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REFERENCES

1. Gonzalez JL, Reddy ND, Cunningham K, Silverman R, Madan E, Nguyen BM. Multiple cutaneous squamous cell carcinoma in immunosuppressed vs immunocompetent patients. *JAMA Dermatol*. 2019;155:625-627.
2. Cheng JY, Li FY, Ko CJ, Colegio OR. Cutaneous squamous cell carcinomas in solid organ transplant recipients compared with immunocompetent patients. *JAMA Dermatol*. 2018;154:60-66.
3. Ko CJ, Glusac EJ, McNiff JM, Rodic N, Leffell DJ. Squamous proliferations on the legs of women: qualitative examination of histopathology, TP53 sequencing, and implications for diagnosis in a series of 30 cases. *J Am Acad Dermatol*. 2017;77:1126-1132.e1.
4. Sanders S, Busam KJ, Halpern AC, Nehal KS. Intralesional corticosteroid treatment of multiple eruptive keratoacanthomas: case report and review of a controversial therapy. *Dermatol Surg*. 2002;28:954-958.
5. Lindelof B, Dal H, Wolk K, Malmborg N. Cutaneous squamous cell carcinoma in organ transplant recipients: a study of the Swedish cohort with regard to tumor site. *Arch Dermatol*. 2005;141:447-451.

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Analysis of conflicts of interest in pharmaceutical payments made to Food and Drug Administration physician advisers after dermatologic drug approval

To the Editor: Academic physicians have regularly served as voting members of advisory committees for the United States Food and Drug Administration (FDA).[1-3] These committee members serve as external experts to the FDA in determining whether a new medical therapy is fit for the United States market.[2,3] Considering that financial conflicts of interest have been shown to impact member voting habits, physician financial ties have been a topic of ongoing discussion.[2-5] A recent study found that many former FDA advisors receive large sums of money from pharmaceutical companies once their advisory role is complete.[3] Some fear these relationships may incentivize future committee members to expect after-the-fact rewards for favorable voting habits.[3] The FDA has guidelines to minimize financial conflicts of interest but does not make stipulations about postadvisory role financial relationships.[3]

Investigations using publicly available Open Payment data from the Centers for Medicare and Medicaid Services database have analyzed post hoc advisory role payments to physician advisors in the approval of psychopharmacologic, rheumatologic, cardiac, and renal drugs.[2] To our knowledge, these analyses have not been reported for dermatologic drug advisors. The purpose of this study was to review Open Payment data for industry payments made to former dermatologic drug committee members.

Payments made to United States physicians who advised FDA committees during the approval of 8 dermatologic therapies were analyzed using the Open Payment database. Drugs were chosen from recently approved dermatology medications from CenterWatch.com and included those used frequently and infrequently by dermatologists: brodalumab, dalbavancin, deoxycholic acid, dupilumab, peginterferon alfa-2b, secukinumab, tedizolid phosphate, and ustekinumab.[3] Data were collected from 2013 to 2017. This range was selected because no data are available before 2013, and 2017 correlated with the most recent data available.[4] Payments classified as general payments were recorded and included consulting fees, speaking fees, educational expenses, food and beverage expenses, and travel and lodging expenses.

Of the 61 physician advisers, 33 (54%) received at least 1 industry payment after dermatologic drug approval. Of the 33 receiving 1 payment, 9 (27%) accepted more than $1000, 6 (18%) accepted more than $10,000, 5 (15%) accepted more than $50,000, and 3 (9%) accepted more than $100,000. The 33 physician advisers received a mean ± standard deviation of $47,860.62 ± $85,938. The standard deviation was larger than the mean due to the nonnormal distribution of the data. For the drugs examined, payments from competing pharmaceutical companies outnumbered payments from the drug manufacturer (Table I).

Our research concludes former FDA committee advisors for dermatologic drugs frequently received payments from industry. Furthermore, a significant proportion (24%) of those who accepted payments received funds in excess of $50,000. Critics of such industry–physician relationships argue these payments could incentivize FDA advisors to alter their voting habits.[3] Others conclude post hoc industry payments should not be discouraged

Table I. Payments made to voting members of Food and Drug Administration drug committees by pharmaceutical companies*

Drug	Amount, $
Brodalumab	
Competitor payments	85,249.89
Manufacturer (Valeant Pharmaceuticals) payments	0.00
Total payments	85,249.89
Dalbavancin	
Competitor payments	210,478.76
Manufacturer (Allergan, Inc) payments	2,262.77
Total payments	212,741.53
Deoxycholic acid	
Competitor payments	218,910.73
Manufacturer (Kythera Biopharma) payments	0.00
Total payments	218,910.73
Dupilumab	
Competitor payments	44,226.33
Manufacturer (Sanofi & Regeneron) payments	29,587.09
Total payments	73,813.42
Peginterferon alpha	
Competitor payments	792,090.19
Manufacturer (Merck) payments	71,907.98
Total payments	863,998.17
Secukinumab	
Competitor payments	101,392.93
Manufacturer (Novartis) payments	0.00
Total payments	101,392.93
Tedizolid phosphate	
Competitor payments	212,762.97
Manufacturer (Cubist Pharmaceuticals) payments	0.00
Total payments	212,762.97
Ustekinumab	
Competitor payments	120,788.88
Manufacturer (Janssen Biotech) payments	218.76
Total payments	121,007.64

*Table excludes payments for research purposes.

because quality researchers are likely to be pursued by industry, and these mergers can lead to scientific advancements that benefit society.[2,3] Regardless of the ongoing debate, awareness of physician–industry financial ties is worthy of continued discussion. Future evaluations may help assess trends in post hoc advisory payments.

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REFERENCES

1. US Food and Drug Administration. *Guidance for the Public, FDA Advisory Committee Members, and FDA Staff: Public Availability Of Advisory Committee Members' Financial Interest Information and Waivers*. Silver Spring, MD: US Food and Drug Administration; 2008
2. Pham-Kanter G. Revisiting financial conflicts of interest in FDA advisory committees. *Milbank Q*. 2014;92(3):446-470.
3. Piller C. Hidden conflicts? *Science*. 2018;361(6397):16-20.
4. *Conflict of Interest in Medical Research, Education, and Practice*. Washington, DC: Institute of Medicine (US) Committee on Conflict of Interest in Medical Research, Education, and Practice; 2009
5. Lurie P, Almeida CM, Stine N, Stine AR, Wolfe SM. Financial conflict of interest disclosure and voting patterns at food and drug administration drug advisory committee meetings. *JAMA*. 2006;295(16):1921-1928.

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Parental support for sun-protection policies in schools: A cross-sectional analysis

To the Editor: In 2014, the US Surgeon General issued a "Call to Action" for skin cancer awareness and prevention, recommending a community-wide effort that included providing shade, educating patients in a health care setting, and teaching children in school about sun safety.[1] Arizona was the first to mandate that a sun-safety curriculum be taught in all schools from kindergarten through eighth grade.[1,2] Since then, Washington, Oregon, Utah, Texas, and New York have enacted laws that support sun protection