 **Walking the Line: Navigating  
Transparency and Competing  
Interests in Clinical Development  
and Publication Planning**

**J. Michael Gonzalez-Campoy, MD, PhD, FACE**

Medical Director and CEO  
Minnesota Center for Obesity, Metabolism and Endocrinology  
(MNCOME)

AACE Board of Directors  
ACRE Steering Committee

**DRMIKE@MNCOME.COM**

# The Correct Standard:

# The Good of the Patient;

# Excellence in Health Care

# Some Physician Roles



The work product of physicians should rightfully be paid for. This is ethical, legal and moral. We cannot do work without getting paid.

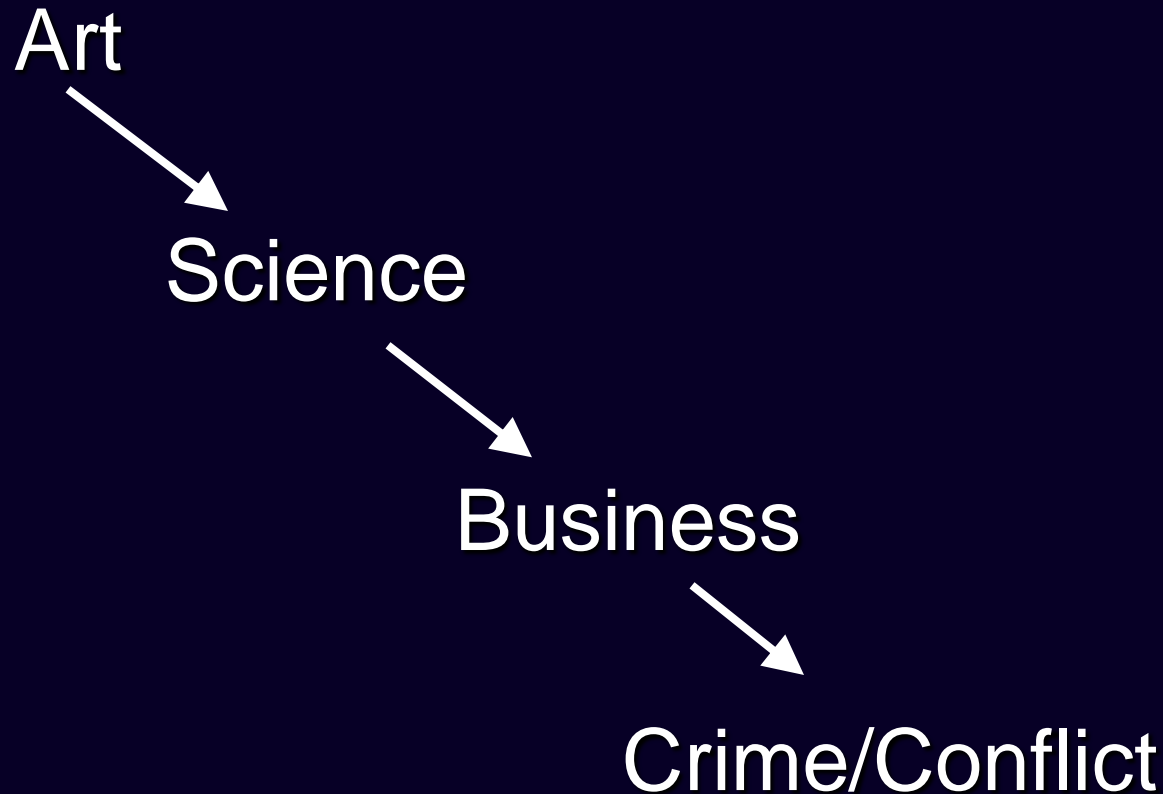
# Who do physicians have fiscal relationships with?



# Docs and drug reps

- Physicians
  - Effective medications for patients
  - Have novel, effective drugs for patients
  - Learn about new ways to treat patients
  - Minimize complications, maximize safety
  - Run a profitable practice
- Drug Industry
  - Effective medications for patients
  - Develop novel, effective drugs
  - Market products through education
  - Minimize complications, maximize safety
  - Run a profitable business

# American Healthcare Transformation



# FRAMING BIAS

# Framing

The rhetorical, normative [re]construction of a situation / relationship.

