

**Peter Lurie, MD, MPH**  
**Health Research Group at Public Citizen**

Presentation before  
Committee on Conflict of Interest in Medical  
Research, Education, and Practice  
Institute of Medicine  
Washington, DC  
November 5, 2007

# Prevention vs. Treatment of Conflict of Interest



# Charge to This Committee

2) Propose principles to inform the design of policies, guidelines, and other tools to identify and manage conflicts of interest in [medical research, education, and practice] without damaging constructive collaboration with industry

# Disclosure of Conflicts of Interest of FDA AC Members

- 1997: Food and Drug Administration Modernization Act requires more extensive public disclosure of COIs
- September 2001: Public Citizen threatens the FDA with a lawsuit for failure to adequately disclose the COIs of AC members and consultants
- January 2002: the FDA drafts a guidance document with provisions for more detailed COI disclosure
- March 2007: FDA announces new draft guidance on conflict of interest
  - Recusal of members with total conflicts >\$50K
  - Members with conflicts <\$50K cannot vote
- September 2007: Congress requires 5% annual reduction in rate of COIs on FDA ACs

# Lancet Editorial

“Defenders of FDA policy say that it is difficult to find experts free of conflicts of interest. But it is hard to believe that in a country with 125 medical schools—not to mention the pool of international experts—the FDA cannot find experts who do not have financial ties with companies whose products are under review.”

# Disclosed Conflict Rates for FDA AC Members, 2001-4

	Through January 2002	After January 2002	Total
Per meeting COI rate*	77%	72%	73%
Per person-meeting COI rate**	28%	28%	28%

Recusal rate: 1%

\*Percentage of 221 meetings where at least 1 COI was disclosed

\*\*Percentage of 2947 AC member or consultant person-meetings disclosing a COI

Source: JAMA 2006;295:1921-8

# Relationship between Conflict Type and Voting Behavior

	Index Conflict	Competitor Conflict	Any Conflict
Continuous outcome	NS	NS	NS
Dichotomous	NS	NS	NS
Exclusions lead to less favorable vote	64%	77%	72%
Exclusions change vote outcome	No	No	No
Mantel-Haenszel	0.74 (0.39-1.39)	1.20 (1.12-1.28)	1.10 (1.03-1.17)
Monte Carlo	NS	P<0.05	NS

# COX-2 Advisory Committee Meeting, 2005

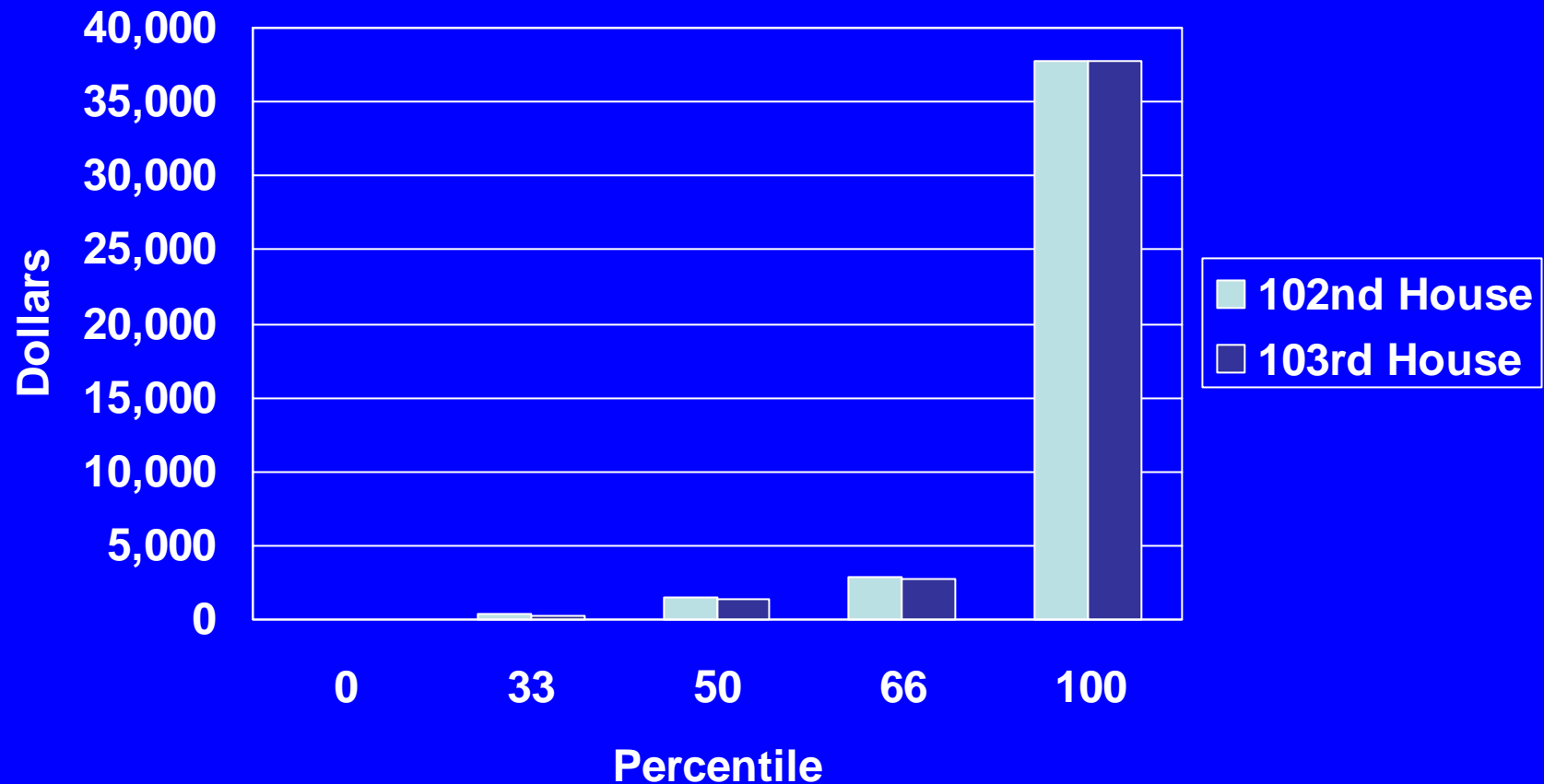
- Considered Vioxx (already removed), Celebrex, Bextra
- Sales of all three endorsed
- Votes favoring the drugs
  - 93% of consultants
  - 56% of non-consultants
- If conflicted members excluded,
  - Vioxx not recommended to return
  - Bextra recommended for removal



