I'm Conflicted. Are You?

In recent weeks, *The New York Times* has run a series of articles alleging serious conflict of interest issues at one of our most revered and respected institutions in cancer care and research, with details on questionable activities of highly accomplished colleagues we all know and love. It has been hard to read and difficult to think about. This editorial will not weigh-in on those specific issues, but the events have certainly made me reexamine my own activities and the role our institutions and professional societies take in ensuring transparency and disclosure.

Conflict of interest is real and present everywhere. Studies have shown that even a cheap plastic “give away” pen can influence our thinking. It's not surprising that grant support and compensated consulting agreements for industry would have an effect. The issue is not in getting rid of conflict of interest but in managing it. For the most part, this has been handled by disclosure: reporting potential conflicts and allowing the audience to determine whether the conflict is significant. But most journal readers and conference attendees are trying to learn. They have little interest in conducting further research to determine whether interpretation of a study might have been influenced by payments.

I believe NCCN does a good job of monitoring the disclosures of panel members to ensure “de minimus” requirements are being met for aggregate and individual payments from for-profit entities. NCCN even crosschecks against public records, and some panel members have been excused for exceeding the recommended limits. I'm happy they are doing this. As an NCCN Panel Chair, it saves me the trouble and reassures me that I'm in compliance.

Even the perception of conflict of interest can be an issue. When I was on the FDA's Oncologic Drugs Advisory Committee, I was often recused from decisions even when I didn't think there was any conflict at all. As Deputy Director of a major cancer center, I was considered in conflict if the sponsor had conducted a clinical trial at my institution with a drug under FDA review even if I was not an investigator. It's a bit extreme, but it certainly eliminated the problem!

I made a decision early in my career to not take stock options or personally invest in pharmaceutical companies that manufactured cancer drugs. I thought it would be inappropriate for me to do that while I was caring for patients and prescribing drugs. Now, arguably, my practice alone probably wouldn't have any meaningful effect on anyone's portfolio, but it was the principle that mattered to me.

These recent public events have highlighted several issues. First, voluntary disclosure is not enough. People may fail to disclose relationships for many reasons. They may not think the association is relevant, or perhaps they may have forgotten about the activity, or perhaps they really do want to try to hide something. Second, any professional organization that has a conflict of interest policy needs to establish, as NCCN has, some form of an active compliance program. It is too bad that it has come to this, because this kind of program costs time and money. But the public expects better of us. We are all human, and humans make mistakes, but it's time to get back on track and set our records straight. The trust the public gives us requires it.

Margaret Tempero, MD

Margaret Tempero, MD, is a Professor of Medicine and Director of the UCSF Pancreas Center and editor-in-chief of *JNCCN*. Her research career has focused on pancreatic ductal adenocarcinoma, especially in the area of investigational therapeutics. Dr. Tempero has served on the ASCO Board of Directors and as ASCO President. She currently serves on the ASCO Conquer Cancer Foundation Board. She codirected the AACR/ASCO Methods in Clinical Cancer Research and taught this course and similar courses in Europe and Australia. She was founding Chair of the NCI Clinical Oncology Study Section and served as a member and Chair of the NCI Board of Scientific Counselors Subcommittee A. She is a member of the Scientific Steering Committee and Chair of the Clinical and Translational Study Section for the Cancer Prevention & Research Institute of Texas. She is or has been on the Scientific Advisory Boards of the Lustgarten Foundation, the Pancreatic Cancer Action Network, the V Foundation, The Alberta Canada Cancer Board, and the EORTC. She served as a member of the Oncology Drug Advisory Committee for the FDA. She has served as Deputy Director and Interim Director for the UNMC Eppley Cancer Center. She is Chief Emeritus of the Division of Medical Oncology at UCSF and served as the founding Deputy Director and Director of Research Programs at the UCSF Helen Diller Family Comprehensive Cancer Center.

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