



Clinical Oncological Society of Australia

Interaction between cancer clinicians and pharmaceutical and medical device companies: Opportunities for enhancement

A Clinical Oncological Society of Australia Forum

**Friday 30 October 2009
Stamford Hotel, Sydney**

Report by Lisa-Maree Herron on behalf of COSA

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Background

There are growing concerns regarding the nature and level of interactions between pharmaceutical and medical device companies (hereafter referred to as 'Industry') and clinicians – anecdotal, in the media, and in the literature¹.

The 'contacts' between cancer clinicians and Industry are many and varied. Industry seeks interaction with cancer clinicians via educational events, participation in advisory boards, in facilitation of clinical trials and by way of individual 'detailing'.

Clinical professional organisations such as the Clinical Oncological Society of Australia (COSA) also have interaction with Industry, through companies' provision of unrestricted grants to support scientific and educational meetings, projects and other initiatives.

Despite the development of codes of conduct or guidelines for the industry and for groups of clinicians in recent years, there is continuing consumer, media and community concern about the potential effect of such interaction on clinical decision-making.

COSA's Clinician and Industry Forum

Recognising these concerns, COSA convened a forum of medical and radiation oncologists, surgeons, cancer nurses, allied health and other professionals, consumer and industry representatives in Sydney on Friday 30 October 2009.

COSA is the peak national body representing health professionals whose work encompasses cancer care and control. COSA has more than 1300 members in 22 different professional groups, all involved in the clinical care of people affected by cancer.

One of the objectives of this forum was to determine if there is a role for professional bodies in facilitating interaction between cancer clinicians and the pharmaceutical industry to reduce the potential for conflict of interest. Is there a role for an organisation like COSA that will enable a win-win situation; that will facilitate interaction between clinicians and Industry to maintain the valued benefits but reduce actual or perceived conflict of interest?

COSA's aim is to facilitate and/or develop a new framework that will provide improved processes for and confidence in clinician-industry interaction.

¹ Tattersall, MHN, Dimoska A and Gan K. "Patients expect transparency in doctors' relationships with the pharmaceutical industry." *MJA* 2009;190(2):65-68;

'Perspectives' on the challenges and key issues in clinician-industry interaction were presented by the forum convenor, Associate Professor Eva Segelov, and the following forum participants:

Ethical and legal issues	Professor Ian Olver CEO, Cancer Council Australia
Practicing clinicians	Professor Stephen Clarke Professor of Medicine, Concord Clinical School ANZAC Research Institute
Industry	Ms Deborah Monk Director, Innovation and Industry Policy Medicines Australia
Medical oncologists	Dr Michael Michael Chair, Medical Oncology Group of Australia
Clinicians using devices	Associate Professor Sandro Porceddu Radiation oncologist
Nursing and allied health	Mr Keith Cox Oncology Nurse Practitioner
Pharmacy	Professor Andrew McLachlan Professor of Pharmacy (Aged Care), University of Sydney
Consumers	Mr John Stubbs Executive Officer, Cancer Voices Australia

This report collates the key issues, principles and recommendations from the presentations and group discussions at the Forum. It was written by communications consultant Lisa-Maree Herron on behalf of COSA.

Clinician-Industry interactions: Key issues

The following key issues or principles were identified in the introductory and 'perspectives' presentations and subsequent discussion.

1. Clinician-industry relationships are necessary and valuable

The forum participants' consensus was that clinician-industry relationships are necessary (given the treatment of most cancer patients involves therapeutic drugs) and in many cases mutually advantageous.

Clinicians acknowledge the valuable role of the pharmaceutical industry in:

- funding early clinical research
- providing access to new treatments
- enabling clinicians to attend educational meetings.

Pharmaceutical companies value the contributions of clinicians to the development of clinical trials and their expert advice (and often corporate memory) as members of advisory boards.

Several presenters highlighted the different responsibilities of clinicians (to patients) and Industry (to shareholders) and thus different primary goals (optimal patient care/increasing profit). But there was consensus that all partners share the goal of 'healthy consumers' and support:

- quality, safety and efficacy
- equity of access
- a viable and responsible pharmaceutical industry.²

Participants agreed that the relationships between the industry and clinicians (and professional organisations like COSA) are necessary and often mutually advantageous, but that they need to be transparent and managed appropriately to reduce the potential for actual or perceived conflict of interest.