# Financial vs. Intellectual Conflicts of Interest

Financial Conflicts	Intellectual Conflicts
Extrinsic	Intrinsic
Variable levels	Ubiquitous
Quantifiable	Not quantifiable
Unlikely to emerge	Likely to emerge
Remediable	Non-remediable
Distinguished legally	Not distinguished legally

# Tobacco Industry Campaign Contributions, 1991-92



Source: JAMA 1994;272:1217-8

# Predictors of Sponsorship of Tobacco Control Legislation

	102 <sup>nd</sup> House	103 <sup>rd</sup> House
1 <sup>st</sup> tertile tobacco money	1.0	1.0
2 <sup>nd</sup> tertile tobacco money	3.7 (1.9-7.0)	2.4 (1.4-4.3)
3 <sup>rd</sup> tertile tobacco money	13.9 (5.1-39.0)	6.3 (2.9-13.0)
Non-tobacco state	1.0	1.0
Tobacco state	4.4 (1.0-20.0)	2.2 (0.8-6.1)
Democrat	1.0	1.0
Republican	2.4 (1.2-4.6)	3.1 (1.7-5.6)

# Public Disclosure of Pharmaceutical Company Gifts to Physicians, 2002-2004

	<b>Vermont</b>	<b>Minnesota</b>
Threshold	\$25	\$100
Trade secret exemption?	Yes	No
Electronic?	Yes	No
Reporting period	2 years	3 years
Median physician gift >\$100 (maximum)	\$177 (\$20,000)	\$1000 (\$922,239)
Total physician gifts	\$1.01 million	\$22.4 million

Source: JAMA 2007;297:1216-23

# Public Disclosure of Pharmaceutical Company Gifts to Physicians, 2002-2004

- High rates of underreporting
  - Companies report \$millions one year, nothing the next
- Responses non-standardized
  - Aggregation by physician and by gift
- Exemptions
  - Samples
  - Research studies
- Limited accessibility
  - Lack of online submissions or reports
  - Need to file lawsuit in Vermont

# Non-disclosure Continues

- Statin trials published 1999 – 2005
  - 37% no funding disclosure
- Vagus nerve stimulator review in Neuropsychopharmacology
  - No disclosure of conflicts by all 8 academics
  - First author is editor of the journal
  - Editor forced to resign

Sources: PLOS Medicine 2007;4:e184; Neuropsychopharmacology 2006;31:1345-55

# RCT of Funding Disclosure

- BMA members randomised to receive papers with and without competing interest statements
- Scale of 1-5 (lowest-highest)

	Statement	None
Interest (NS)	3.06	3.21
Importance	3.03	3.29
Relevance	3.13	3.44
Validity	2.82	3.16
Believability	3.20	3.49