- Selectively influences perception of the relationship / situation,
- Makes some aspects SALIENT but ECLIPSES others;
- Triggers confirmation bias;
- Dictates normative conclusions.

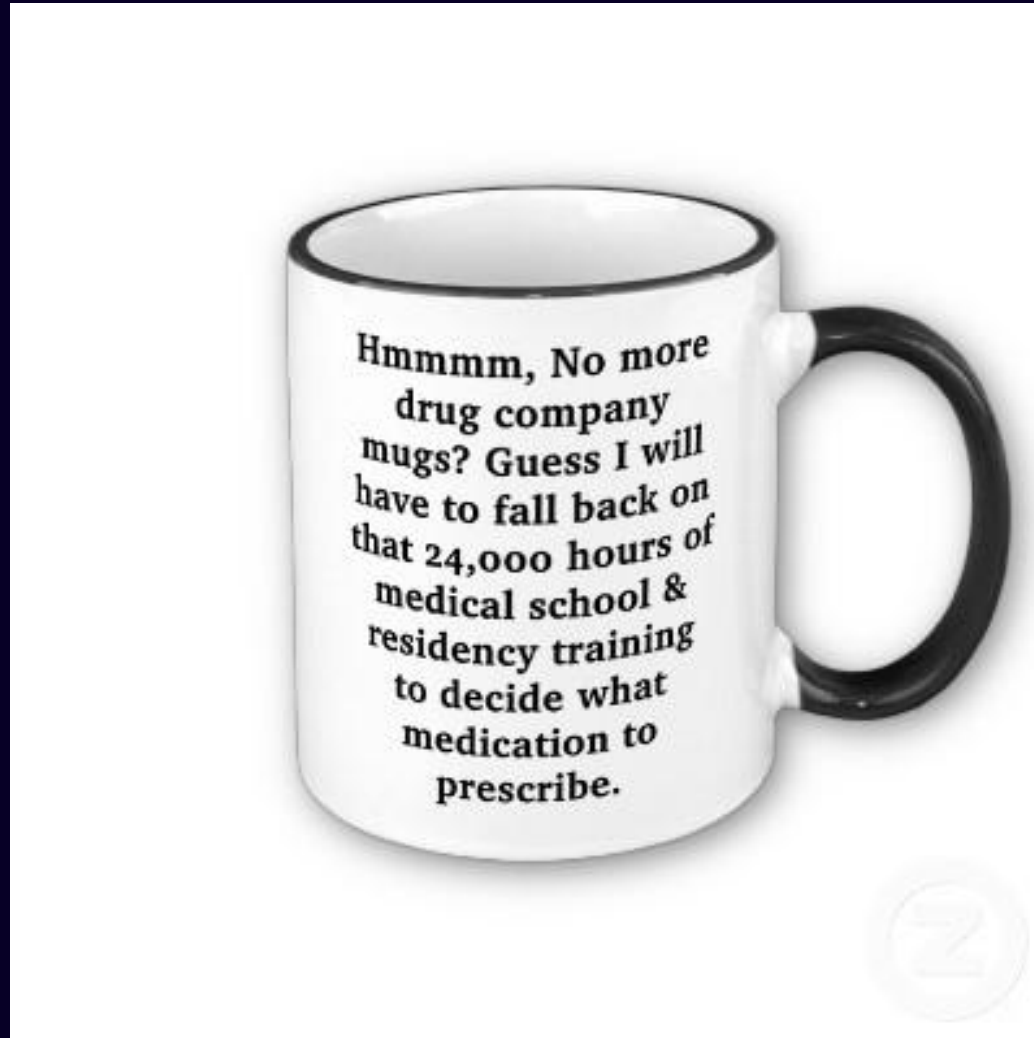
Kahneman & Tversky, Choices, values & frames. 2000.  
Gigenrenzer G. Calculated Risk. Simon & Schuster, 2002;  
Gigenrenzer G. “Why does framing influence judgment?”  
JGIM. 2003;18: 960-961.