2. Conflicts of interest are perceived, even if not actual

As Professor Olver noted, the potential for conflict of interest does not equal actual conflict or wrongdoing. But when there are perceptions of conflicts of interest, public, patient and peer group confidence in a clinician's decision-making about optimal care can be compromised.

Conflict of interest as a consequence of industry relationships with clinicians and sponsorship of meetings and other activities is a hot topic in the media, but has also been reported in the published literature. A recent study published in the *Medical Journal of Australia* found patients expect transparency in doctors' relationships with the pharmaceutical industry. Eighty per cent of patients stated that they would have more

² Key elements of Australia's National Medicines Policy.

confidence in their doctor's decisions if interests were fully disclosed, with strong support for verbal disclosure during the consultation³.

Deborah Monk from Medicines Australia argued there was little evidence that the relationships between industry and clinicians resulted in poor outcomes for patients, or that there were conflicts of interest that resulted in poor, or poorer, patient care.

But there was general agreement that at least some media and many consumers believe conflict of interest is a common consequence of industry-clinician interaction and hence there is a need to promote the increased focus on transparency and appropriateness of contacts to restore confidence. (See recommendations below.)

3. Codes of conduct are helpful, but more action is required

Many Royal Colleges and professional bodies, such as the Medical Oncology Group of Australia (MOGA) have developed guidelines for relationships between their individual members and the pharmaceutical industry.

Medicines Australia (MA) has developed a Code of Conduct for its member companies. It requires members to report sponsorship of educational and other events, for example, and imposes significant sanctions for infringement of the code, both financial and reputational.

MA's code was cited as an integral part of 'an enormous change in Industry' practices in the past five years. Industry representatives emphasised the need to promote the MA Code of Conduct to increase clinicians', consumers', media and community understanding of the industry's improved ethical standards.

4. New approaches are needed

Presenters highlighted reasons for new approaches to the management of clinician-industry interaction.

From the health professionals' perspective, concerns include managing the volume of contacts (given the number of companies, number of educational meetings and events, etc.) and countering consumer/community/media perceptions that any contact with industry leads to a conflict of interest.

The development of codes of conduct for clinicians and industry has improved transparency of relationships, but also highlights the absence of a 'level playing field' i.e. only members of the professional body (such as MOGA) or employees of a public hospital or industry associations (e.g. MA, Medical Technology Association of Australia) are required to comply with codes of conduct.

³ Tattersall MHN, Dimoska A and Gan K. "Patients expect transparency in doctors' relationships with the pharmaceutical industry." *MJA* 2009;190(2):65-68

5. Is there a role for COSA?

One suggestion for minimising the actual, or perceived, 'adverse effects' of clinician-pharmaceutical industry interaction is having 'improved independent external regulation of the relationship between drug companies and doctors'⁴.

Several presenters suggested a role for an organisation like COSA to facilitate industry-clinician interaction to increase transparency and reduce the potential for conflict of interest (actual or perceived). Professor Olver noted that there may be a benefit for an individual having their professional institution relate to the pharmaceutical industry rather than relating as an individual.

Improving approaches to industry-clinician interaction

Associate Professor Segelov outlined key considerations regarding four areas of industry-clinician interaction:

- Pharmaceutical advisory boards
- Industry-sponsored educational sessions
- Industry sponsorship of COSA's Annual Scientific Meeting and other clinical conferences/meetings
- Individual clinician-pharmaceutical company relationships.

Forum participants self-nominated to groups to identify issues and develop recommendations for different ways of managing these types of relationships/interactions to reduce the potential for conflict of interest (actual or perceived).

Advisory boards

Pharmaceutical companies use advisory boards to inform the development of clinical research and/or provide advice and help develop strategies for positioning new therapeutic drugs.