# Medical Education Services Suppliers (MESSs)

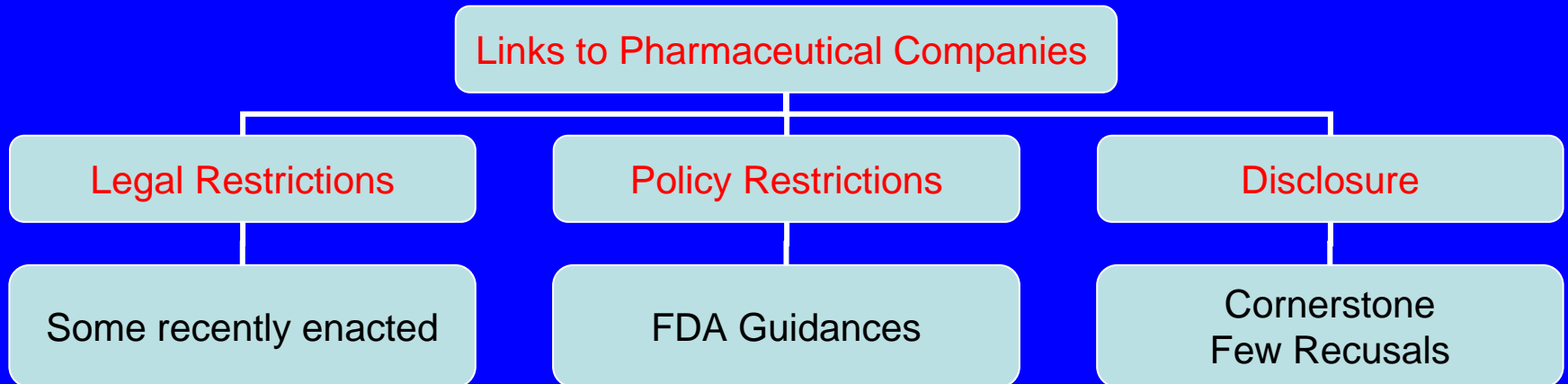
- Analysis of survey of 123 MESSs in Medical Marketing and Media
- 80 responses (65%) total; 42 (53%) with financial data
- 1999 revenue: \$643m (19% up from 1998)
- 1999: grand rounds, \$115m; symposia, \$114m; publications-related activities, \$60m
- 76% of clients are drug companies



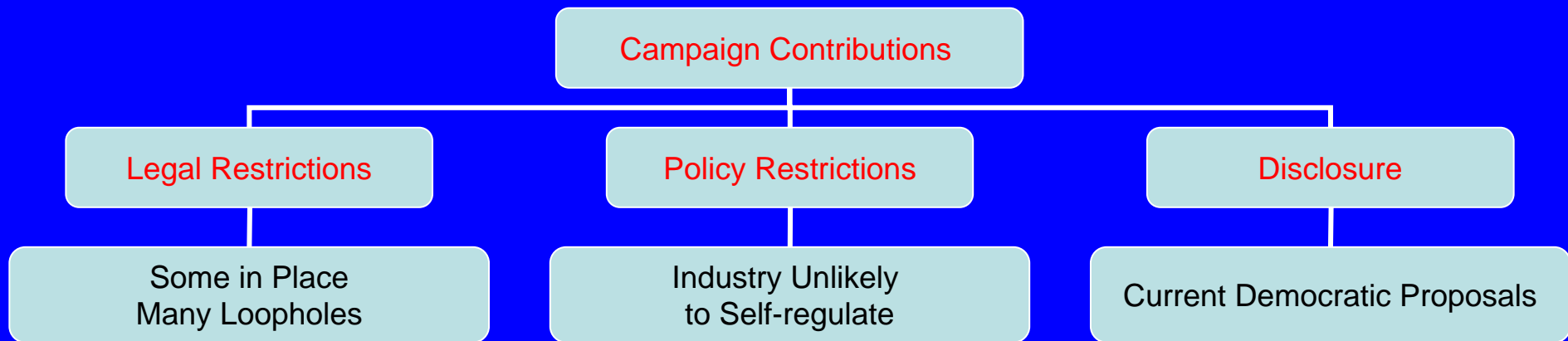
# Prevention vs. Treatment of Conflict of Interest



