will persuade people with MS not to pursue liberation therapy. Fortunately, there are a range of drug treatments for MS that have been proven through rigorous studies to be safe and effective at slowing disease progression." In fact, no valid study has shown the MS drugs slow progression in the long run and that is why the drug companies and their agents such as Traboulsee are paranoid about CCSVI treatment which has slowed or stopped progression for many. You have to admire Traboulsee's chutzpah with his claim the MS drugs are safe, given the knowledge that some of them are occasionally lethal.

Another key fact strongly suggests the trial was designed to fail by way of ineffective vein treatment. It seems the researchers did not measure blood flow before and during the trial to determine if the angioplasty substantially improved blood flow and that the veins remained open during the trial period. The requirement for such information cannot be over-emphasized. If they have a valid reason for why they neglected to gather such essential measurements, let's hear it. Right now, given the drug company connections, we have to assume such data were not collected because they would readily reveal ineffective vein opening and the bogus nature of the trial.

Finally, their motivations are also revealed by statements such as "The conclusions about the so-called "liberation therapy .. represent the most definitive debunking" of CCSVI treatment. Objective, professional scientists do not use such pejorative terms as "so-called" and "debunking".

Honest researchers with no hidden agenda would simply say our research does not support claims that CCSVI treatment is of value for MS.

In conclusion, diverse information suggests the main goal of the trial was to debunk the value of CCSVI treatment so as to discourage CCSVI treatments, which represent a potential loss of drug sales. Thus it was designed to fail. This was all very predictable as discussed by our president 8 years ago (http://www.direct-ms.org/sites/default/files/Hope%20and%20Elation.pdf).