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Original article

Conflict of interests for radiation oncologists: Harnessing disclosures from policy to reality

Conflit d'intérêts pour les oncologues radiothérapeutes : de la politique à la réalité

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ABSTRACT

Purpose. – An increasing attention is being paid to disclosures of conflicts of interests in the field of oncology. The purpose of this study was to examine how radiation oncologists report their conflicts of interests with pharmaceutical or technology industries.
Materials and methods. – We collected the data of conflicts of interests disclosures in the abstract books from the annual 2012 and 2013 meetings of the American Society for Radiation Oncology (ASTRO) in Miami (FL, USA), and in Atlanta (GA, USA), respectively. Geographic origins of abstracts as well other factors were examined.
Results. – We identified a total of 4219 abstracts published in the past two years. The total number of involved authors was of 28,283. All of the published abstracts had conflicts of interests disclosures. Amongst them, 563 abstracts (13.4%) reported at least one potential conflict of interests, in which 1264 (4.5%) declared a potential conflict of interests in their disclosures. Geographic distribution of abstracts with financial relationship was as following: 67.9%, 15.5%, 7.7% and 7.7% for USA, Europe, Asia/Pacifica, and Canada, respectively. Abstracts with conflict of interest originated from North America in 75.6% of cases. USA distribution was 70.6% and 29.4% for Eastern and Western, respectively.
Conclusions. – The proportion of physicians declaring financial conflicts of interests remains extremely low, whichever geographic area authors are from. In comparison to the rest of the world, the US proved itself better at declaring potential links. Changes in medical culture and education could represent a significant step to improve the process of revealing conflicts of interest in medical journal as well as in international meetings.

Mots clés :
Déclaration de conflits d'intérêts
Radiothérapie
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RÉSUMÉ

Introduction. – Dans le domaine de l'oncologie, une attention croissante est attribuée à la déclaration des conflits d'intérêts. L'objectif de cette étude était d'étudier les conflits d'intérêts rapportés par les oncologues radiothérapeutes avec l'industrie ou les laboratoires pharmaceutiques.
Matériel et méthodes. – Les données des déclarations de conflits d'intérêts ont été collectées dans la publication annuelle des résumés des congrès de l'American Society for Radiation Oncology (ASTRO) de 2012 et 2013 à Miami et Atlanta (États-Unis). La provenance géographique des résumés a également été étudiée.
Résultats. – Au total, 4219 résumés publiés ont été étudiés sur ces deux années. Le nombre total d'auteurs était de 28 283. Tous les résumés publiés présentaient une déclaration de conflits d'intérêts. Parmi eux, 563 résumés (13,4 %) et 1264 (4,5 %) des auteurs ont rapporté au moins un conflit d'intérêts. La distribution géographique des résumés était de 67,9 %, 15,5 %, 7,7 %, et 7,7 % respectivement pour les États-Unis,

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l'Europe, l'Asie, et le Canada. Les résumés présentant des conflits d'intérêts provenaient principalement d'Amérique du Nord (75,6 %). La répartition au sein des États-Unis était de 70,6 % pour l'est et 29,4 % pour l'ouest.

Conclusion. – Le pourcentage de déclarations de conflits d'intérêts chez les médecins reste extrêmement bas, quel que soit leur lieu d'exercice. En comparaison à l'ensemble de la communauté scientifique internationale, les États-Unis ont beaucoup déclaré de conflits. Une prise de conscience est importante dans ce domaine pour faire évoluer la situation et améliorer le processus de déclaration de conflits d'intérêts, aussi bien dans les publications scientifiques que dans les congrès internationaux.

1. Introduction

With the increasing incidence of cancers worldwide, there is an exponential demand for adequate therapy. Indeed, it is expected that the global burden of cancer will almost double within the next twenty years. With the increasing number of anticancer therapies and strategies, the management of cancer patients is more and more complicated and requires too many separate sets of skills for any one physician. There are many actors, all playing meaningful and complementary roles in the promotion of scientific researchers, medical teaching, and in the implementation of new anticancer strategies in radiation oncology, including universities, government research institutions, private or public foundations, pharmaceutical companies and industrials. Altogether, these actors contribute to significant improvements that have been performed over past decades in the management of cancer patients.

