Transparency or Independence in Conflict of Interest Disclosures

To the Editor  
Boothby et al observed that slides disclosing conflicts of interest at the meeting of the American Society of Clinical Oncology were displayed at a speed so fast that they exceeded the range of comprehension for most readers. The solution could be to extend the time of the disclosure slide. This is not discovering warm water because the last sentence of the article, which ended with “if disclosure is the major objective,” is very stimulating and rightly questioned the rational for disclosure.

Indeed, disclosing conflicts seems to be used for dissolving them. Physicians who openly acknowledge their ties tend to make even more extravagant claims about product safety and efficacy, and patients tend to view physicians who declare their ties as particularly “honest.” Moreover, the Sunshine Act exempts authors from reporting several types of payments. Accordingly, disclosure could be a tricky smokescreen.

Transparency is only a tool. Independence is the goal. No one can ignore the fact that pharmaceutical company sponsorship of trials is associated with reduced likelihood of reporting unfavorable results. Misrepresentation of the effectiveness and harms through selective reporting, duplicate publication, and underreporting is evidence-based. Conflict of interests also influence guideline authors in counterproductive ways.2

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CORRECTION

Error in Results Section: In the article “Postoperative Radiotherapy Patterns of Care and Survival Implications for Medulloblastoma in Young Children” by Kann et al, there was an error in the second paragraph, third sentence of the Results section. The percentage “8.1%” should have read “7.3%.” “PORT deferral increased from 2004 to 2012 (odds ratio [OR], 1.15 per year; 95% CI 1.07-1.24 per year), from a low of 7.3% in 2005 to a high of 27.3% in 2012 (Figure 1).” The article has been corrected online.