Canadian Society of Nephrology/
Société canadienne de néphrologie
CSN/SCN

Canadian Society of Nephrology Conflicts of Interest (COI) Policy

Background

The Canadian Society of Nephrology (CSN) interacts with multiple participants who embark on CSN-related activities (CSN Board of Directors, standing and ad-hoc committees, scientific speakers and educators) who may have COI that influence, either directly or indirectly, their activities. Adequate management of COI improves transparency and strengthens organizational credibility.

The following policy serves to modernize the CSN's position on COI by outlining related terminology and specific principles for CSN related-activities. The principles and policies are adapted from the Guidelines International Network (GIN)[1] and the American College of Physicians (ACP)[2], and are similar to those used by international kidney organizations such as Kidney Disease: Improving Global Outcomes (KDIGO)[3].

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)
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. Relates to such issues as academic advancement, clinical revenue streams, or community standing

Text Box 1: General principles for adopting and managing COI from the GIN[1]:

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).

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.

Recommendations for application by the CSN:

1. The GIN principles outlined in text box 1 should be, in general, endorsed and adopted by the CSN Clinical Practice Guidelines Committee participants.
2. The standardized form (Principle 3) should be a requirement for all participants of the Officers, Administration, Board, Committees, and ad hoc Advisory boards in the CSN.
3. COI should be publicly available (Principle 4) on the CSN website; to minimize administrative burden, scanned PDFs of the standardized forms could be directly uploaded.
4. COI (Principle 5) should be obtained upon initial term appointments from all participants working on CSN-related activities. For CSN Officers, and CSN Board members, disclosures should be updated yearly right after the annual Spring CSN board meeting. CSN guideline panelists should update disclosures before each decision-making working group meeting. CSN committee member disclosures should be updated yearly as well.
5. CSN Committee Chairs (including the Clinical Practice Guidelines Committee and others) should attempt to adhere to Principle 6; however, this may not always be possible. Exceptions should be reviewed ad hoc by the Officers.
6. As the CSN is a relatively small society with limited administrative resources, periodic updates to COI principles on an ad hoc basis could serve in lieu of a standing committee (Principle 9).

Suggested components of the COI standardized form

1. Financial COI should include: the payer, the payee, the activity, the term, and the amount.
2. Intellectual COI should include: topic related research and activities.

COI Process and Management

Disclosures will be collected initially for CSN Officers and Board members, CSN Committee Members, and CSN CPG Panel Members, and updated based on the intervals described above. These disclosures will be reviewed prior to the next meeting of the relevant group, by the CSN appointee as described below. For each disclosure, the appointed individual(s) will determine the risk associated with the COI and the recommended course of action before the group meets. Along with the meeting agenda (e.g., the agenda for CSN board meeting), these disclosures will be shared and at the beginning of each meeting members will be asked to share them with the meeting attendees. This practice is in line with current KDIGO COI and disclosure management policy[3].

Table 2: COI disclosure interval and CSN appointee for review

Member with Disclosure	Interval for Disclosure Update	Appointee to review Disclosure
CSN Officers	Annually after Spring Board meeting or upon any significant change.	CSN President (for the remaining officers); for the CSN president disclosures, they will be reviewed by Chair of the Governance Committee (or an independent member of the Board of Directors if no Governance Committee exists, or legal counsel or compliance officer)
CSN Board members	Annually after Spring Board meeting or upon any significant change.	CSN Officers
CSN Committee Members	Annually	Committee Chairs or Vice-chairs
CSN Clinical Practice Guidelines Working Group Vice-Chairs	Before each working group meeting	CSN CPGC Chair or Vice-chair
CSN Clinical Practice Guidelines Working Group Panel members	Before each working group meeting	CSN CPGC Chair or Vice-chair

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[3] summarized below (Table 3). This table is a general set of management recommendations, but each disclosure and competing interest will be reviewed by the relevant appointee (Table 2) and decisions made on a case-by-case basis. Additional examples of these competing interest management decisions are found by accessing the KDIGO Methods Manual.

Table 3. Disclosure and Competing Interest Management (adapted from Table 5 in KDIGO Methods Manual[3])

Role and Relationship	Management	Examples
High Risk		
Committee Chairs, CPG Vice-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 reviewing appointee (Table 2) 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, with compensation paid to the chair's institution.
Committee members or CPG working group members		
Active relationship with a high-risk entity (personal, specific, financial)	At the discretion of the committee or CPG chairs: 1. Divestiture of the interest or recusal from working group, or 2. 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 (specific to CPG committee and working groups).
Active relationship with a high-risk entity (non-personal, specific, financial); specific to CPG committee or CPG working group	If compensation was paid to the institution rather than the individual, management is at the discretion of the reviewing appointee (Table 2) and may not require divestiture or recusal.	CPG working group member has participated as a member of a steering committee for relevant trial, and all compensation paid to their institution.
	Participates in all discussion but recusal from decision-making and drafting guideline statements; can participate	Spouse of CPG working group member has an ongoing paid role as a

	fully in all other guideline statements that are not specific to their interest.	scientific advisor for a pharmaceutical company which produces products relevant to guideline topic.
Moderate Risk		
Active relationship with a high-risk entity (personal, specific, financial)	At the discretion of the reviewing appointee, 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 (specific to CPG committee or CPG working group)	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.	Committee chair or guideline co-chair or working group member authored a clinical trial that is included in the evidence summary for the CPG 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 (most relevant to CPG working groups but aspects apply to other committee membership activities)	CPG working group example: 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 old a year ago.
Inactive, non-personal, financial interest specific to the guideline		Grant income received by chair or committee/working group members employer from the company that manufactures the product.

REFERENCES

1. 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
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3. 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).