

## **2017 Academic Surgical Congress Policy on Conflict of Interest**

### **A. Identifying Conflicts of Interest**

The ASC Conflict of Interest Committee has implemented the following process towards identifying potential conflicts of interest.

1. Members of both AAS and SUS Committees involved in the planning of the Academic Surgical Congress, including the Core Group, must provide a financial disclosure. These disclosures are sent to the committee in advance of each committee meeting/conference calls. Attendees are reminded about the disclosure policy at each committee meeting, and any committee member with a conflict is asked to recuse him or herself from the discussion of any relevant CME activities.
2. Invited faculty and moderators for the Academic Surgical Congress must provide their financial disclosures upon invitation to serve as faculty or moderator. This information is forwarded to the Conflict of Interest Committee, who then determines whether or not a potential conflict exists.
3. For abstract submissions for the scientific session, all content authors must provide disclosures upon abstract submission. Abstracts are peer reviewed in a blinded fashion by multiple reviewers and are selected for presentation based on scientific merit. All disclosures which indicate a potential conflict are provided to the Conflict of Interest Committee for review. No content author may be an employee of a commercial interest.
4. All speakers at the Academic Surgical Congress must display a list of financial disclosures on the first slide of their presentation and disclosures are printed in the final program materials.

### **B. Managing Potential Conflicts of Interest**

The ASC Conflict of Interest Committee has implemented several mechanisms to manage conflicts of interest prior to an educational activity.

1. Recusal, such as the committee member recusing him or herself from discussion of CME activities, and/or oversight by the Committee Chair.
2. The ASC Conflict of Interest Committee reviews all invited faculty and abstract author disclosures, and their respective proposed course outlines/faculty lists and abstracts. The disclosure form requires faculty/authors to provide management suggestions if there is a relationship with a commercial entity. If there is a potential conflict cited, this information is forwarded to the ASC Conflict of Interest Committee, who is responsible for determining whether or not a conflict exists and if so, how to manage this conflict.
3. If a conflict is determined, then a notice is sent via email to the faculty member/author from the ASC Program Chairs, requiring them to adhere to the management technique. Management techniques may include providing an explanation of the potential conflict, changes to the presentation, recusing him or herself from the presentation, and/or submitting the presentation in advance of the ASC for peer review (additional details are listed on the next page).
4. Session Moderators will be notified which faculty were reviewed for potential conflict and are asked to observe the presentations and make note of commercial bias. If any is perceived, this is immediately reported to the ASC staff and the Moderator should also take steps to clarify this during the actual session by asking the faculty member/presenter to provide an explanation.
5. All ASC attendees are asked to make note of perceived commercial bias in the immediate post activity evaluations. The ASC Conflict of Interest Committee will investigate substantive concerns.

## Resolution of Conflicts of Interests

**The methods PESI, Inc. and the Academic Surgical Congress use to resolve conflicts of interest include, but are not limited to, the following:**

**1) Altering financial relationships:** An individual may change his/her relationships with commercial interests, e.g., discontinue contracted services, and in doing so, no duty, loyalty, or incentive remains to introduce bias into the CME content. When an individual terminates a relationship, it is immediately not relevant to conflict of interest, but it must be disclosed to the learners for 12 months.

**2) Altering control over content:** An individual's control of CME content can be altered in several ways to remove the opportunity to affect content related to the products/services of a commercial interest. These include:

- *Choosing someone else to control that part of the content* - If a proposed teacher/author has a conflict of interest related to the content, choose someone else who does not have a relationship to the commercial interests related to the content.
- *Changing the focus of the CME activity* - The CME provider can change the focus of the activity so that the content is not relevant to the products/services of the commercial interest that is the basis of the conflict.
- *Changing the content of the person's assignment* - The role of a person with a conflict of interest can be changed within the CME activity so that he/she is no longer teaching about issues relevant to the products/services of the commercial interest. For example, an individual with a conflict of interest regarding products for treatment of a disease state could address the pathophysiology or diagnosis of the disease rather than the therapeutics.
- *Limiting the content to a report without recommendations* - If an individual has been funded by a commercial company to perform research, the individual's presentation may be limited to the data and results of the research. Someone else can be assigned to address broader implications and recommendations.
- *Limiting the sources for recommendations* - Rather than having a person with a conflict of interest present personal recommendations or personally select the evidence to be presented, limit the role of the person to reporting recommendations based on formal structured reviews of the literature with the inclusion and exclusion criteria stated (evidence-based). For example, the individual could present summaries from the systematic reviews of a peer reviewed source.

**3) Removing or changing references to products/services of a commercial interest** - Delete portions of the presentation that reflect bias, or add comparative data about products/services of other companies.

**4) Attestation:** Persons who indicate the existence of financial relationships (potential of actual conflicts of interest) are asked to agree in writing to limit practice recommendations to those based on the best available evidence (or absence of evidence) and that such recommendations be consistent with generally accepted medical practice.

**5) Peer evaluation:** The program director or an informed peer reviews the proposed presentation prior to the CME activity to determine whether a conflict exists. The reviewer reports findings to staff, who takes steps to resolve any conflict. The reviewer monitors the presentation for bias.

**6) Independent content validation:** Scientific abstracts or free-standing papers or articles in enduring materials are peer-reviewed or judged against predetermined criteria to ensure the data supports the conclusions before they are accepted for presentation or publication. Similarly, individuals working together to do reviews of activity content can resolve conflicts of interest by ensuring the content is valid, aligned with the interests of the public, and:

- *Recommendations involving clinical medicine are based on best available evidence* - evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- *Scientific research referred to, reported, or used* in a CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.

**7) Elimination:** Activity Directors, activity planning committee members, and/or teachers/authors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from consideration as resources (committee members, teachers, authors, etc.) in CME activities. Individuals involved with planning CME activities must recuse themselves from discussing and voting on activities that have potential financial gain to them.