# “CONFLICT OF INTEREST”: AN EXAMPLE OF FRAMING BIAS

**THE ACCUSER IS RIGHT AND  
THE ACCUSED IS WRONG**

# PhRMA Compliant Mug



# ACRE

## Association of Clinical Researchers and Educators

- Inaugural meeting was held July 23, 2009 at Harvard
- Dedicated to highlight the **VALUE** of the physician-industry working relationship(s)
- Open to all physicians – inclusive, not exclusive
  - Academicians
  - Private Practice Researchers and Educators
  - Physicians working for industry

# AACE

## American Association of Clinical Endocrinologists

- “There is **no inherent conflict** of interest in the working relationship of physicians with industry and government.
- Rather, **there is a commonality of interest** that is healthy, desirable, and beneficial.
- The collaborative and constructive relationship among physicians, government, and industry has resulted in many medical advancements and improved health outcomes.”

# AACE

## American Association of Clinical Endocrinologists

- Interaction between physicians and industry has contributed to safe, effective, and value-oriented health care.
- AACE and ACE affirm that relationships between physicians and industry have been overwhelmingly consistent with ethical standards and responsive to the needs of patients.

WHERE DOES  
“CONFLICT OF INTEREST”  
COME FROM, AND WHERE IS  
THE SCIENCE BEHIND IT?

WHO BENEFITS?

WHAT ARE THE UNINTENDED  
CONSEQUENCES OF THIS  
FRAMING BIAS?

# The genesis of “COI”

Jerome Kassirer

Arnold Relman

Marcia Angell

Catherine DeAngelis

Jordan J. Cohen

David Rothman



# The genesis of “COI”

George Soros

Chuck Grassley

Paul Thacker

Sidney Wolfe

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Dan Carlat

Steve Nissen

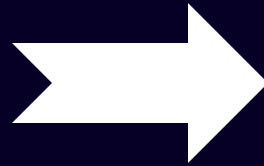
# THE CONFLICT WITH “CONFLICT OF INTEREST”

# COI in the media

Paul Thacker

"I wanted to do something that, when it hits, it reverberates for a while."

— Paul Thacker



Chuck Grassley

Gardiner Harris  
*New York Times*



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## Conflicts of Interest, Authorship, and Disclosures in Industry-Related Scientific Publications: The Tort Bar and Editorial Oversight of Medical Journals

In recent years, a variety of actions in matters of social care. Topics in medical careers, life issues, pharmaceutical, and, germane to (COIs), as well as industry-sponsored to the well-being of many of interest and investigation and the journal mine publication, disclosure in medical journals, clear, disclosure

tion (by journals and medical societies) is asymmetric and biased. This commentary examines some prominent recent actions by consultants to plaintiffs' attorneys and a series of publications in 3 top-tier general medical journals that illustrate selective and incomplete disclosure of conflicts—both financial and otherwise. In my view, these events call into

“...examines some prominent recent actions by consultants to plaintiffs' attorneys and a series of publications in 3 top-tier general medical journals that illustrate selective and incomplete disclosure of conflicts – both financial and otherwise.”

the authorship criteria of the ICMJE (International Committee of Medical Journal Editors) and acknowledged lesser contributions to manuscripts by persons who did not meet those criteria. (The ICMJE states that, “Authorship credit should be based on (1) substantial contributions to conception and

see page 771

## Mayo Clinic

“Journal editors have compromised their credibility as adjudicators of COI...although likely unintentional, have abetted plaintiffs’ lawyers to the detriment of the pharmaceutical industry...They use one set of COI standards for accepting or rejecting manuscripts when it suits their purposes and another set of standards when it does not.”

to share with journal readers. However, when new or novel views were presented to the reviewers of the *Proceedings*, those submissions were approved using the same standards that the journal uses for all manuscripts. As such, the journal has recently published an article on COI in clinical practice<sup>2</sup> and a spirited exchange of letters that followed,<sup>3</sup> and an exchange of letters<sup>4</sup> and editor’s note<sup>5</sup> discussing the journal’s position on reviewing industry-affiliated manuscripts.

stifle creativity and productivity in the United States and move industry research and development abroad. Also lost within this discussion is the fact that journals, clinicians, and patients benefit from high-quality industry-sponsored research related to the introduction and critique of therapeutics and devices, and industry benefits when it is able to publish high-quality information in credible journals. Actions on either side that inappropriately harm trust in the

