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Platinum Priority – Editorial

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Disclosing Conflict of Interest Is Important, So Let's Have an Honest Discussion

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In this month's issue of *European Urology*, Carlisle and associates [1] report on their analysis of conflict of interest (COI) disclosures by authors of 13 guidelines published by the American Urological Association (AUA). They compared the AUA COI disclosures with data from the Open Payments website (<https://www.cms.gov/openpayments/>) and the Dollars to Docs website (<https://projects.propublica.org/docdollars/>). The authors reported that among 54 author disclosures, 20 (37%) were inaccurate, and suggest that there is “a need for more stringent enforcement of the AUA disclosure policy.”

We join the authors in acknowledging the vital role that COI disclosures play in creating fair and unbiased clinical guidelines and in the user's perception of the same. We are pleased that outside groups are concerned about COI relationships for clinical guidelines. We respect the authors' quest for an objective and verifiable “source of truth” related to COI disclosures. Nonetheless, we are disappointed that they used the inaccurate and unverifiable data sources of the Open Payments and Dollars to Docs websites, and, moreover, have implied that the websites are the gold standard and therefore any discrepancy means that guideline authors are lying.

We wish to underscore that the USA is the world leader in cataloging industry relationships with physicians. More to the point, the AUA is a leader in this area. AUA policies have undergone continual revision since first approved in 2008, early in the history of COI policies. AUA disclosure is

mandatory and ongoing, and each COI is doubly reviewed by the guideline leadership as well as the Judicial and Ethics Committee to ensure that any COI is either inconsequential or conflicted, or needs to be divested. Many of our panel members gladly divest so that they can serve on a guideline, understanding the serious and unconflicted nature of the work to be done.

These authors say of the AUA and European Association of Urology (EAU) that “both organizations require divestiture of financial relationships while serving on a guideline committee,” accompanied by a reference just to the EAU policy. In fact, neither organization requires divestiture; COIs are reviewed and assessed, and their risk to the guideline product determined. Many AUA guideline authors decide to divest (see more on this below), but it is voluntary. There are differences between the two societies, however. The AUA requires that 50% of the guideline panel be free of content-related COIs, conflicted members are recused from any discussion and subsequent voting on COI-related topics, and no panel member may add additional COIs once empaneled. The EAU does not require minimized COIs and allows those with COIs to participate in discussions at the panel meetings even within their topic of COIs (although voting on recommendations related to COIs is prohibited) [2].

Both the AUA and EAU are transparent; these COI relationships are readily available to the public. Both organizations work steadfastly to ensure the integrity of the process and prevent the potential for COIs related to

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guidelines. As Carlisle and associates [1] point out, in 2012 only 46% of guideline-producing organizations had a COI policy [3], and of those organizations, only 42% made disclosure statements publicly available [4]. Organized Urology is well ahead with regard to COI disclosures. Moreover, in two papers written by the same senior author as in this article, the payments made to authors of guidelines in other specialties are far greater than the payments made to AUA guideline authors. Among authors of dermatology guidelines, each author received a mean financial payment of \$157 177 over 2 yr [5]. Among the authors of otolaryngology guidelines, each received a mean financial payment of \$18 431 over 2 yr [6]. In the current study, authors of urology guidelines received a median total payment of \$578 [1].

If the Dollars for Docs ProPublica and the Open Payments Database were verifiable as correct during the tenure of the panel member, the AUA would use this information in assessing COIs of panel members. We are interested in protecting our reputation by eliminating COIs as much as possible while still empaneling experts in the field on clinical guidelines. We agree completely with the EAU policy on “managing conflict of interest” where they state the following: “Whilst the EAU GO aim to establish Guidelines Panels involving members that ideally have no or only very limited COI, it is recognised that as opinion leaders in their fields, Panel members will likely have conflicts. ‘The only person who does not have some vested interest in a subject is somebody who knows nothing about it’ (Smith R. Conflict of interest and the BMJ. *BMJ*. 1994 Jan 1;308(6920):4–5. PMID: 8298354)” [2].

The problem is that the Open Payments Database is not current; data available in 2018 are those of 2016; hence, there is no way to accurately assess current COIs, as the authors themselves state: “We were limited in our ability to determine when authors began working on guideline panels, as this information was not provided, and by the lack of specificity in Dollars for Docs.” This lack of specificity about time is vital and cannot be glossed over as the authors have done. We personally know many guideline panel

members who voluntarily divested themselves of COIs so that they could participate more fully in a guideline panel. Such COIs that have been divested might still be apparent on the websites. We suspect that this is the source of many of the discrepancies that the authors found. One can dispute the published federal data within that calendar year, but there is no method to determine whether a report has been disputed, or how it has been resolved. Finally, Dollars for Docs obtains its data from the federal Open Payments database, so there really is only one source.

We are proud of the guidelines produced by the AUA, and will continue to vigorously pursue and manage COIs. We would be pleased to consider a method to supplement author self-disclosure and personal investigation by guideline committee members and staff, but clearly the alternative proposed by Carlisle and associates [1] is inadequate.

Conflicts of interest: The authors have nothing to disclose.

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