The discussion group identified three options for addressing apparent problems or concerns about the use of advisory boards:

1. Establish a whole new process that COSA would manage.
2. Invite COSA (or another organisation) to nominate an independent member to each advisory board, supplementary to current process of recruiting members.
3. COSA to work with Medicines Australia and Industry to recalibrate perceptions of Advisory Boards.

⁴ http://espace.library.uq.edu.au/eserv/UQ:8045/ting_letter.pdf

There was consensus that advisory boards are necessary, useful and of benefit to both clinicians and the Industry: clinicians get to know about new drugs; companies value their expert contribution.

However, there is a perception that board members are selectively chosen to present industry-desired opinions. Although reimbursement to board members is now more transparent and capped, there are perceptions that board members have other ongoing gains from their participation such as educational opportunities in appealing destinations, being offered the first opportunity to trial or access to research funding.

Option 1: A new approach to forming advisory boards

The first 'solution' discussed was for COSA to form clinical advisory boards, or nominate panel of experts from which industry can choose members for advisory boards.

There were two suggested scenarios:

1. COSA would identify a group of people it considered to be most knowledgeable in an area (not necessarily COSA members) and form a panel that it would manage on behalf of Industry and at the request of Industry.
2. COSA would identify the panel (as above) and provide a list of specialists (with bios) to the Industry from which they could choose board members.

Issues	Discussion
Benefits of this model	<ul style="list-style-type: none"> • Removes direct relationship between individual and industry. • The selection criteria for boards would be more transparent. • It would require a more balanced criteria for board membership, to ensure the perception issue is addressed.
Ethical considerations	<ul style="list-style-type: none"> • COSA's reputation as an independent organisation might be challenged. • Would COSA favour its 'friends'? • Individuals asked to be on committee may still have ethical concerns.
Confidentiality	<ul style="list-style-type: none"> • The pharmaceutical company would have to expose confidential information about its research program in describing requirements for a board member. • Confidentially and contractual arrangements may be complicated.

In his earlier presentation John Stubbs indicated Cancer Voices Australia’s support for this model, in which clinicians and consumers would be selected for Advisory Boards from a pool of names nominated by their professional and/or consumer organisations. John also noted that this model would require:

- appropriate guidelines – reviewed annually
- clinicians to follow the nominating organisation’s policy
- clinicians to report back to their organisations (as consumer representatives report back to their nominating organisations).

Option 2: COSA nominates an independent member to each advisory board

This option was identified as the preferred approach of the discussion group, but members highlighted some issues and concerns (below).

Issues	Discussion
Benefits	<ul style="list-style-type: none"> • An independent member of the board – someone elected by a respected group outside the perceived industry bias) – may improve public perception. • This additional member could be a consumer, psychosocial advocate, epidemiologist, etc. – to bring a different perspective to the board.
Why COSA?	<ul style="list-style-type: none"> • Is COSA the appropriate arbiter of an independent member? • Other board members would also consider themselves ‘independent’; asking COSA for an independent member implies other members are not.
Role and responsibilities of the ‘independent’ board member	<ul style="list-style-type: none"> • Advisory board charters state that each individual is there to provide independent, individual advice about the therapeutic option. What is different for this member? • Would the ‘independent’ member be obliged to report back to COSA?
Consumer participation	<ul style="list-style-type: none"> • The group supported the principle of consumer representation on scientific advisory boards but noted that much of the discussion is very clinical and complex. • Are Industry allowed to directly interface with patients?

Option 3: Addressing perceptions of current advisory board system

The group queried whether the current advisory board 'system' actually needs to be fixed or changed or if it is instead necessary to address perceptions.

Issues	Discussion
Promote validity of boards and increased transparency/ethics	<ul style="list-style-type: none">• The group highlighted the need to promote the validity of advisory boards, particularly given some hospitals are prohibiting employees from participating.• Promote the increased transparency and ethical conduct of the industry over the past five years to the clinical and broader communities.
Shorter terms of appointment	<ul style="list-style-type: none">• Mandating shorter terms of appointment/regular rotation of clinician members of advisory boards could reduce the perception of inappropriate advantage to members, but also could mean loss of 'corporate memory'.
More transparent fee structure	<ul style="list-style-type: none">• There would be benefit in having a more transparent fee structure for reimbursement to board members.
Why COSA?	<ul style="list-style-type: none">• Would COSA be the best group to lead efforts to change perceptions, given its members are paid to be on advisory boards? Perhaps a consumer group?