# “COI” “EVIDENCE”

## Health Industry Practices That Create Conflicts of Interest

A Policy Pro

Troyen A. Brennan, MD

David J. Rothman, PhD

Linda Blank

David Blumenthal, MD

Susan C. Chimonesco, PhD

Jordan J. Cohen, MD

Janice Goldman, MD

Jerome P. Kassirer, MD

Harry Kimball, MD

James Naughton, MD

Neil Smelser, PhD

“The systematic review of the medical literature on (industry) gifting by Wazana found that an overwhelming majority of interactions had negative results on clinical care.”

and giving indicates that current controls will not satisfactorily protect the interests of patients. More stringent regulation is necessary, including the elimination or modification of common practices related to small gifts, pharmaceutical samples, continuing medical education, funds for physician travel,

**Evidence? HARM!**

**Remedy? SUPPRESSION!**

# “COI” “EVIDENCE”

## Physicians and the Pharmaceutical Industry

Is a Gift Ever Just a Gift?

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Ashley Wazana, MD

“Objective: To identify the extent and attitudes towards the relationship between physicians and the pharmaceutical industry and its representatives and its impact on the knowledge, attitudes and behavior of physicians.”

Review of 29 articles published between 1994 & 1999

# “COI” “EVIDENCE”

Did Wazana's Review  
Find “Negative Results on  
Patient Care”?



# “COI” “EVIDENCE”

WAZANA SAID.....:

“NO STUDY USED PATIENT  
OUTCOME MEASURES.”

# WAZANA'S CONCLUSIONS ON OUTCOMES OF DETAILING AND GIFTING

## POSITIVE OUTCOMES

Improved ability to identify the treatment for complicated illnesses.

## “NEGATIVE” OUTCOMES

Non-rational prescribing.

Increased prescribing & formulary requests for promoted meds.

Faster new drug prescribing.

Positive attitude toward drug reps.

# “COI” “EVIDENCE” ANECDOTES AND OPINIONS

## Health Industry Practices That Create Conflicts of Interest

A Policy Pro

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Harry Kimball, MD

---

James Naughton, MD

---

Neil Smelser, PhD

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SHOULD THIS  
BE MEDICAL  
DOGMA?

to patient care and  
incentives to sell their  
professionalism. These  
situations for which  
requirements of the phy-  
sician groups, the  
limited self-regulation  
experience of gift receipt  
adequately protect the  
interests of patients. More stringent regulation is necessary, including the  
elimination or modification of common practices related to small gifts, phar-  
maceutical samples, continuing medical education, funds for physician travel,

# JAMA – PROFESSIONAL MEDICAL ASSOCIATIONS

# “COI” “EVIDENCE”

## Professional Medical Associations and Their Relationships With Industry

A Proposal for Controlling Conflicts of Interest

David J. Rothman, PhD

Walter J. McDonald, MD

Carol D. Berkowitz, MD

Susan C. Chimonesco, PhD

Catherine D. DeAngelis, MD, MPH

Ralph W. Hata, MD

Steven E. Nissen, MD

June E. Osborn, MD

James H. Scully Jr, MD

Gerald E. Thomson, MD

David Wofsy, MD

“it is crucial that their [PMAs] guidelines manage both real and perceived conflict of interests.”

lic. Because many PMAs receive extensive funding from pharmaceutical and device companies, it is crucial that their guidelines manage both real and perceived conflict of interests. Any threat to the integrity of PMAs must be thoroughly and effectively resolved. Current PMA policies, however, are not uniform and often lack stringency. To address this situation, the authors first identified and analyzed conflicts of interest that may affect the activities, leadership, and members of PMAs. The authors then went on to formulate guidelines, both short-term and long-term, to prevent the appearance or re-

# JAMA HPV Vaccine

## The Risks and Benefits of HPV Vaccination

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Charlotte Haug, MD, PhD, MSc

---

**W**HEN DO PHYSICIANS KNOW ENOUGH ABOUT THE beneficial effects of a new medical intervention to start recommending or using it? When is the available information about harmful adverse effects sufficient to conclude that the risks outweigh

effect of the vaccine can be determined only through clinical trials and long-term follow-up.

