

Thirty years of disclosure of conflict of interest in surgery journals

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Background. A conflict of interest (COI) creates the risk that a professional judgment will be unduly influenced by a secondary interest. In practice, the leading concern is the creation of bias by industry sponsorship. Several organizations for ethics in scientific publishing exist, and standardized disclosure forms have been developed. The aim of this study was to investigate the present status of the definition, management, and disclosure of COI in journals devoted to general and abdominal surgery.

Methods. Information on publisher, definition of COI, whether COI disclosure was mandatory, publication of the disclosure statement with the article, and when publication of disclosure statements was introduced were gathered from instructions for authors and from journal editors and presented descriptively. The hypothesis that journals with a disclosure policy have greater impact factors was tested with a Wilcoxon rank-sum test.

Results. A sample of 64 journals was investigated. In 8 journals (13%) disclosure was deemed unnecessary. In the remaining 56 journals (88%) disclosure of COI was mandatory and in 39 of these journals (61%) the COI statement was published with the article. Journals declaring COI disclosure as mandatory had a greater impact factor (0.626 vs 1.732; $P = .006$).

Conclusion. Transparency is critical to the reliability of evidence-based medicine. All efforts should be made to give the reader the maximum amount of information. We recommend that every surgeon maintain a standardized, up-to-date disclosure form. (*Surgery* 2015;157:627-33.)

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INITIAL CONCERNS ABOUT THE INAPPROPRIATE INFLUENCE OF A “MEDICAL-INDUSTRIAL COMPLEX” were raised in 1980, when medical professionals were called to put the interests of the public before those of stockholders.¹ In 1984, the *New England Journal of Medicine* became the first medical journal to require its authors to disclose all potential conflicts of interest (COI).² The first proof of an association between industrial involvement and positive outcomes of pharmaceutical clinical trials was published in 1986.³ Other terms for COI include competing interests, dual commitments, and competing loyalties. COI are a natural byproduct of the human tendency to develop interest in a variety of avenues. The concept of COI is not limited to medicine and is known to occur across academic disciplines.⁴ COI have been defined as

“circumstances that create a risk that professional judgments or actions regarding a primary interest will be unduly influenced by a secondary interest.”⁵ In practice, involvement of an industrial sponsor is the factor most likely to exert an inappropriate influence on investigator professionalism. Other interests also may affect a researcher’s professional judgement, but industry involvement represents the principal concern.^{6,7}

Surgery, with its use of medical devices, is a field with high potential for innovation. There is some evidence that trials with industry sponsorship are more likely to report positive outcomes. Therefore, transparency is of special importance for development, evaluation and regulation in surgery.^{8,9}

Several organizations aiming to identify principles of transparency and best publishing practices have been established.¹⁰⁻¹³ Among these, the Committee on Publication Ethics has developed guidelines on how best to address scientific misconduct, for instance, an unreported COI,¹⁴ whereas the International Committee of Medical Journal Editors has developed a standardized form for reporting COI. This form includes definitions of COI and provides the opportunity to generate a disclosure statement based on individual data.¹⁵ Several

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Table I. Publishers of 64 journals with a focus on general and abdominal surgery

	Commercial publishers, n = 52 (81%)										Noncommercial
	Springer	Elsevier	Wiley	Karger	LWW	Sage	Mary Ann Liebert	Informa	Minerva	Thieme	Medical societies
n (%)	15 (23%)	15 (23%)	9 (14%)	3 (5%)	3 (5%)	2 (3%)	2 (3%)	1 (2%)	1 (2%)	1 (2%)	12 (18%)

Table II. Definition of COI among 64 journals with a focus on general and abdominal surgery

Definition of COI	None	Standard	Individual
N	14	23	27
%	22%	36%	42%

COI, Conflict of interest.

publishers have created their own definitions and COI management strategies.¹⁶⁻¹⁸

Thirty years after the identification of COI as an important issue in publishing ethics, the instruments necessary for disclosure have been established. The stage therefore seems to be set for the transparent reporting of COI in surgery literature. The aims of this study were to investigate the present status of the definition, management and disclosure of COI in journals of general and abdominal surgery and to test whether COI management is associated with journal impact factor (IF).

METHODS

The 2013 Journal Citation Reports (JCR) was screened for journals that focus on general and abdominal surgery.¹⁹ All other journals, including those concentrating on other fields of surgery, were excluded.

The respective journal's homepage was used as the primary source of information. If information was lacking, the editor was consulted directly by e-mail. The following data were extracted: publisher, definition of COI, whether COI disclosure was mandatory, publication of the disclosure statement with the article, and when publication of disclosure statements was introduced. Issues were screened to check whether a disclosure statement was published with every article.

The main focus was to investigate how COI was defined and managed. The journals were classified into 3 groups according to their management of COI disclosure. In the first there was no COI disclosure, that is, the journal did not request formal disclosure as a condition of publication. Journals for which COI disclosure was mandatory but the authors' statement was not published were

assigned to the second group. In the third group of journals, COI disclosure was mandatory and the disclosure statement was published with every article even if the authors had declared no COI. This policy was defined as strict COI disclosure.

Statistical analysis. The data are presented descriptively in absolute and relative numbers. Implementation of disclosure of COI over time is described to show how disclosure policies were adopted by journals after 1984.

The study hypothesis was that journals which request or publish COI have greater IF. The IF of the journals in the three groups described above were compared in a Wilcoxon rank-sum test at a level of significance of 5% with Holm-Bonferroni correction for multiple comparisons.²⁰ Statistics were calculated with R (version 3.1.1).²¹

RESULTS

Of the 202 journals listed under "surgery" in the 2013 JCR, 64 focused on general and abdominal surgery (32%). The median IF for these journals was 1.380 (minimum 0.103, maximum 7.188). Most of the journals investigated were published by Springer or Elsevier. Another 12 journals (19%) were published by medical societies (Table I). Information regarding disclosure requirements was available online from 30 journals (47%) and was provided on request via e-mail by the editors of the remaining 34 journals (53%). Detailed information on the journals included can be found in the Appendix.

Definition of COI (Table II). Twenty-seven of the 64 journals (42%) used individual definitions of COI that were displayed in the instructions for authors. Another 23 journals (36%) used preexisting definitions mostly from ICMJE. The remaining 14 journals (22%) provided no definition. Seven of the 12 journals published by medical societies (58%) did not provide a definition of COI, compared with 7 of 52 journals (14%) from commercial publishers.

Management of COI (Table III). According to their management of COI disclosure, the journals were classified into 3 groups: No COI disclosure necessary (8 of 64 journals; 12%), COI disclosure

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