Conflict of Interest (COI) Policy for Guidelines

Purpose

In order to ensure that Hypertension Canada's guidelines are free from undue influence or bias, any group(s) that are engaged in guidelines development activities within Hypertension Canada must follow this policy. Proper management of COI improves transparency and strengthens organizational credibility.[1]

Scope

This policy applies to all members of the groups that are engaged in the development of Hypertension Canada's guidelines.

Policy

Table 1: Definitions and Types of Conflicts[2]:

Term	Definition
Disclosure	Signed declaration of financial and intellectual interests related to health care; the person reporting does not make judgments about whether an interest represents a conflict.
Conflict of Interest	Any declared interest that may affect or be perceived to affect objectivity and independence.
Type of Conflicts	
Active	A professional position, financial holding, or any other formal association that is ongoing (within last calendar year).

[1] The principles and policies outlined below are adapted from the Guidelines International Network (GIN), the American College of Physicians (ACP), Kidney Disease: Improving Global Outcomes (KDIGO), and the Canadian Society of Nephrology (CSN).

[2]Disclosure of Interests and Management of Conflicts of Interest in Clinical Guidelines and Guidance Statements: Methods From the Clinical Guidelines Committee of the American College of Physicians. *Annals of Internal Medicine* 2019;171(5):354-61. doi: 10.7326/m18-3279 %m 31426089.

Inactive	A professional position, financial holding, or any other formal association within the past 3 years, not including current calendar year.
Financial	Any payments or compensation of monetary value received in exchange for services, or any financial value derived from holdings.
Intellectual	Attachment to academic ideas or activities that create the potential for cognitive biases, or attachment to a specific viewpoint. These relate to such issues as academic advancement, clinical revenue streams, or community standing.

Table 2: General principles for adopting and managing COI[3]:

Principle 1: Guideline developers should make all possible efforts to not include members with direct financial or relevant indirect COI.

Principle 2: The definition of COI and their management applies to all members of a guideline development group, regardless of the discipline or stakeholders they represent, and this should be determined before a panel is constituted.

Principle 3: A guideline development group should use standardized forms for disclosure of interests.

Principle 4: A guideline development group should disclose interests publicly, including all direct financial and indirect COI, and these should be easily accessible for users of the guideline.

Principle 5: All members of a guideline development group should declare and update any changes in interests at each meeting of the group and at regular intervals (for example, annually for standing guideline development groups).

[3] Guidelines International Network: Principles for Disclosure of Interests and Management of Conflicts in Guidelines. *Annals of Internal Medicine* 2015;163(7):548-53. doi: 10.7326/m14-1885 %m 26436619.

Principle 6: Chairs of guideline development groups should have no direct financial or relevant indirect COI. When direct or indirect COI of a Chair are unavoidable, a Vice-Chair with no COIs who leads the guideline panel should be appointed.

Principle 7: Experts with relevant COIs and specific knowledge or expertise may be permitted to participate in discussion of individual topics, but there should be an appropriate balance of opinion among those sought to provide input.

Principle 8: No member of the guideline development group deciding about the direction or strength of a recommendation should have a direct financial COI.

Principle 9: An oversight committee should be responsible for developing and implementing rules related to COI.

1. The principles outlined in Table 2 should be, in general, endorsed and adopted by any groups that are engaged in the development of Hypertension Canada's guidelines.
2. Any members (Principle 2) who have COIs that conflict with specific topics being addressed in the guidelines will be limited to participating in the discussion only.
3. The standardized form (Principle 3) should be a requirement for all participants that are engaged in the development of Hypertension Canada's guidelines.
4. COI should be publicly available (Principle 4) on the Hypertension Canada website.
5. COI (Principle 5) should be obtained from all participants in guidelines groups upon initial appointment. Additionally, any participant in a guidelines group should update disclosures before each decision-making working group meeting. At the beginning of each meeting, the COI slide will be shown and will be read by the Co-Chairs and they will invite group members to disclose their updated conflicts.
6. The Guidelines Committee Co-Chairs should attempt to adhere to Principle 6; however, this may not always be possible. Exceptions should be reviewed ad hoc by the office.
7. When voting, (Principle 8) any participants who have a direct financial COI that relates to the guidelines topic at hand will not be able to participate in the vote.
8. As Hypertension Canada has limited administrative resources, periodic updates to COI principles on an ad hoc basis will serve in lieu of a standing committee (Principle 9). The Hypertension Canada office will conduct the COI procedure below.