The first HPV vaccine was licensed for use in the United States in June 2006,<sup>9</sup> and the Advisory Committee on Immunization Practices recommended routine vaccination of girls aged 11 to 12 years later that same month.<sup>10</sup> However, the first phase 3 trials of the HPV vaccine with clinically rel-

## Science

# JAMA Editor Imposes Own Bias

## Marketing HPV Vaccine Implications for Adolescent Health and Medical Professionalism

Sheila M. Rothman, PhD

David J. Rothman, PhD

IN PROMOTING ADOLESCENT HEALTH, immunization is frequently a cost-effective intervention, advancing

The new vaccine against 4 types of human papillomavirus (HPV), Gardasil, like other immunizations appears to be a cost-effective intervention with the potential to enhance both adolescent health and the quality of their adult lives. However, the messages and the methods by which the vaccine was marketed present important challenges to physician practice and medical pro-

## Opinion

# JAMA Editor Imposes Own Bias

“The funding encouraged many PMAs to create educational programs and product-specific speakers’ bureaus to promote vaccine use. However, much of the material did not address the full complexity of the issues surrounding the vaccine and did not provide balanced recommendations on risks and benefits.”

**Opinion**



# JAMA Editor Imposes Own Bias

Author Affiliations:

Sociomedical Sciences, Mailman School of Public Health (Dr S. Rothman), and Social Medicine, **Columbia College of Physicians and Surgeons** (Dr D. Rothman), New York, New York.

# JAMA Editor Imposes Own Bias

Rothman Disclosures

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the Pew Charitable Trusts.

## Failure of Disclosure

# Institute on Medicine as a Profession

INSTITUTE ON MEDICINE AS A PROFESSION

Making Professionalism a Field and a Force



about IMAP

conflicts of interest

advocacy

IMAP@COLUMBIA

The Institute on Medicine as a Profession  
University:

**Center on Medicine as a Profession**

CMAP was established in October 2008 by a  
joint agreement by the Institute on  
Medicine as a Profession and the  
Center for the Study of Society and  
Medicine. CMAP carries out IMAP's programmatic agenda.



**Center for the Study of Society and Medicine**

The Center for the Study of Society and Medicine is an interdisciplinary institution, examining the complex interactions between medicine and society. CMAP and CSSM share administrative staff and facilities. CSSM faculty use historical, sociological, literary, and philosophical methods to analyze clinical practices and biomedical research to broaden the training for health care professionals. Through an understanding of medicine in its full social and cultural context, CSSM works to inform patient care and public policy.

CMAP carries out IMAP's programmatic agenda, and David J. Rothman, Ph.D. serves as CMAP's Director

# Center on Medicine as a Profession

**C MAP** Center on Medicine as a Profession *making professionalism a field and a force*



**Home** **IMAP**

**Welcome to C**

The Center on Medicine... to promote that vision t... medicine that is respon... future roles of professi... relevant to physicians,

CMAP was established... by the [Institute on Medi](#)...

Chairman of the Open Society Institute, generously funded the establishment of IMAP with a gift of \$7.5 million. CMAP carries out IMAP's programmatic agenda. David J. Rothman, Ph.D., serves as CMAP's Director.

century and... nd outside of... nt, and... n will be

t agreement... ros,

George Soros, Chairman of the Open Society Institute, generously funded the establishment of IMAP with a gift of \$7.5 million.

# Soros Pays for COI Movement



WHY?

