TEXAS MEDICAL ASSOCIATION
Physicians Caring for Texans

TexMed 2017 Clinical Abstract

Please complete all of the following sections and include supporting charts and graphs in this document. Submit a total of two documents - this document and the Biographical Data and Disclosure Form to posters@texmed.org by midnight March 31, 2017.

Procedure and Selection Criteria

- Submissions not directly related to quality improvement or research may be accepted and should follow the standardized format outlined below. Content should enhance knowledge in the field of clinical care and be relevant to a given patient population.

PROJECT NAME: Examining financial conflicts of interest in medical journal editorial boards

Institution or Practice Name: UT Southwestern Medical Center

Setting of Care: UT Southwestern Medical Center

Primary Author: Waqas Haque

Secondary Author: Dr. Deepak Agrawal (MD)

Other Members of Project Team: Dr. Abu Minhajuddin (pHD)

Is the Primary Author, Secondary Author or Member of Project Team a TMA member (required)?
YES

Please provide name(s) and their role in the project:
TMA Member Name: Waqas Haque (TMA Delegate for UT Southwestern Medical School) – entire data collection, statistical analysis, and write-up of paper

Deepak Agrawal – majority of write-up and organization of paper

TexMed Poster Session Specialty Subject Area: Please check if these apply.
☐ **Enhanced Perioperative Recovery**
☐ **Disaster Medicine and Emergency Preparedness**

Clinical

Background (15 points max): *Describe the purpose for sharing the content. What caused this subject matter to be approached? Why is this content important to share? What is the potential impact if this content is not shared?*

Financial relationships between medical publishing personnel (investigators, authors, reviewers and editors) and the biomedical industry are common. These relationships are generally considered essential for the advancement of medicine, but also create (real or perceived) conflicts of interests (COIs). Recognizing the importance of unbiased research, almost all medical journals now require authors to publicly disclose COIs. However, the same standard and scrutiny is rarely employed for the *editors* of these same journals, many of whom are also physicians by training. Editors are the gatekeepers of information that gets published - they

choose peer reviewers, accept or deny a manuscript, and can influence the tenor of discussion and decide on timing of publication.

Our interest in this subject matter stems from the fact that full public disclosure of editors' COIs is recommended by professional publishing organizations and leading medical journals but rarely followed on the whole. Reports of biased publishing by editors with relevant COIs severely undermines the trust of readership (academics, health professionals and the public) in the scientific publication process, which has a direct effect on how new findings are relied upon to update patient care.

Despite the importance of this issue, there has been very little research on COIs of physician editors. This is primarily because by design the editorial process is not transparent. The creation of Open Payments program of the US Centers of Medicare and Medicaid Services (CMS) has now made it possible to determine the financial relationship between physicians and the biomedical industry. We queried this database to determine the prevalence and magnitude of financial relationships among editors of medicine and subspecialty journals. To our knowledge, the matching of physician editors to their Open Payments profile has not been previously done to assess academia-industry ties in medicine, which underlines the importance of the present study.

Intended Stakeholders (15 points max): *Identify those individuals, organizations, or interest groups that could be potentially impacted by this information or benefit by obtaining this information.*

- Academic physicians and researchers who seek publication in leading medical journals
- Editorial boards of medical journals, particularly journals with significant industry ties
- Physicians who rely on leading journals to stay afresh of new findings and clinical knowledge in their specialty
- Medical students and future trainees within graduate medical education
- Readers of medical journals

Description of Accomplished Work (25 points max): *Provide an overview of the work that was accomplished, including any specific methods, tools or techniques. Also, include any milestones or key accomplishments. Note charts, graphs and tables here and send as addendum with abstract form.*

To examine potential conflicts of interest in prominent medical journals, we chose internal medicine and five subspecialties - cardiology, gastroenterology, neurology, dermatology and allergy & immunology. The top 9 journals were selected from each specialty based on the SCImago Journal Rank (SJR) indicator and Google Scholar's h5-index. These specialties were chosen due to known significant financial ties with the biomedical industry. We also included editors of each subspecialty listed on website UptoDate (http://www.uptodate.com), which is heavily relied upon as a point-of-care clinical resource, for a total selection of 10 journals per subspecialty.

We then obtained the names of editors and their position (Chief Editor, Associate Editor, or Assistant Editor) by reviewing the websites of each journal. This information was cross-matched with the CMS Open Payments database, which contains information on industry payments made to physicians from August 2013 to December 2015. The search function of the database was used to identify reported financial transactions between industry and a particular physician editor.

After collecting all of the data, we performed a descriptive analysis to study conflicts of interest by medical specialty, type of payment (food & beverage, consulting, travel, etc.), and one's position within the editorial board. We also tabulated the specific drugs being promoted by companies in association with these payments.

Add key findings here:
-Editors of specialty journals had significantly higher financial conflicts compared to general medicine journals (see Figure 1), with the most industry payments observed in the field of cardiology.
-There appears to be a direct correlation between sales of a drug and how much a company pays physicians (see Table 1)

-Significant differences in industry conflicts exist based on one's standing on the board (see Figure 1) and nature of payment (see Figure 2)

Timeframe and Budget (20 points max): *Provide the start and end dates for the work along with any financial implications that were incurred due to the work accomplished. Note charts, graphs and tables here and send as addendum with abstract form.*

CMS database and research commenced in July 2016. Research will end this month and journal submission will follow. No financial implications incurred.