Procedure

1. Disclosures will be collected initially for any participants that are engaged in the development of Hypertension Canada's guidelines and updated based on the intervals described above. The office will save the disclosures in its records.
2. These disclosures will be reviewed once prior to the next meeting of the relevant group, by the office. For each disclosure, the office will determine the risk associated with the COI according to table 2 and the recommended course of action before the group meets.
3. At the beginning of each meeting, the COI slide will be shown and will be read by the Co-Chairs and they will invite group members to disclose their updated conflicts.

Each disclosure will be categorized as high, moderate, or low risk and the management of each will follow the recommendations as adapted from the KDIGO policy on disclosure management[4] summarized below (Table 2). This table is a general set of management recommendations, but each disclosure and competing interest will be reviewed by the office and decisions will be made on a case-by-case basis.

Table 3. Disclosure and Competing Interest Management [5]

Role and Relationship	Management	Examples
High Risk		
Guidelines Committee Co-Chairs		
Active relationship with a high-risk entity (personal, specific, financial).	Divestiture of the interest of recusal from co-chair role.	Ongoing role as a paid consultant for a pharmaceutical company which produces products that are relevant to the guideline topic or committee activities.
Active relationship with a high-risk entity (non-personal, specific, financial).	If compensation was paid to the institution rather than the individual, management is at the discretion of the office and may not require divestiture or recusal from role.	Ongoing role as a paid consultant for a pharmaceutical company which produces products that are relevant to the guideline topic or committee activities,

[4] Kidney Disease: Improving Global Outcomes. KDIGO Methods Manual for Guideline Development, version 1. 2022. https://kdigo.org/wp-content/uploads/2022/12/KDIGO-Methods-Manual-for-Guideline-Development_v1-3-copy-1.pdf (accessed June 25 2024).
[5] Ibid.

		with compensation paid to the chair's institution.
Guidelines Committee members or working group members		
Active relationship with a high-risk entity (personal, specific, financial).	Participates in all discussion but recusal from decision-making and drafting guideline statements; can participate fully in all other guideline statements that are not specific to their interest.	Potential committee member or working group member has ongoing role as a scientific advisor for a pharmaceutical company which produces products that are relevant to the guideline topic.
Active relationship with a high-risk entity (non-personal, specific, financial); specific to the Guidelines Committee or a working group.	If compensation was paid to the institution rather than the individual, management is at the discretion of the office and may not require divestiture or recusal.	A guidelines working group member has participated as a member of a steering committee for relevant trial, and all compensation paid to their institution.
Moderate Risk		
Active relationship with a high-risk entity (personal, specific, financial).	At the discretion of the office, management may not be required.	Committee chair or guideline co-chair or working group member has an ongoing role as a paid consultant for a pharmaceutical company that produces products which are not relevant to guideline topic.
Active non-financial interest specific to a guideline topic or individual guideline statement.	Participates in all aspects of committee activities or guideline development including discussions, voting, drafting statements, and authorship.	Guidelines Co-Chair or working group member authored a clinical trial that is included in the evidence summary for the guidelines or is participating as a steering committee

		member for a relevant randomized trial.
Low Risk		
Active non-financial interest only partially specific to the guideline or committee activities.	Participates in all aspects of committee activities or guideline development including discussions, voting, drafting statements, and authorship.	For a guideline on pharmacological management of hypertension in CKD management, chair or working group member conducted survey research of the association between diet and blood pressure control. The research is not included or not likely to be included in the evidence summaries prepared to support the guideline.
Inactive financial interest specific to the guideline.		Chair or working group member held stock in a pharmaceutical company with products specific to the guideline topic but all shares sold a year ago.
Inactive, non-personal, financial interest specific to the guideline.		Grant income received by Co-Chairs or working group members' employer from the company that manufactures the product.