Conflict of Interest Policies: Current and Future

PANEL
Dr Anne Holbrook, Director, Clinical Pharmacology & Therapeutics, McMaster U
Chander Sehgal, Director, CDR, CADTH
Alain Boisvert, VP Market Access, Bristol-Myers Squibb Canada
Marc Jolicoeur, Partner, Borden Ladner Gervais LLP
AMH Disclosures

- Clinical pharmacologist, general internist
- Supervise education of future physicians, pharmacists, researchers
- Research mostly on interventions, including policy, to improve quality and cost-effectiveness of prescribing – all peer-reviewed
- Decades of drug policy advisory work at federal, provincial, local level – all public
What is Conflict of Interest (COI)?

When an individual is in a situation where his/her personal, private or financial interests may compromise his/her professional judgement in the workplace:

- varying monetary thresholds and timeframes to declare
- Preferred solution is divestment
- Require annual updating
- Recommend separate committee to adjudicate

Belief that perception is as influential as reality…. 

Ehringhaus et al for AAMC 2004
Background

- Interactions between healthcare professionals and the pharmaceutical industry
  - Pharmaceutical detailing, CME, research, advisory boards, presentations
- 83% of physicians have some type of interaction with the pharmaceutical industry (Campbell EG, Arch Int Med 2010)
  - Interactions have led to concerns in the professional and regulatory community regarding the potential for Conflict of Interest (COI)
Most regulatory and advisory bodies have COI guidelines

- Canadian Medical Association, Royal College of Physicians & Surgeons, College of Family Physicians of Canada, Common Drug Review, Canada’s Research-based Pharmaceutical Companies
- Universities and Medical Schools
  - Recent McMaster COI guidelines
- Note the absence of government COI guidelines for themselves…..
CMA Code of Ethics

- Practicing physicians should not accept personal gifts of any significant monetary or other value from industry.
- Practicing physicians may accept patient teaching aids... aids carry at most the logo of the donor company.
- ...the industry sponsor should not pay for travel or lodging costs or for other personal expenses of physicians attending a CME/CPD event.
- Physicians should not engage in peer selling. CME/CPD organizers and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities.
- Remuneration to physicians for research studies... may cover reasonable time and expenses, should be approved by the relevant REB. Research subjects must be informed...
- The distribution of samples should not involve any form of material gain for the physician or for the practice with which he or she is associated.
- Physicians should not invest in industries or related undertakings if this might inappropriately affect...their prescribing behaviour.
“World’s most influential guidelines”

- Financial (receipt of funds) or intellectual (previous publication or public advocacy)
  - Primary financial conflicts of interest include grant funding, consultancies, advisory board membership and the like from industry or from government
  - Intellectual conflict of interest includes authorship on articles providing results of studies directly bearing on a recommendation and constitutes a primary conflict for that recommendation

- Primary COI – cannot vote
Rationale for COI Guidelines

- **US cases**
  - Patient death in experimental drug trial where faculty has COI and may have neglected exclusion criteria
  - Multiple cases of research fraud, inaccurate reporting, scientific misconduct, failure to observe informed consent, ghostwriting

- **In Canada**
  - Nancy Olivieri vs Apotex/HSC/U Toronto over reporting negative results on deferiprone
    - Led to new academic reporting guidelines
  - Several years later, David Healy vs CAMH over critical comments on industry transparency on SSRIs and suicide risk

- **International**
  - Very large company fines over misleading advertising
    - J&J and risperidone, GSK and rosiglitazone, Purdue and OxyContin, Pfizer and valdecoxib and pregabalin
COI Influences Outcomes?

- SR of pharmaceutical industry and research
  - 23/26 studies on Pharma funding or investigator COI with Pharma, found relationship with results favourable to Pharma

- SR on guideline author COI and guideline recommendations
  - 56-81% authors had some financial COI
  - Case studies suggest recommendations favouring authors

- Review of 546 trials on 5 drug groups registered in clinicaltrials.gov
  - 63% funded by industry, 23% nonprofit, 14% government
  - Industry trials more likely positive & unpublished

Where Does Academia Stand?

- Approx. 70% clinical trial funding is from pharma or biotech industry
  - Decreasing % held in academic health sciences centres
  - Financial ties between industry, institutions and researchers are common
    - Increase in institutional COI
      - Not much evidence of self-policing on their own COI
- BUT how to regulate without destroying research and development, technology transfer?
Why Are COI Guidelines Important?

