

Conflict of interest in medical journals

John Dowden

Editor
Australian Prescriber

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Competing interests are everywhere. Everyone has a range of interests and these interests have the potential to conflict with each other. These conflicts are of particular concern in medical publishing because biased information can have adverse effects on practice. The competing interest may be personal, academic or intellectual, but most attention is paid to direct financial conflicts of interest.¹ For many medical journals, particularly those focused on therapeutics, the influence of the pharmaceutical industry has to be considered.

There is evidence of the widespread influence of the industry. A systematic review found that 23–28% of academic investigators receive industry funding, and industry-funded studies are likely to produce pro-industry conclusions.² An Australian study of 1500 clinicians found that while only 6% had been paid by industry, 23% had served on an industry advisory panel, 52% had accepted travel sponsorship and 96% had accepted gifts.³ The gifts that have been commonly offered to Australian medical specialists include food and items for the office or for personal use.⁴

Conflicts of interest may be hidden or not reported. A review of 29 meta-analyses of 509 drug trials found that the authors' financial interests were only disclosed in 26% of the trials. None of the meta-analyses reported on the financial links between authors and industry in the trials they analysed.⁵ A 2011 review of guidelines listed by the National Health

and Medical Research Council found that only 15% had published conflict of interest statements.⁶ While many Australian universities have policies on conflicts of interest, few require their staff to make regular declarations of their interests.⁷

Asking authors to declare their interests over the previous three years is one way medical journals identify competing interests. The International Committee of Medical Journal Editors has produced a standard form authors can use.¹ Since 1996, *Australian Prescriber* has been asking authors to declare any conflicts of interest. This policy was later extended to include the specialist referees who review the articles. The members of the Editorial Executive Committee have to make annual declarations of their interests in accordance with the policies of our publisher NPS MedicineWise.

The International Society of Drug Bulletins (ISDB), of which *Australian Prescriber* is a founder member, encourages its members to have policies on conflicts of interest. Members without their own policies can use an adapted version of the conflict of interest form produced by the International Committee of Medical Journal Editors. There is, however, now a view within ISDB that this is insufficient to prevent the publication of possibly biased information. A proposal that member bulletins should not publish material written by authors with competing interests is being considered. This would include the editorial team as well as external authors. While only publishing articles written by authors with no competing interest is a noble aim, is it practical?

In the 1990s, the *New England Journal of Medicine* decided that authors of its editorials and review articles should have no financial interests in the companies whose products are discussed in the journal. This policy had to be revised in 2002 because of the difficulties in finding authors with no conflicts of interest. In a two-year period the journal was only able to publish one article about a new drug therapy.⁸ If finding authors with no conflict of interest is difficult in the USA, with its huge population, how hard will it be in Australia? With limited access to other sources of funding, it is highly likely that anyone involved in researching new drugs in Australia will have received some support from a pharmaceutical company.

During 2014 *Australian Prescriber* published 35 editorials and articles. In 11 of these, one or more authors declared an interest. Should we be as

From the Editor



Welcome to the 40th anniversary year of *Australian Prescriber*. While there have been many advances since 1975, the clinical challenges are similar. Mary Stewart and Kirsten Black advise on how to choose a combined contraceptive pill, while Barry McGrath discusses the diagnosis of hypertension.

Vitamin D testing is more frequent nowadays, but Paul Glendenning explains the problems in measuring vitamin D concentrations. Measuring the QT interval on the ECG can also be problematic and Geoffrey Isbister reviews the risks related to QT prolongation.

1975 also saw the first publication of the bulletin of the Adverse Drug Reactions Advisory Committee in *Australian Prescriber*. The successor to that publication, Medicines Safety Update, has appeared in *Australian Prescriber* since 2010, but this issue will be the last in print. Medicines Safety Update will continue to be available on the website of the Therapeutic Goods Administration.

All our authors are asked to declare any conflicts of interest. While this was not routine practice in 1975, it is a common cause for concern in modern medical publishing. Managing any competing interests is one way *Australian Prescriber* will continue to provide independent information 40 years on.

concerned about an author who declares funding from the National Health and Medical Research Council as we might be about someone who obtains research funding from a pharmaceutical company? What about an author who works in an academic institution that holds a global licence for a product? Should we exclude someone who is an adviser to the Therapeutic Goods Administration, but has also been an adviser to industry? There are many possible questions about potential conflicts of interest, but the Editorial Executive Committee believes that those 11 articles should still have been published.

