



Resolve the Conflict Rather than Dissolve the Relationship

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In this issue of *Annals of Surgical Oncology*, Santamaria-Barria and colleagues¹ examined the extent of industry funding for surgical oncologists, based on reports made to the Centers for Medicare and Medicaid Services Open Payments Program. Nearly 18% of Society of Surgical Oncology members in academic practice received over \$46.6 million in research funding over 4 years. Interestingly, the vast majority (87%) of payments were related to studies of novel pharmaceuticals and not surgical devices. The authors include contemporary comparison data to illustrate the concomitant trends in federal funding, demonstrating a positive correlation to those with industry funding, especially among those in the top quartile of industry funding. By nature of the data presented, it is unknown if the association between industry funding and other measures of academic success (whether measured by publications or National Institutes of Health [NIH] funding) is a causal association or if industry is more apt to fund already successful academic surgeons.

Broadly, many physicians receive industry payments for research-related activities, consulting or advisory work, or general purposes (e.g. food and beverage). Prior work has demonstrated that the majority of leaders (defined as Chairs or Chiefs) in medical oncology have received consulting or research payments.² Others have found similar associations between industry research funding and ‘scholarly impact’ (as measured by publications and NIH funding) among other academic surgical specialists, including neurosur-

geons and plastic surgeons.^{3,4} However, urologists’ relationships with industry appear to be more weighted toward non-research payments, and the vast majority of research payments were directed toward nonteaching providers.⁵

Working with industry partners may be attractive to academic surgeons because it affords the opportunity to provide input as novel devices and products are designed and developed. However, there are serious conflict of interest (COI) issues to consider and there is a very real need to manage real and perceived conflicts because of physicians’ fiduciary responsibilities to patients, and, importantly, public perception of these relationships. ProPublica’s ‘Dollars for Docs’ website reports \$9.15 billion in disclosed payments to over 900,000 physicians (exclusive of research and ownership stakes) between August 2013 and December 2016.⁶ In light of this, a distinct focus must be placed on COI disclosure and risk mitigation.

There are potential risks to patients and investigators. Much of the criticism of those with industry relations centers around untoward influence on physician behaviors driven by industry relationships. Do physicians have an obligation to inform patients when they use devices or prescribe drugs made by companies from which they have received payments? Furthermore, physicians who receive industry funding, even if it is for research, may be under undue scrutiny and viewed as ‘tainted’ to their peers. Implied threats to academic integrity must be taken seriously and are managed by federal regulations and rigorous COI policies.

While recognizing that relationships between physicians and industry can be beneficial, key stakeholders were in need of guidance and consistent policies to manage real or perceived conflicts of interest. The Physician Payments Sunshine Act, first introduced in 2007, was ultimately enacted in 2010, along with the Affordable Care Act, with the explicit goal of increasing transparency around

financial relationships between physicians and pharmaceutical or device manufacturers. The Sunshine Act requires these manufacturers to report data on payments made to physicians and teaching hospitals, and the Open Payments Program is meant to serve this purpose.

Most universities and medical centers enforce COI disclosures for their employees and have varying mechanisms to manage external interests. Professional medical societies have been proactive in establishing mechanisms to disclose and manage COIs.^{7,8} Free-standing COI committees or other boards are now commonplace, charged with reviewing COI and governing disclosures of society leaders and those who make presentations at meetings. Some societies have mandated upfront review of slides by those with COI disclosures in order to allow necessary modifications prior to presentation if biases were uncovered. However, there are ongoing concerns about assuring adequate disclosure. Studies evaluating self-disclosure continue to uncover high rates of underreporting. A recent evaluation of disclosures made during scientific presentations at a national meeting demonstrated that COI slides were presented too quickly to be fully read by 34% of presenters, and that industry funding appeared to be underreported by 16% of presenters (when cross-referenced to the Open Payments database).⁹

Discussions about the mechanisms for payment reporting aside, it may be important to segregate the types of industry payments (e.g. research vs. non-research payments) and focus on sources of undue influence and risks to the integrity of medical research. Calls for complete divestment of industry relationships—the so-called \$0 threshold—could jeopardize biomedical advances. When evaluating research payments, attention should be paid to its possible influence on physicians who treat patients with products they have a vested interest in, either financially (through funding for research) or professionally (through contributions to innovations in their field). It is important to distinguish personal financial gain, conflicts of commitment, and conflicts with non-financial interests (such as

gain of market share or reputational advantage) from identification, disclosure, and management of possible biases.

Academic surgical oncologists appear to be valuable industry partners. Given the nature of these longstanding relationships, these partnerships are mutually beneficial and beneficial to patient care and ongoing education. The maintenance of the relationships are predicated on transparency and responsible reporting and management of COIs.

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