“...when physicians are seen or perceived to be in conflict of interest there is an inevitable erosion of public trust which is fundamental to our patients and society.”  (RCPSC, 2005)
CIHR funded study

- Anne Holbrook (PI)- Division of Clinical Pharmacology & Therapeutics, McMaster University; Joel Lexchin, Don Willison, Eleanor Pullenayegum, Craig Campbell, Bernard Marlow, Charles Weijer, Jeff Blackmer, Kevin Brazil

National telephone survey on physician-Pharma interactions, concepts of COI

- Opinions of the Canadian public not previously reported
  - Surveyed on small gifts, large gifts, meals, drug samples, continuing medical education, consulting and financial interactions
- Submitted for publication
Participants

- 1041 participants (56.8% female, mean age 52.6 yr, 57.7% at least college education)
  - 527 (50.6%) have received free med sample
  - 34 (3.3) previously participated in research
  - Relationships between doctors and drug companies previously a concern – 34.0%
  - Previously heard of COI vis a vis physicians-pharmaceutical companies – 64.3%
## Ratings of Acceptability

<table>
<thead>
<tr>
<th>Physician-Pharma Interaction</th>
<th>Acceptable No. (%)</th>
<th>Not Acceptable No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>…<em>free medication samples</em> for doctor if given to patients</td>
<td>819 (78.7)</td>
<td>171 (16.4)</td>
</tr>
<tr>
<td>…<em>teaching aid</em> advertises the company’s product (e.g., wall poster of heart with drug and manufacturer’s logo)?</td>
<td>807 (77.6)</td>
<td>206 (19.8)</td>
</tr>
<tr>
<td>…<em>small gift</em> to doctor (pen, golf-balls, etc) that advertises a drug company or its product?</td>
<td>572 (54.9)</td>
<td>454 (43.6)</td>
</tr>
<tr>
<td>…<em>free dinner</em> to doctors where there is an educational talk given by a drug company employee?</td>
<td>567 (54.5)</td>
<td>410 (39.4)</td>
</tr>
<tr>
<td>…<em>all expenses paid</em> by drug company for physician to attend medical conference?</td>
<td>517 (49.7)</td>
<td>459 (44.1)</td>
</tr>
<tr>
<td>…<em>doctor to give a 30-minute talk</em> to other doctors about one of the company’s drugs, if paid $100</td>
<td>226 (21.7)</td>
<td>712 (68.3)</td>
</tr>
<tr>
<td>…<em>doctor invests</em> in company based on not-generally available information heard at conference</td>
<td>163 (15.7)</td>
<td>787 (75.6)</td>
</tr>
<tr>
<td>…<em>enrolling patients in company’s research</em>, doctor paid $100 per patient</td>
<td>94 (9.0)</td>
<td>888 (85.3)</td>
</tr>
</tbody>
</table>
Comparison with CMA Guidelines

- Agreement on:
  - Teaching aids OK, No talks selling company’s product even if unpaid, No extra pay for research (must disclose incentives to patient), Free samples should go to patients

- Public evenly split on:
  - personal gifts, free lunch for doctor’s staff, free medical conference (as attendee)

- CMA guidelines on investment only indicate to avoid if will affect prescribing
Summary

- COI guidelines are still a work in evolution
- No evidence correlating COI with patient outcomes
  - Lack of evidence rather than evidence of lack
- Regulations gradually getting stricter
- Canadian public opinions not complete agreement with physician guidelines – is it due to:
  - Lack of education on consequences of interactions?
  - Considering medicine like any business?
  - Different ethical constructs than ethicists?
- Emerging issues – institutional COI, intellectual COI
Observations on COI and Drug Policy

- **20 years ago**
  - No COI rules
  - Can we be reimbursed for our work?

- **10 years ago**
  - COI rules formulating
  - Can we be indemnified to lessen impact of bullying?

- **Now**
  - COI rules used to disallow decision participation
  - Does the public plan have real commitment to our advice based on the best cost-effectiveness evidence?
Observations on COI and Drug Policy

- Submissions frequently suggest bias in publication rates, outcome selection, cost-effectiveness estimates
- Patient advocacy groups permeated with COI
- Government itself does not disclose potential COI
- Very difficult to find clinical experts with good EBM skills, little-no COI and balanced views
  - Almost none with pharmacology/therapeutics/toxicology training
- Intellectual COI probably less important than financial
- Overall, COI would not matter so much if all study data/price negotiations were available for review
Panelists

- Chander Sehgal, CADTH
- Alain Boisvert, BMS Canada
- Marc Jolicoeur, BLG LLP