Financial Conflicts of Interest Among ASCO Annual Meeting Abstract Authors, Speakers, and Planners

Financial relationships between academic medical centers and industry are common, and there is a current debate as to how to regulate financial conflicts of interest (FCOIs) (1). Advocates of stricter regulation argue that disclosure alone does not minimize conflicts (2), but others maintain that reported misbehaviors are few and that stricter regulation would stifle medical progress and collaborations between academia and industry (3).

Among all diseases, cancer receives the most funding from the National Institutes of Health and likely from industry, as well. However, reports assessing cancer-specific FCOIs are almost nonexistent. Using the 2005 and 2006 American Society of Clinical Oncology (ASCO) Annual Meeting Programs, we tallied the number and type of FCOIs reported by those who submitted abstracts, education and abstract session speakers, and education and scientific planning committee members. Only the annual program book for 2006 included information on FCOIs for planners.

In 2005 and 2006, there were 9792 abstracts, 1355 speakers, and 301 planners listed in the programs. Twenty-seven percent of those submitting abstracts, 46.8% of speakers, and 67.4% of planners reported FCOIs. The percentage of those reporting FCOIs increased among abstract authors (22% in 2005 versus 32% in 2006) and speakers (40% in 2005 versus 47% in 2006). Table 1 shows the prevalence of FCOIs of different categories among abstract submitters, speakers, and planners and the distribution of FCOIs among the categories. Research funding accounted for less than 25% of total disclosures. Among abstracts with FCOIs, 27.4% reported one FCOI, 27.1% reported two, and 45.5% reported three or more. Among those who were speakers and/or planners with FCOIs, 35.9% reported one, 38.1% reported two, and 26% reported three or more. While disclosure was complete for abstracts and planners, 14.8% of speakers disclosed too late for program publication (20.4% in 2005; 9.9% in 2006) and this information was not included in our tally.

Additional information pertaining to FCOIs has come from the 2001 and 2002 annual meetings of the American Academy of Orthopedic Surgeons, where 41% of abstracts reported more than one FCOI, a percentage similar to the one at ASCO (4), and where presentations with FCOIs were more likely to describe positive findings (4). Furthermore, over a 17-year period, FCOIs in orthopedic research increased 10-fold (5).

While our study cannot assess the impact of FCOIs on clinical and research practices in oncology, the potential impact is considerable because ASCO’s is the premier international cancer research meeting. The fact that more than half of speakers and planners had FCOIs presented a dilemma: when FCOIs abound, should one put total trust in all of the data presented or should one view the data with caution and skepticism? Educational sessions are well attended because prominent speakers summarize new research, recommend practice guidelines, and provide expert opinions. Planners choose session topics that they believe the audience will find relevant. Not surprisingly, they are valued by the industry for scientific advice and dissemination of new knowledge. The influential roles of speakers and planners almost always involve some subjectivity. Our study found that FCOIs may not be directly relevant to the conduct of research because only about a third of the disclosures were research funding or employment. Thus, most currently reported FCOIs in oncology can be potentially avoided or minimized without harming research progress.

Our study has several limitations. First, FCOI disclosure was mandatory but unverified. Second, we used only data in the meeting program book; updated disclosures were uncounted. Third, FCOI monetary values were unreported, so value-based analysis was not feasible. Fourth, most studies reported at ASCO involved clinical or translational research; basic science researchers may present a different FCOI profile.

FCOs in oncology research are widespread and likely will endure. A dialogue among academia, industry, and the public sector must continue in order to find common ground on which to address this problem. Complete and timely disclosure of FCOIs must be required, but more stringent regulation of financial relationships in research may also be warranted.

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Table 1. Prevalence and distribution of financial conflicts of interest (FCOIs) among abstracts, speakers, and planners with disclosures

<table>
<thead>
<tr>
<th>FCOI category</th>
<th>Prevalence</th>
<th>Distribution</th>
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<tbody>
<tr>
<td></td>
<td>Abstracts (n = 2376), %</td>
<td>Speakers (n = 604), %</td>
</tr>
<tr>
<td>Research funding</td>
<td>53</td>
<td>44</td>
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<tr>
<td>Consultancy</td>
<td>55</td>
<td>68</td>
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<tr>
<td>Honorarium</td>
<td>50</td>
<td>57</td>
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<tr>
<td>Employment</td>
<td>47</td>
<td>11</td>
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<tr>
<td>Stocks</td>
<td>36</td>
<td>5</td>
</tr>
<tr>
<td>Other remuneration</td>
<td>11</td>
<td>8</td>
</tr>
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References
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