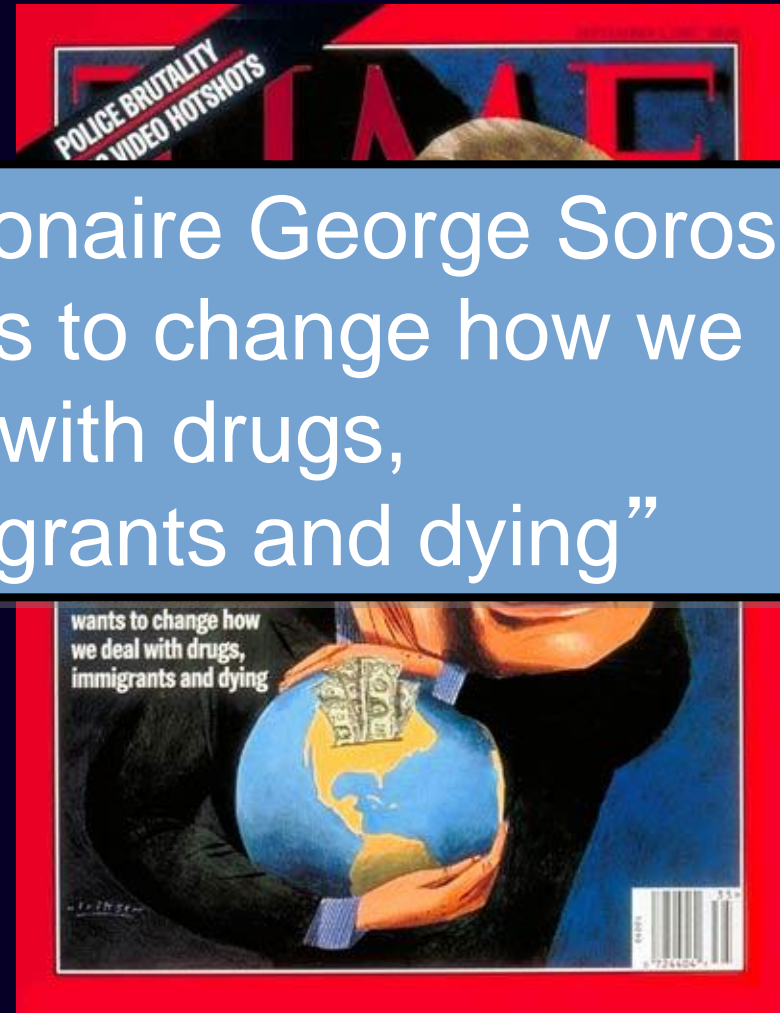
WHO IS HE?

George Soros

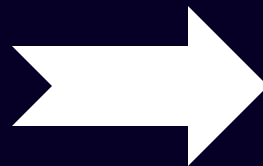
# Soros Pays for COI Movement

“Billionaire George Soros wants to change how we deal with drugs, immigrants and dying”

