**CPP Conflict of Interest (COI) Policy for Task Force Participation**

**Disclosure of Relationships with Industry and Other Entities**

Task Force members must disclose all personal and immediate household member[[1]](#footnote-2) relationships with industry[[2]](#footnote-3) and other entities[[3]](#footnote-4) as described below.

Disclosures must be made for the 3-year period prior to the first meeting of the Task Force, and yearly until one year after publication of the Practice Parameter. Task Force members are requested to avoid, to the extent possible, changes related to conflicts from the time of appointment to the Task Force until publication of the Practice Parameter. They must verbally disclose any relevant relationships at the beginning of all conference calls and meetings. Employees of industry, part-time or full-time, are prohibited from serving on a Task Force.

**Relationship Types**

1. Consultant: Relationships for which honoraria are received from private-sector payers, pharmaceutical, device, or other mission-related companies; gifts or other consideration; or “in kind” compensation, for consulting, lecturing, traveling, service on advisory boards, including federal, state, or local government agencies such as the Centers for Medicare & Medicaid Services or the U.S. Food and Drug Administration.
2. Speaker or Member of Speakers’ Bureau: Honoraria or fees received directly from industry for lecturing. Honoraria or fees received from an accredited continuing medical education program organized through a certified educational organization need not be disclosed.
3. Guest/Customer: Food, beverage, and gifts ≥ $1000 annually must be disclosed.
4. Ownership/Partnership/Principal: Stock holdings, stock options, ownership, partnership, membership, or other equity positions, options or rights to acquire positions, rights and/or royalties in patents or other intellectual property. Ownership of interests in diversified mutual funds is excluded from this designation and need not be reported.
5. Personal Research: Roles as principal investigator (PI), co-PI, or investigator at a local, national or international level; steering committee member or consultant for grants pending, awarded or received (including commercially funded, National Institutes of Health or other federal agency-funded, and university-managed grants); data monitoring committee, clinical event adjudication committee and other operational activities related to research. This includes receipt of drugs, supplies, equipment and other in-kind support when the individual has direct decision-making responsibility for allocated resources or proceeds. This relationship should be reported by the individual even when funds are budgeted to an institution.
6. Employment or Salary Support: Full or partial employment or grant support of salary, position, or program; may also include pension or benefits received from prior employment.
7. Institutional or Organizational: Relationships between industry and an institution or organization with which the individual is affiliated when the individual is involved in the relationship. This category includes when the funds are provided to an academic institution or organization and are designated for use by the individual, such as an individual participating as a coinvestigator or subsidiary investigator for which another individual is designated as the grant awardee or PI. When industry funds an institution for other purposes (e.g., to support a program or fellowship), the determining consideration is whether the reporting individual has decision-making responsibility over the funds.
8. Expert Witness: Legal proceedings in which the individual served as a consultant, expert or deposed witness, whether compensated or uncompensated, should be disclosed, reporting the year of involvement, alignment with the plaintiff or defendant, the topic of the case/testimony, and whether or not the matter proceeded to trial, consistent with HIPAA or confidentiality agreements.
9. Transmission of Health Care Information: Compensation for transmission of health care information outside of the primary workplace (e.g., authorship, editorial work).
10. Leadership Positions in Professional Societies, Not-for-profit organizations: Trustee, Director, Officer, Council, or Committee Chair.

**Open Payments Data Review**

ASA staff will review the Open Payments database maintained by the Centers for Medicare & Medicaid Services for any disclosure applicable to Task Force members. This review will be conducted annually from Task Force appointment to publication to identify any undisclosed relationships or other inconsistencies in reporting.

**Relevance to Task Force Topic and Conflicts of Interest**

A person has a relevant relationship which is considered a conflict of interest when 1) the relationship or interest relates to the same or similar subject matter, intellectual property, or asset, topic, or issue addressed by the Task Force; or 2) the company/entity with whom the relationship exists makes a drug, drug class, or device addressed by the Task Force, makes a drug or device that competes for use with a product addressed by the Task Force; or 3) the person or household member has a reasonable possibility of financial, professional, or other personal gain as a result of the issues or content addressed by the Task Force – *and*is judged to create a risk that a relationship will have the actual or perceived potential to influence a person’s judgment.

While all relationships with industry and other entities must be reported, the relationships will be evaluated by the chair, the vice chair, and a member of the Committee on Practice Parameters (CPP) chosen by the chair; ASA counsel; and methodologists to determine relevance to the practice parameter and whether it is considered a conflict of interest. Task Force members are requested to not add new relevant relationships, to the extent possible, with industry or other entities during the review and writing process. New relationships must be reported to the Chair of CPP and the Chair or Co-Chair of the Task Force. Disclosures will be retained in ASA’s conflict of interest system.

**Task Force Composition and Conflicts of Interest**

1. Chair or co-chairs: The chair or co-chairs should have no relevant relationships which are deemed a conflict of interest.
2. Task Force (chair, co-chair, and other members): At least half must be free of conflicts of interest.

**Management of Conflicts of Interest**

For determining eligibility to draft and vote on recommendations, the following considerations apply to Task Force members:

* Task Force members with no conflicts of interest will participate in discussion, drafting, and voting on recommendations.
* Task Force members with conflicts of interest may participate in discussions and drafting but should be recused from voting on recommendations pertinent to those conflicts of interest.

**Public Disclosure of Relationships with Industry and other Entities**

Relevant relationships with industry and other entities of Task Force members will be published in the document appendix.

1. Partner with whom participant has lived for ≥ 1 year in the same home. Dependent or any other related person (by blood or marriage) with whom participant has lived for ≥ 1 year in the same home. [↑](#footnote-ref-2)
2. Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. [↑](#footnote-ref-3)
3. Government entities, not-for-profit institutions, and organizations. [↑](#footnote-ref-4)