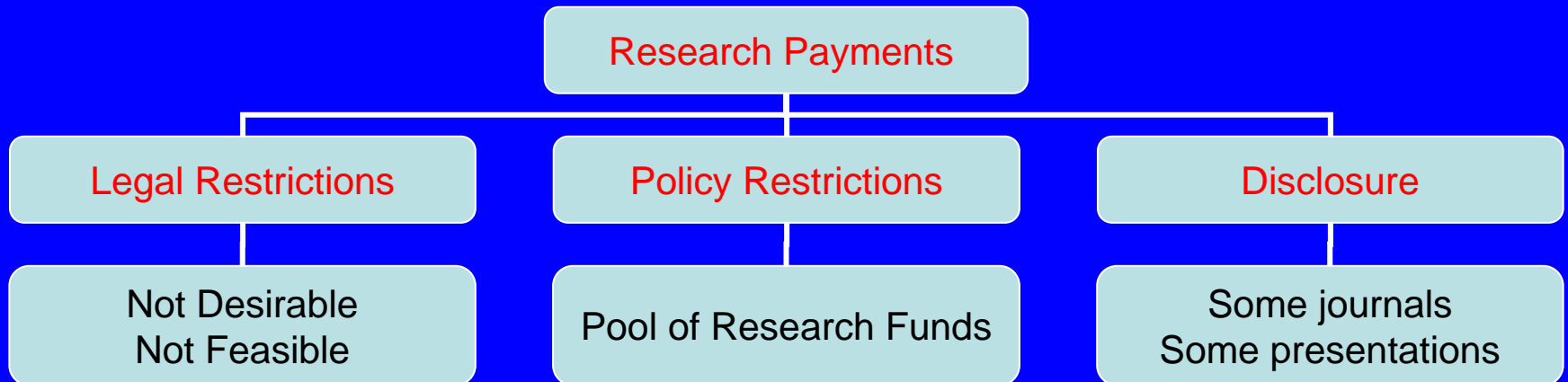
# FDA Advisory Committees



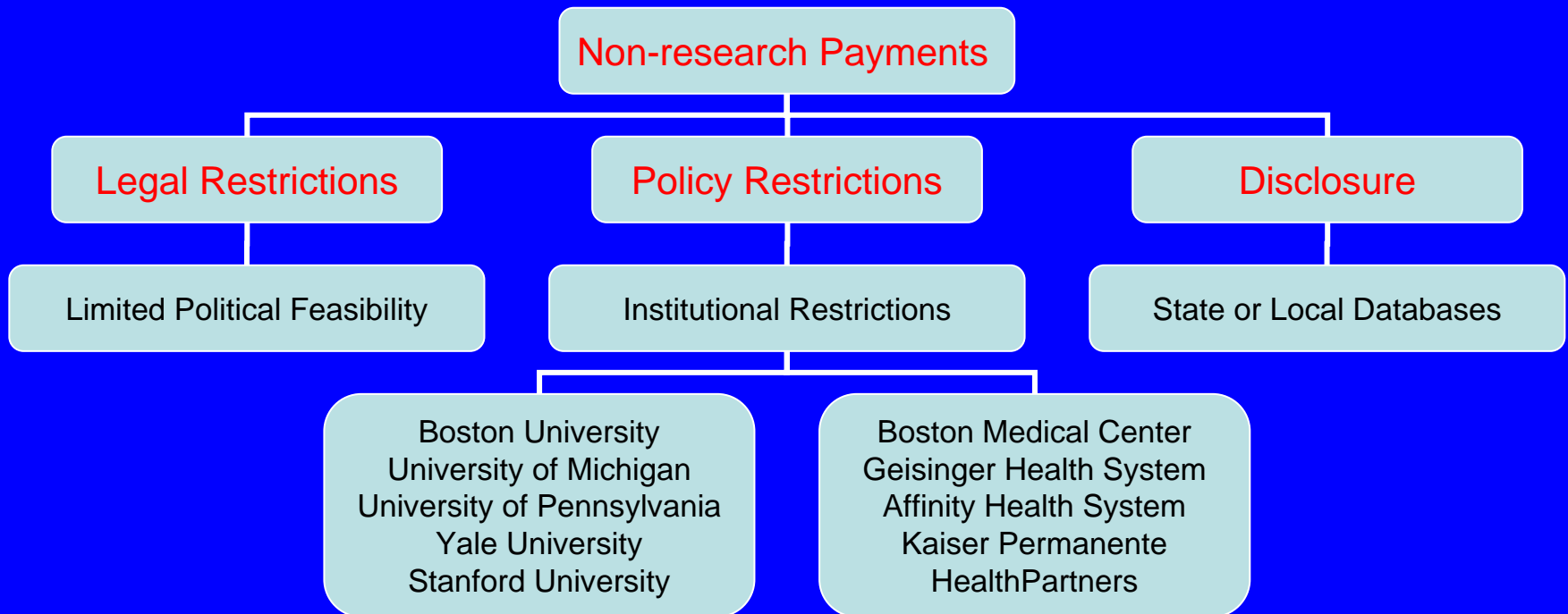
# Tobacco Industry Influence in Congress



# Research Payments to Physicians



# Non-research Payments to Physicians



# Conclusions

- There is a limited research actually linking the conflicts with the outcomes of interest
- Financial conflicts are of particular concern and merit specific attention
- In general, committees/reviewers with low or no conflicts can be assembled
- Disclosure is no substitute for prevention of conflicts when this is feasible and legal