



Conflicts of interests (COIs) are pervasive in medicine, and their influence on clinical guidelines crucial to patient care has been a major concern worldwide. Only 26% of Chinese clinical practice guidelines published in 2017 disclosed COIs. By contrast, Ramy Saleh and colleagues found that 44 (85%) of 52 first and last authors of clinical practice guidelines for systemic therapy published on the American Society of Clinical Oncology's website between August, 2013, and June, 2018, received payments from industry, whereas 14 (32%) did not disclose such payments.

To ensure that guidelines are trustworthy, the American College of Physicians (ACP) has updated its methods for disclosure and management of competing interests during the development of clinical guidelines. Going forward, anyone involved in developing clinical guidelines or their supporting evidence review must, at the start of their participation, disclose all active and inactive financial and intellectual interests related to health care from the previous 3 years, and they must continue to update their COIs during guideline participation. COIs are then graded

as high, moderate, or low, and only those with high or moderate influence on the guideline's conclusions are considered. A high influence is defined as an entity that has a financial interest in the guideline's conclusion, a financial interest in the guideline development process, a financial interest in the guideline's COI (an intellectual property right), a financial interest in the guideline's bias or relationship, a financial interest in the guideline's association with the guideline's authorship and voting, or a financial interest in the guideline's inclusion of inactive high influence COIs that are only tangential to the guideline's conclusion.

The ACP's management of COIs is an impressive step beyond the current national guideline development process. The Services Taskforce on Health and Care Excellence has recommended that beyond simple disclosure, guidelines should be able to trust that authors have no financial bias in clinical guidelines, and that guidelines on patient care are not influenced by industry with no influence on

For ACP's COI management guidelines see *Ann Intern Med* 2019; published online Aug 20. DOI:10.7326/M18-3279

For the survey of conflicts of interest reporting in Chinese clinical practice guidelines see *Chin J Ev Med* 2018; 4: 379-87

For the study by Ramy Saleh and colleagues see *Cancer* 2019; published online July 29. DOI:abs/10.1002/cncr.32408

guidelines

or low, depending on how serious they
high-level COI (any active relationship
it has a direct financial stake in the
ons) results in exclusion from all work
development process. A moderate-level
interest that might lead to cognitive
s with entities that might profit by
the guidelines) leads to exclusions in
oting for guidelines. Low-level COIs
h-level COIs and intellectual interests
tially related to the clinical area.

agement strategy on COIs is an
y which it joins forces with other
bodies such as the US Preventive
and the UK National Institute for
cellence—both of which have moved
losure of COIs. The public needs to be
l efforts have been made to mitigate
eline development so that decisions
informed by the best evidence alone,
f competing interests. ■ *The Lancet*