Charts, graphs, and tables in the addendum (bottom of this document):
Figure 1: Amount paid by specialty and standing on editorial board
Table 1: Drugs most commonly associated with industry payments
Figure 2: Industry payments by the nature of payment
Figure 3: Percent of editorial board members receiving payments by specialty

Intended Use (25 points max): *Describe how this information could be used moving forward to impact patient care.*

Publication of unbiased studies is critical to the advancement of medicine and optimal patient care. Biases in academic research can be due to conflicts of interests of authors, reviewers or editors. Conflicts of interest are sometimes unavoidable. In such instances, readers of the studies should be given complete and relevant information about conflicts of interest so they can make an informed decision about the study being relevant to their practice. The conflicts of interests of editors is largely unknown to readers. For example, an orthopedic surgeon, during his tenure as an editor, published many studies in his journal favoring a product from a company. During this time he received millions of dollars in patent royalties from the same company. In another instance, an editor published a favorable review article about Vagus nerve stimulation therapy for treatment of depression, while he was a paid consultant for that company. These conflicts were disclosed years after publications and patients were likely harmed from biased literature. Our study shows that conflicts of interests among editors are very prevalent and often not disclosed. We hope that our study will be the impetus for reform in how editors disclose conflicts of interest and that this transparency will improve patient care.

The reforms we are advocating are: (1) The editors should consistently and truthfully declare their conflicts of interest. The conflicts of interests should be cross-checked with the Open Payments database, (2) The financial disclosures should be specific and include information on the type and the dollar amount (3) The disclosures should be publicly available and readily accessible (4) There should be a way for readers to know that the editors' conflicts of interest, if present, have been addressed appropriately.

Figure 1: Amount paid by specialty and standing on editorial board

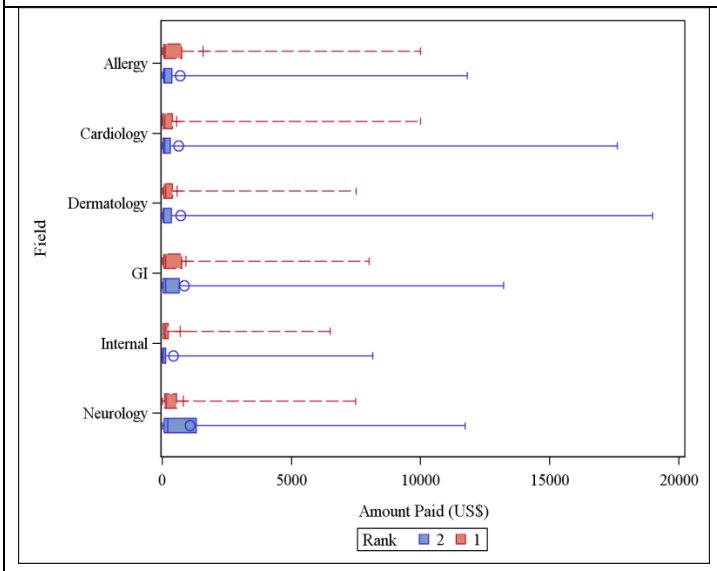
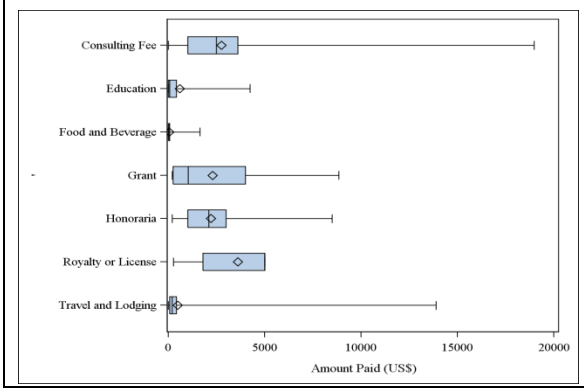
	Chief Editor (Rank =1)	Associate/Assistant Editor (Rank =2)
	$45,771	$1,003,924
	$99,851	$2,177,663
	$21,458	$943,084
	$148,137	$2,107,001
	$8,137	$218,908
	$34,441	$1,299,795

Table 1: Drugs most commonly associated with industry payments

Drug	Number of Payments	Total Amount Paid (US $)
BRILINTA	178	$138,270
ELIQUIS	135	$99,212
ENTRESTO	85	$59,273
MOVANTIK	145	$156,202
NORTHERA	156	$116,598
PROCYSBI	9	$109,994
XELJANZ	119	$133,010
XIFAXAN	208	$247,886

Figure 2: Industry payments by the nature of payment



	Number of Payments	Total Amount Paid (US $)
Consulting Fee	1606	$6,353,226
Education	143	$79,370
Food and Beverage	4421	$214,445
Grant	18	$41,332
Honoraria	113	$248,733
Royalty or License	7	$25,260
Travel and Lodging	2324	$ 11,45,817

Note: There are 26 payments in the Consulting Fee Category that are over $20,000 each. These could not be plotted, but are counted in the total amount paid and total number of payments.

Figure 3: Percent of editorial board members receiving payments by specialty