While publishing declarations of interest at the end of articles may not solve all the difficulties of competing interests, it informs readers. Journal readers are quick

to comment if their perceptions about a conflict of interest differ from those of the authors.⁹⁻¹²

The Editorial Executive Committee does not think it should refuse to deal with people who may be very knowledgeable about a treatment because they have participated in industry-funded research. Often their expertise is the source of the conflict. Although assessing conflicts of interest can be difficult, the Editorial Executive Committee believes that the disclosure and peer-review processes of *Australian Prescriber* should mitigate the risk of bias.

Competing interests are everywhere, but they can be managed. <

John Dowden is Editor of Australian Prescriber.

REFERENCES

1. International Committee of Medical Journal Editors. Conflicts of interest. www.icmje.org/conflicts-of-interest/ [cited 2015 Jan 7]
2. Bekelman JE, Li Y, Gross CP. Scope and impact of financial conflicts of interest in biomedical research: a systematic review. *JAMA* 2003;289:454-65.
3. Kerridge I. Experts and competing interests. In: Phillips S, Komesaroff P, Kerridge I, Hemming M. Independent therapeutic advice: How achievable is it? *Aust Prescr* 2013;36 Suppl 2:S28-31.
4. McNeill PM, Kerridge IH, Henry DA, Stokes B, Hill SR, Newby D, et al. Giving and receiving of gifts between pharmaceutical companies and medical specialists in Australia. *Intern Med J* 2006;36:571-8.
5. Roseman M, Milette K, Bero LA, Coyne JC, Lexchin J, Turner EH, et al. Reporting of conflicts of interest in meta-analyses of trials of pharmacological treatments. *JAMA* 2011;305:1008-17.
6. Williams MJ, Kevat DA, Loff B. Conflict of interest guidelines for clinical guidelines. *Med J Aust* 2011;195:442-5.
7. Chapman S, Morrell B, Forsyth R, Kerridge I, Stewart C. Policies and practices on competing interests of academic staff in Australian universities. *Med J Aust* 2012;196:452-6.
8. Drazen JM, Curfman GD. Financial associations of authors. *N Engl J Med* 2002;346:1901-2.
9. Lloret-Linares C, Bergmann JF, Mouly S. Novel melatonin-based treatments for major depression [letter]. *Lancet* 2012;379:216.
10. Carroll BJ. Novel melatonin-based treatments for major depression [letter]. *Lancet* 2012;379:216.
11. Jureidini J, Raven M. Novel melatonin-based treatments for major depression [letter]. *Lancet* 2012;379:216-7.
12. Hickie IB, Rogers NL. Novel melatonin-based treatments for major depression [letter]. *Lancet* 2012;379:217-8.

Letters to the Editor

Janus kinase inhibitors - holistically seeing two faces

Editor, - I was interested to read the recent article on Janus kinase inhibitors by Paul Kubler (*Aust Prescr* 2014;37:154-7). In addition to being pro-cancer, the Janus kinase-Signal Transducer and Activation of Transcription (JAK-STAT) pathway is part of a central physiological pro-survival mechanism.¹ Thus pharmacological targeting of this signalling cascade may pose potential threats, for example to cardiac integrity.² Targeting JAK-STAT will also potentially challenge neuroprotection.³ Conversely, activation of JAK-STAT is proposed as a tangible approach to managing heart disease.⁴

The message is that there is a clinically highly relevant 'crossroads' between physiology and cancer, thus maintaining the truly holistic viewpoint. Therefore treatments aimed at targeting cancer necessarily target normal tissues and in turn define

burgeoning fields within cancer-related therapy such as cardio-oncology. Activating a pro-survival pathway such as JAK-STAT therapeutically to manage heart disease removes a barrier in the multiple-step process of oncogenesis. Targeting the JAK-STAT pathway is in a sense 'non-specifically specific'. The target may be a defined one, but the target itself is universally expressed.

Future developments in therapeutics must be designed to be 'specifically specific' to the disease target to be effective, yet with little fear of resultant adverse reaction.

John A Loudon
Dental practitioner
Baulkham Hills
NSW

REFERENCES

1. Loudon JA. A novel pro-survival model for cancer under environmental challenge: the 'heart-felt' message for therapeutic intervention. *Oncol Res* 2011;19:407-43.



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