



Congress of
Neurological
Surgeons

AANS/CNS Joint Guidelines Review Committee Conflict of Interest Policy

The following American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS) Joint Guidelines Review Committee Conflict of Interest Policy refers to, is in agreement with, and derives from, the following pre-existing documents and policies:

- (A) Joint Statement on the Guidelines on Neurosurgeon-Industry Conflict of Interest, AANS/CNS, May 2008
- (B) AANS Governance Conflict of Interest Policy, approved by the AANS in August 1996 and adopted by the CNS in September 2008

As a basic principle(s), the AANS/CNS Joint Guidelines Review Committee (JGRC) recognizes and acknowledges that:

- (1) Neurosurgeons and other multidisciplinary neurosurgery practice colleagues are necessary collaborators with industry for technical innovation by providing ideas and feedback, conducting research trials, serving on advisory boards, and serving as faculty to teach the use of new technology related to neurosurgical practice. Neurosurgeons with innovative ideas to improve patient care rely on industry to bring their creative ideas to practical application in the healthcare market. However, the collaborative relationship between neurosurgeons and industry must be structured to avoid pitfalls of improper inducements or incentives.
- (2) In their daily practice and in their duty to neurosurgery professional service through participation in the construction of evidence-based, and evidence-linked, clinical practice parameter guidelines, neurosurgeons and other multidisciplinary neurosurgery practice colleagues must be guided by ethical principles upon which clinical care decisions are recommended, and made, for the sake of optimal patient care.
- (3) A potential conflict of interest exists whenever professional judgment concerning evidence-based, and evidence-linked, clinical practice parameter guideline recommendations has a reasonable chance of being influenced by the self-interest of the neurosurgeon or other multidisciplinary neurosurgery practice colleague.
- (4) Within the JGRC scope of responsibility and practice, a conflict of interest may exist with the review and approval/endorsement of internally or externally developed evidence-based clinical practice guidelines.
- (5) When faced with a potential conflict of interest that cannot be resolved, a neurosurgeon or other multidisciplinary member of the JGRC should consult with the AANS and/or the CNS to decide whether a conflict of interest exists and how best to address that conflict.
- (6) The major means of addressing potential conflict of interest within JGRC reviews include:
 - a. Regular documentation and complete, transparent disclosure of potential conflicts

- b. Mitigation of potential conflict of interest by one or several of the following:
 - i. Recusal from the review of portions of evidence-based, and evidence-linked, clinical practice parameter guidelines that relate to areas where the conflict exists.
 - ii. Recusal from portions of JGRC oversight and approval discussions regarding evidence-based, and evidence-linked, clinical practice parameter guidelines under review by the JGRC.

While it is not possible to list every circumstance that may give rise to a possible or perceived conflict of interest, the following serves as a guide to the types of activity which might cause conflicts and which should be fully reported:

- (1) Ownership or any proprietary or other financial interest in any outside concern which will have their business potentially affected by the conclusions and/or recommendations of an evidence-based, and evidence-linked, clinical practice parameter guideline reviewed by the JGRC.
- (2) Rendition by an Affected Party of directive, managerial or consultative services for profit to any outside concern that does business or seeks to do business with the AANS and/or the CNS, except if such services are rendered with the knowledge and consent of the AANS and/or the CNS.
- (3) Acceptance by an Affected Party of gifts, loans (other than from an established banking or financial institutions), entertainment, or other substantial favors from any outside concern which will have their business potentially affected by the conclusions and/or recommendations of an evidence-based, and evidence-linked, clinical practice parameter guideline reviewed by the JGRC.
- (4) Other activities which may give rise to potential conflicting interests include — for illustrative purposes only:
 - a. Service as director, officer or committee chair of another medical association or organization with a vested interest in the evidence-based, and evidence-linked, clinical practice parameter guideline reviewed by the JGRC.
 - b. Any interest in, sponsorship or promotion of any commercial venture including, but not limited to, development of drugs, devices or instruments, medical writing, audio or video tapes, or electronic media that might be affected by the conclusions and recommendations of an evidence-based, and evidence-linked, clinical practice parameter guideline reviewed by the JGRC.
 - c. Receipt of support for research activities from government, commercial or private sources that involve issues and subject matter covered by recommendations of an evidence-based, and evidence-linked, clinical practice parameter guideline reviewed by the JGRC.
 - d. Acceptance of support from commercial sources with the intent or understanding that a commercial product will be promoted by the recommendations of an evidence-based, and evidence-linked, clinical practice parameter guideline reviewed by the JGRC.
 - e. Ownership of stock or stock options, or a partnership, in any medical device company that is mentioned in the recommendations of an evidence-based, and evidence-linked, clinical practice parameter guideline reviewed by the JGRC.

As specific practical corollaries, the JGRC acknowledges and requires that:

- (1) All members of the JGRC should complete and submit the AANS Conflict of Interest Disclosure Statement and Declaration forms annually.
- (2) All members of assigned JGRC Subcommittees involved in the review of an evidence-based, and evidence-linked, clinical practice parameter guideline will complete and submit a guideline-specific COI form, which will remain on file
- (3) Based on item (2) above, the JGRC Subcommittee Lead Reviewer, in conjunction with the JGRC Chair, may:
 - a. Recuse the JGRC member from participating in discussions relating to critique, feedback and approval of portions of the evidence-based, and evidence-linked, clinical practice parameter guideline.
 - b. Disqualify the JGRC member from participating in the review of the evidence-based, and evidence-linked, clinical practice parameter guideline altogether.

Apparent conflicts of interest are acknowledged as inevitable based on differential subject matter expertise and the need for medical innovation and progress within an environment that absolutely requires collaboration and cooperation with industry to effect advances in patient care. Effective management of these conflicts, at a minimum, requires full, transparent disclosure and may necessitate recusal of the party concerned from all or a portion of the involved process.