At the same time, an advanced collaboration is required between all contributors of these medical developments. Biopharmaceutical companies account among the most involved actors of these developments in anticancer research, which frequently require strong financial or logistic support. Evidently, the partnerships between preclinical researchers, clinical investigators (medical and radiation oncologists), the biopharmaceutical companies and the technology industry are mandatory in the therapeutic developments of cancer research. All medical or technical fields of this process can be concerned by this necessary relationship with pharmaceutical or other industrial companies, from translational research to clinical trials. A continued collaboration between the actors of anticancer research and the private sector is now mandatory for ensuring that the biological as well as technological developments of radiation oncology will go on.

Over the last decades, an increasing attention has been paid to conflicts of interests, as shown by public campaigns and an increasing body of law to increase awareness and prevent biases in medical decision [1–4]. Conflicts of interests are now considered a serious public health concern.

Any situations that may raise a reasonable doubt on the impartiality and independence of a professional represent the main issue in conflicts of interests. These conflicts can therefore be opposed [5–7]. The majority of the written and oral medical communication requires that a declaration of conflict of interests is stated.

All healthcare professionals of oncology are part of a public–private network where the final issue is to offer patients new treatments with an impact on their survival [8–10]. Radiation oncologists from private and public health care facilities have frequently interrupted relationships with pharmaceutical and technological industries, as they are involved in both drugs developments and radiation therapy equipment [11,12]. Three types of physicians exist in the medical network:

- those who refuse any relationship with any industry and therefore have no facility for continuing medical education, since it is partly industry-funded;
- those who are involved in biological and technological developments of radiation oncology and work with the industry but believe (declare) that they do not have any conflict of interests;
- those who do the same thing and declare their links of interests.

The purpose of this study was to examine the accuracy and type of conflicts of interests' disclosures as self-reported by physicians in two consecutive years at the American Society for Therapeutic Radiology and Oncology (ASTRO) meeting submission process.

2. Material and methods

2.1. Sources

The annual 2012 and 2013 meetings of the American Society for Radiation Oncology (ASTRO) were held from October 28th through October 31th in Miami (FL, USA), and from September 22nd through September 25th in Atlanta (GA, USA), respectively. Data was collected in 2012 [Proceedings of the American Society For Radiation Oncology. Supplement to Int J Radiat Oncol Biol Phys 2012;84(3S). www.redjournal.org] and 2013 [Proceedings of the American Society For Radiation Oncology. Supplement to Int J Radiat Oncol Biol Phys 2013;87(2S). www.redjournal.org] abstract books using an electronic case report form.

2.2. Collected data

We examined the number of abstracts, their country of origins, types of presentation, concerned cancer, designs of clinical trial, and studied how conflict of interests were reported. The various origins of abstracts were classified as following: United States of America, Europe, Asia/Pacific, Canada, Latin America, Caribbean, Africa/Middle East. For United States of America, 49 states were divided into two groups according to Eastern and Western States. Eastern States (26) were represented by Alabama (AL), Connecticut (CT), Delaware (DE), Florida (FL), Georgia (GA), Illinois (IL), Indiana (IN), Kentucky (KY), Maine (ME), Maryland (MD), Massachusetts (MA), Michigan (MI), Mississipi (MS), New Hampshire (NH), New Jersey (NJ), New York (NY), North Carolina (NC), Ohio (OH), Pennsylvania (PA), Rhode Island (RI), South Carolina (SC), Tennessee (TN), Vermont (VT), Virginia (VA), West Virginia (WV), Wisconsin (WI). Western States (23) were represented by Alaska (AK), Arizona (AZ), Arkansas (AR), California (CA), Colorado (CO), Hawaii (HI), Idaho (ID), Iowa (IA), Kansas (KS), Louisiana (LA), Missouri (MO), Montana (MT), Nebraska (NE), Nevada (NV), New Mexico (NM), North Dakota (ND), Oklahoma (OK), Oregon (OR), South Dakota (SD), Texas (TX), Utah (UT), Washington (WA), Wyoming (WY). Europe countries were divided in Northern Europe (United Kingdom, Scandinavian countries, Germany, Poland, Russia, Belgium, Netherlands, Denmark) and Southern Europe (French, Spain, Italy, Austria, Switzerland, Greece, Portugal).