

Authors' Conflicts of Interest, but... How About Editors' Conflicts of Interest?

Conflicto de intereses de los autores, pero... ¿y los intereses en conflicto de los editores?

If medical journals want to remain a trusted source of evidence, then editors need to step up and apply to themselves the same standards of transparency that they expect of others

VIRGINIA BARBOUR
(1927-1977)

INTRODUCTION

Finding whether authors of publications have conflicts of interest is quite difficult and can be incomplete, as was the case of Margaret McCartney, who spent four hours trying to locate declarations made by members of a committee who wrote a guideline three years ago. The declarations were not in the guideline; they were in the minutes of the committee's meetings, which had been archived and were no longer publicly available. (2)

Where to look for, then? In medical journals, as McCartney points out: "Academics are supposed to declare interests on research papers, but these may be out of date, behind a paywall, or incomplete." (2)

That happens because declarations of payments are voluntary, and authors may consider that the industry's funding of tickets for shows or conferences, personal gifts, and meals does not imply a conflict of interest. Perhaps, if there were repositories of the industry payments, omissions could disappear; however, when it is voluntary, as in the case of the British pharmaceutical industry that publishes payments made by the drug industry to doctors, only half of those payments are declared. "In the past decade, on the simple matter of declaring conflicts of interest, we've seen no progress. And the silence on what to do about it is deafening." (2)

Clinicians who adopt the new evidences in publications have the right to know whether the physicians who participate in those works and promote specific products also work as consultants for the company.

To obviate this, we would need a centralized registry in which all medical workers –physicians, administrators and editors include their information about potential conflicts of interest, so that they are made public, updated, and guarded by respected academic institutions (for example, the Academy of Medicine or a similar organization).

Journal editorial committees have an important

commitment; as Virginia Barbour points out in the epigraph: "If medical journals want to continue being a reliable source of evidence, then editors need to step up and apply to themselves the same standards of transparency that are expected from others." (1)

As Liu JJ et al. clearly stated in the *British Medical Journal* (3) recently: "Journal editors play a crucial role in scientific discourse. Editors triage new manuscript submissions and decide on those that warrant external review." For manuscripts that undergo external assessment, editors typically synthesize comments and decide which papers will be published. Based on concerns about lapses in integrity and unintentional biases associated with industry funding, authors are now required to comprehensively report financial relations with the industry to editors early in the publication process. However, compared with author's conflicts of interest, editorial conflicts of interest have been infrequently studied.

For authors, publication in top tier journals plays a crucial role in obtaining grant funding and career advancement. For the industry, publication in high impact journals bestows academic prestige and global attention to research and may speed regulatory approval, boost sales, and increase stock price.

Journal editors wield enormous power; they are the individuals who determine a substantial amount of the content and conclusions of what appears in their journals, including article selection and which articles have accompanying editorials.

Despite efforts to improve transparency, the peer review process often seems opaque to those on the outside. Notwithstanding improvements, the inner workings and decision making processes of editors remain a mystery to readers, authors, and the public. Such lack of standardization could create the perception that editors fail to adhere to the very conflicts of interest requirements they have appropriately developed for authors." (3)

DESIGN AND OUTCOMES OF DRUG AND DEVICE INDUSTRY PAYMENTS TO MEDICAL JOURNAL EDITORS

A retrospective observational study selected 52 influential US medical journals from 26 specialties (2 per specialty, considering the highest impact factor for each specialty).

Editors listed in the masthead online of the se-

lected journals were identified, including editors in chief; senior, managing, deputy, or executive editors, and associate editors. We assumed that editors at or above the associate editor level made important editorial decisions about manuscript publication (non-physician editors, as well as non-American editors were excluded because no payments were recorded in these two cases); finally, a total of 713 editors at the associate level and above were finally included.

The main outcome measurement was all general payments (e.g. personal income, food and beverage, royalties, stipends, consulting fees, travel, and entertainment) and research related payments from pharmaceutical and medical device manufacturers to the identified editors in 2014. The percentage of editors receiving payments and the magnitude of such payments were compared across journals and by specialty.

All pharmaceutical and medical device manufacturer payments to doctors and other clinicians were made publicly available through the Open Payments Database during 2014.

Journal websites were also reviewed to determine whether conflicts of interest policies for editors were readily accessible (each researcher had to find it within 5 minutes).

RESULTS

Among a total of 988 editors from the 52 journals, 713 (72.1%) were eligible for inclusion in the study. Results were surprising.

More than half (50.6%) of selected editors (361/713) received general payments in 2014 and almost 1 out of 5 (19.5%) received research payments.

Since payments did not have a normal distribution, median payments that appear to be small were used: general payment was \$11 (interquartile range \$0-2,913), and the median research payment was \$0 (\$0-0). However, if averages are considered, the importance of payments is observed: the mean general payment was \$28,136 (SD \$415,045), and the mean research payment was \$37,963 (SD \$175,239).

The highest median general payments were received by journal editors from endocrinology (\$7207, \$0-85,816), cardiology (\$2,664, \$0-12,912), gastroenterology (\$696, \$0-20,002), rheumatology (\$515, \$0-14,280), and urology (\$480, \$90-669).