George Soros



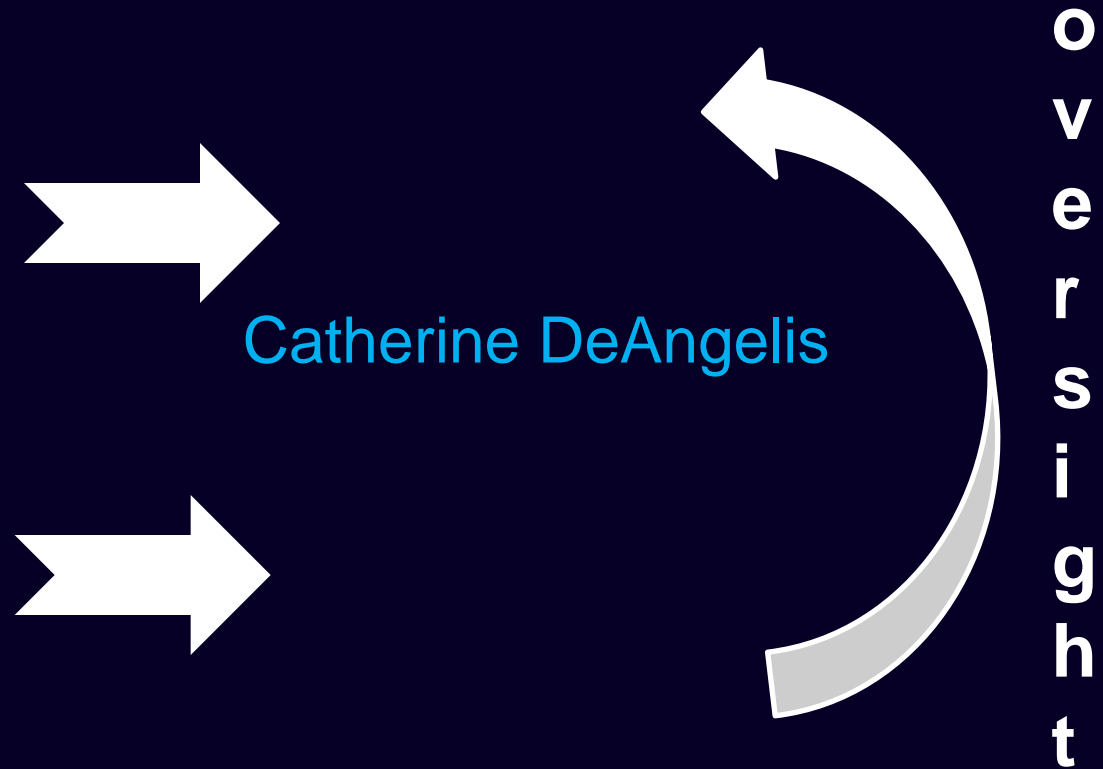
# Funding the COI Movement



George Soros

David Rothman

# Selling the COI Movement



David Rothman

Jordan J. Cohen



“COI”

LACK OF EVIDENCE

A COLLECTION OF  
ANECDOTES

HEAVY DOSES OF OPINION

# What if the marketed drugs are better?

- Drug companies rely on the profitability of one or at most a handful of drugs to stay in business
- Patents protection lasts only 17 years, some of which is used for testing and waiting for approval
- Effective patent terms are 9 to 12 years

Hepatitis B vaccine	HAART ARVs
Interferons	Anti GP2b/3a
Erythropoietin	Statins
Protein pump inhibitors	ADP receptor blockers
ACE inhibitors	Factor Xa inhibitors
Azole antifungals	HPV vaccine
Anti-TNF	Femoral head implants
Anti CD20	Aromatase inhibitors
Bis-phosphonates	Procine valves
Clotting factors	Imitinab
Hepatitis C diagnostic	Anti-CD4 diagnostic
Coronary stents	PDE5 blockers
Fluoroquinolones	MRI imaging

# Can't Do It Without Industry

- Survey of 32 drug classes
- Private sector contributions significant
  - 7 in basic science
  - 31 in applied science
  - 25 in improved clinical performance, manufacturing processes, other later stages essential to getting a drug to market

ACE inhibitors	Angiotensin II antag' ts
Ca channel blockers	Beta blockers
Platelet aggr' n inhib' rs	Statins
Fibrates	Cholesterol absorption
H2 blockers	Proton pump inhib' rs
SSRI	SNRI
MAOI	Bronchodilators
Inhaled corticosteroids	Leukotriene recp antag
COX2 inhib' rs	NSAID
Long-acting opioids	Fluoroquinolone abtics
Third gen cephalosp' ns	Imadazole antifungals
Antivirals	HIV antiretrovirals
CMV antivirals	Thiazolidinediones
5-alpha reduct' se inhib	Triptans
Interferons	Thyroid-stimulants
Bisphosphonates	Platinum chemo
Selective ER mod' lat' rs	PDE5 blockers
5-HT3 blockers	Immunosuppressants
Nonsedat' g antihist' nes	

Zyher, et al Manhattan Institute, 2008

# Commonality of Interests

- Physicians
  - Effective medications for patients
  - Have novel, effective drugs for patients
  - Learn about new ways to treat patients
  - Minimize complications, maximize safety
  - Run a profitable practice
- Drug Industry
  - Effective medications for patients
  - Develop novel, effective drugs
  - Market products through education
  - Minimize complications, maximize safety
  - Run a profitable business

DISCLOSURE OF  
WORKING RELATIONSHIPS?  
YES!

CONFLICT OF INTEREST?  
I THINK NOT!

*(AND MY OPINION IS AS GOOD AS ANY  
OF THE PEOPLE NOTED ABOVE!)*

# CMSS

## Council of Medical Specialty Societies

“A disclosed relationship is not necessarily a conflict of interest. Disclosed relationships that constitute actual or perceived conflicts of interest should be managed and resolved. Societies should make public how management is accomplished.”

# CMSS

## Council of Medical Specialty Societies

From disclosure of working relationships,  
To banning working relationships!

