



Letter to the Editor

Response to Soskolne et al



I referenced the history about toxic industrial exposures that are part of epidemiologic training in a different context compared with Soskolne et al. [1], specifically as a possible rationale for why nonfinancial potential conflicts of interest (PCOIs) (e.g., ideological, personal) are reported so infrequently (0.3% of authors in my convenience sample of five epidemiology journals) [2]. If full disclosure of PCOIs that may bias judgment or practice is desirable, it seems a shortcoming that so few nonfinancial PCOIs are being disclosed. As Thompson and Horton have written [3,4], there is no reason to think that nonfinancial (e.g., ideological) PCOIs are lesser threats to objectivity than financial PCOIs. Soskolne et al. assert, however, that disclosure of nonfinancial PCOIs might do harm by detracting attention from financial PCOIs and, perhaps, lead to the exclusion of those with nonfinancial PCOIs in some instances. The former seems far-fetched and the latter would likely be a rarity, except when the nonfinancial PCOI, if disclosed, should warrant a recusal.

Soskolne et al. detail instances of alleged malfeasance by industry as justification to focus more intensely on financial versus nonfinancial PCOIs. Even accepting their representations at face value, their recommendation is inadvisable. By their letter, they demonstrate the kind of personal or ideological feelings that can challenge one's objectivity in reviewing scientific contributions from academic and other scientists sponsored by industry. They advocate overgeneralizing from specific instances to hold a bias against the scientific contributions of authors who were not involved in the alleged malfeasance.

As scientific evidence justifying enhanced scrutiny, Soskolne et al. cite research that shows a lower proportion of positive exposure–disease associations in studies that were funded by industry versus by other sponsors. That might be evidence of bias if the two sets of studies were very similar. To infer bias, however, one would need to consider relevant details of the studies including quality of study design, accuracy and comprehensiveness of the data sources, exposure circumstances, biological plausibility, and the extent to which systematic error was obviated or addressed adequately. Perhaps it is instructive that one journal required independent reanalyses for studies where the analyses were done by industry scientists and eventually discontinued this practice because it was fruitless [5,6].

The major point of my commentary—the hazard for epidemiology—is that prejudging or restricting the practice of epidemiologists based on PCOIs can complicate the goal of getting the science right. It is a slippery slope if indeed some proportion of

clinicians discount information from clinical trials based on a prejudice about the funding source [7] or when professional societies propose to prohibit scientists who are affiliated with industry from submitting research to their journals or their annual meeting [8]. I argued that epidemiologists should be more self-aware of their financial and nonfinancial PCOIs and work consciously to minimize any impact on their professional activities. I offered some modest recommendations within the current conflict of interest status quo of disclosing primarily financial PCOIs to keep the focus more on science than affiliation.

Soskolne et al. conclude by calling for the journal to invite another commentary on conflict of interest. As I noted in my disclosure, my commentary was neither invited nor sponsored. I agree, however, that more scholarship about conflict of interest would be helpful and made some specific recommendations in that regard.

References

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