The five largest individual physician general payments to editors came from four specialty journals: cardiology (\$10,981,153), orthopedics (\$1,264,234 and \$325,860), endocrinology (\$554,162), and rheumatology (\$355,923).

A review of the 52 journal websites revealed that editors' conflicts of interest policies were readily accessible for only one third (32.7%) of journals, and even fewer reported having a final "rejection" process from editors with conflicts of interest.

Despite each journal's Editor in Chief had an opportunity to review the list of editors and provide information about the editorial conflicts of interest

policy, unfortunately, the response rate was very poor: only 15/52 (28.8%) editors replied.

Authors' conclusions were categorical: "Industry payments to journal editors are common and often large, particularly for certain specialty journals. Journals should consider the potential impact of such payments on public trust in published research." (3)

DISCUSSION

Another thing that is surprising –though not that much– is that general payments to editors of a specific specialty journal were higher than general payments to all physicians in the specialty. For example, they found that median payment to cardiology journal editors was USD 2,664 compared with median payment of USD 582 to the rest of cardiologists. This was observed in other specialties, since median payments to endocrinology editors were USD 7,207 versus 10 times lower to other endocrinologists (USD 758).

What is not surprising is that payments were higher for specialties that depend on, manage, and recommend high cost devices, such as cardiology and orthopedics, with frequent innovations, and in which prior researches had found that the relationships between physicians and industry were relatively common. (4-5)

Why do influencing journal editors are attractive for drug and device industry? Most probably, the same traits (influence and leadership among peers) that make an individual attractive to an influential journal as a candidate for an editorial role would likely make that individual attractive to industry.

Another important finding of the article is that it quantifies that most medical journals lack clear and transparent competing conflicts from editors, and also the author's possibility to refuse a reviewer.

Maybe editors innocently believe they can judge their own conflicts of interest, and be prey to the same fallacy the authors of the articles had. (6) Therefore, all medical journals should develop and implement an editorial conflicts of interest policy easily available to the public.

The Argentine Society of Cardiology has considered the implementation of changes in its Publication Regulations in order to ensure transparency in the editorial process, to make editor conflicts of interest public on the web, and to implement it as soon as possible.

A direct email address is made available for potential **complaints** due to errors in the editorial process, which will be treated confidentially.

Authors will be allowed to **reject reviewers or editors**.

The concepts of **competing interests or conflicts of interest, reviewer conflicts of interest**, and editor conflicts of interest are defined. (See addendum: Changes in Publication Regulations).

Those with multiple and significant business relationships with the industry would not be able to serve as editors, because medical journals have a key role in

research integrity and reliability, and even apparent conflicts may undermine the importance of clinical research for decision-making in clinical practice.

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IN CONFLICTS OF INTEREST, THE FOLLOWING IS ADDED:

Reporting a complaint

We define a complaint when the claimant considers that a mistake has been made, and not that he/she simply disagrees with a decision taken or with something that has been published, which is the editors' daily task. Rather, the claimant considers that there has been an error in the process, for example, a long delay, a rude or wrong response, or a gross error of judgment.

The complaint should be about any issue under the responsibility of the Argentine Journal of Cardiology editorial department, either in the content or process.

Our preferred contact method is by email. Complaints should be sent by email to <revista@sac.org.ar>, where they will be treated confidentially.

COPE publishes a code of practice for editors of scientific, technical, and medical journals <<https://publicationethics.org/>>, in which complaints against editors will be considered only when the complaint processes within the journal have been exhausted.

Authors' rejection of reviewers or editors

Following a manuscript submission, authors will be asked whether they wish to exclude specific reviewers or editors from peer review of their article. The editorial team will respect these requests, provided they do not interfere with the purpose and exhaustive evaluation of the article.

What competing interest or conflict of interest means

Competing interest or conflict of interest is anything that interferes or may be reasonably perceived as interfering with the complete and objective presentation in peer review, editorial decision making, or publication of research or non-research articles submitted to the Argentine Journal of Cardiology.

Conflicts of interest can be financial or non-financial, professional, or personal. Conflicts of interest can arise associated with an organization or a person.

Declaring all potential competing interests or conflicts of interest is an essential requirement for transparent submission of research reports.

If conflicts of interest are not declared, it may result in immediate rejection of the manuscript. If an undisclosed competing interest comes to light after the publication, the Argentine Journal of Cardiology will take action based on the COPE guidelines and will publicly notify the community.

Reviewers' conflicts of interest

A review assignment should not be accepted if there is a potential competing interest, including:

- Previous or current collaborations with the author(s)
- The reviewer is a direct competitor of the author
- The reviewer may have a known history of antipathy toward the author(s)
- The reviewer might profit financially from the work described.

The reviewer should inform the editors or journal staff his refusal of the assignment because he cannot be impartial.

When sending your opinion, you should point out whether or not you have conflicts of interest.

Editors' conflicts of interest

Editors should declare their own competing interests or conflicts of interest and, if necessary, disqualify themselves from participating in the evaluation of a manuscript.

The most common reasons for editors to reject a peer review include, among others:

- Working in the same current or recent institution or organization as the author.
- Current or recent collaboration with an author.
- To have published together with an author during the past 5 years.
- Current or recent grants with an author.
- Having a personal relationship with an author which prevents the editor from evaluating the manuscript objectively.

Editorial Committee of the Argentine Journal of Cardiology