# CMSS

## Council of Medical Specialty Societies

“No Key Society Leader, defined for purposes of this Code as the Presidential line of succession of a Society’s membership organization (e.g., the President, President-Elect, and Immediate Past President), the chief executive officer of a Society’s membership organization, and the Editor(s)-in-Chief of Society Journal(s), may have Direct Financial Relationships with Companies during his or her term of service.

*Annotation: Each Society may set a reasonable period after election or appointment for Key Society Leaders to terminate any Direct Financial Relationships.”*



“COI”

LACK OF EVIDENCE

A COLLECTION OF ANECDOTES

HEAVY DOSES OF OPINION

“COI” – HARMFUL TO MEDICINE

# 7<sup>th</sup> Annual Meeting of ISMPP

## World Association of Medical Editors (WAME): Policy on Conflict of Interest in Peer Reviewed Medical Journals

Lorraine E. Ferris

Professor, Dalla Lana School of Public  
Health, University of Toronto;

WAME Secretary and Chair of Ethics  
and Policy Committee

# Outline

- Brief information about WAME;
- Background on WAME's Conflict of Interest Policy;
- Highlights from the WAME Conflict of Interest Policy.

# What is WAME?

- Non-profit association of editors (former and current) of peer reviewed medical journals;
- Membership is free;
- All decision-making editors are eligible to apply for membership as well as selected scholars in journal editorial policy and peer review;
- Established in 1995 (and incorporated in the U.S. as a not for profit in 2009)

# Who is involved in WAME?

As of February 2011:

- 1,664 members from 92 countries
- Members are from more than 980 peer reviewed medical journals

# WAME Goals

- Facilitate worldwide cooperation and communication among editors in peer-reviewed medical journals;
- Improve editorial standards;
- Promote professionalism in medical editing through education, self-criticism and self-regulation;
- Encourage research on the principles and practice of medical editing.

Source: [www.wame.org/about](http://www.wame.org/about)

# Background on WAME Conflict of Interest Policy

- WAME's Policy Committee and Ethics Committee had various guidance documents, including a policy on conflict of interest
- WAME Board wanted to consolidate those documents and update its position on conflict of interest
- Two chairs (Robert Fletcher, Policy committee and Lorraine Ferris, Ethics committee) drafted a new policy with input from their committees and the WAME Board
- New policy was issued on March 27 2009
- Editorial published in WAME members journals 2010.

# Scope

- WAME COI Policy details the issues WAME believes journals should address when establishing their own policies for conflict of interest (policies which WAME says should be published);
- WAME does not prescribe a universal standard as to when meaningful COI exists
- Conflict of interest is defined as being when “there is a divergence between an individual’s private interests and his/her responsibilities to scientific and publishing activities such that a reasonable observer might wonder if the individual’s behaviour or judgment was motivated by considerations of his/her competing interests.”



# Key features of the (new) WAME Conflict of Interest Policy

- Expands scope of competing interests – financial and non-financial (intellectual passion; personal relationships; political or religious beliefs; and institutional affiliations);
- Confirms the seriousness of failing to disclose conflict of interest;
- Addresses the conflicts of interest threatening all participants in the research and publication continuum including authors, reviewers, and editors (conflict of interest between editors/journal owners in a different policy)

# Financial Conflict of Interest in WAME Policy - selected highlights

- Commercial sources;
- Government agencies; charities; and professional and civic organizations (as they may have agendas that may be congruent or at odds with the research findings).
- Clinical earnings

# Non-financial Conflict of interest in WAME Policy - selected highlights

- Academic commitments (intellectual passion);
- Personal relationships (family, friends, enemies, competitors, or colleagues);
- Political or religious beliefs
- Institutional affiliations (affiliated or employed by institutions such as for profit, universities, hospitals, research institutes, professional or civil organizations)

# WAME Policy on Conflict of Interest

- All those involved in the publication process (authors, reviewers, editors) should be asked to disclose conflict of interest.
- All author disclosures (and declaration of none) by authors should be published with the paper.
- Journals should have clear management strategies including notification as to when a manuscript will not be considered because of COI

# WAME Policy on Conflict of interest

- Makes it clear that journals may need to ask additional questions or seek clarification about conflict of interest.
- That is, a declaration on conflict of interest is necessary but may not be sufficient.
- All those in the publication process need to pay more attention to conflict of interest.