Discussion group recommendations:

- COSA could lead a public communications campaign to highlight the important role and validity of advisory boards. This might include encouraging government, universities and area health authorities to permit clinicians to participate, to support better practice.
- COSA could develop information and guidelines to increase clinicians' and public confidence in the advisory board process e.g.
 - minimum and maximum fee structure (with emphasis on payment commensurate with the work involved)
 - information for members about the role and appropriate practices of advisory boards. (Medicine Australia's Code of Conduct includes guidance re establishment of advisory boards.)

Industry sponsored educational meetings

The pharmaceutical industry traditionally has convened many educational meetings and events to provide information to clinicians about their products. The companies' mandate is to educate about quality use of medicines in the respective therapeutic areas.

Clinicians' concerns include the sheer volume of events to which they are invited and the perception that industry-sponsored events are not independent and often feature an international expert delivering a didactic type of presentation.

Issue	Discussion
Number of events	<ul style="list-style-type: none">• The group acknowledged the mandate for Industry to educate about quality use of medicines, but recognised the need for balance: it is impossible to educate all clinicians on every facet.• Industry needs to collaborate to reduce the number of events competing for clinicians' time and attention.• It was suggested that companies could plan collaborative events e.g. different companies developing state-based meetings presenting developments across a whole therapeutic area (like the Roche-Amgen-Sanofi colorectal cancer meeting).
Increasing value of events	<ul style="list-style-type: none">• Some companies are using videoconferencing, podcasts, live webcasts to enable clinicians (e.g. in rural and regional areas) to participate in educational meetings without travelling.• Industry (with COSA support?) should seek CME accreditation for events. As a mark of educational quality and scientific rigour it would help give meetings greater validity.
Better coordination and collaboration	<ul style="list-style-type: none">• It would be beneficial to develop a calendar of individual pharmaceutical company events including launches, satellite meetings, symposia – to highlight clashes and opportunities for collaboration.• COSA could be pivot point for calendar development.
Pharmaceutical company responsibilities	<ul style="list-style-type: none">• There is a heightened sense of responsibility within companies for presentations at events that they have sponsored. Industry giving unrestricted educational grants is under review.

	<ul style="list-style-type: none"> • If a company sponsors a meeting, it may be held responsible for content, such as if a product is discussed outside of its approved indications, etc.
Acknowledging that industry standards have changed	<ul style="list-style-type: none"> • There is a need for advocacy to increase awareness that industry standards and approach to educational events have changed. • Focus on positive improvements rather than reliving any historical negative events. • MA's Code of Conduct establishes rules for interactions with health care professionals and requires companies to detail all educational events. Industry representatives should highlight that meetings/events have been convened in line with the requirements of the Code.
Extending education to other health professionals	<ul style="list-style-type: none"> • Industry should offer education to all health care professionals including nurses and allied health professionals. • Allied health professionals need to educate Industry about their broad multidisciplinary roles and the value of offering them educational opportunities.

Discussion group recommendations

- To increase collaboration between pharmaceutical companies, COSA could establish an industry working committee and convene regular forums.
Industry representatives acknowledged that this COSA forum had provided an opportunity for them to meet and identify opportunities to collaborate; those attending the COSA ASM planned to meet again then.
- Add summary/highlights of Medicine Australia's Code of Conduct to the COSA and MOGA websites to promote Industry standards of conduct.

Pharmaceutical company sponsorship of meetings/conferences

In their introductory/'perspectives' presentations Associate Professor Segelov and Professor Olver had noted that COSA's biggest single activity is its Annual Scientific Meeting (ASM). COSA's ASM relies heavily on pharmaceutical industry sponsorship to support visiting overseas speakers and help provide a suitable meeting infrastructure, giving members the opportunity to attend with reasonable registration fees. In turn, the pharmaceutical industry has access to the membership and opportunities to promote their products.

Professor Olver outlined potential guidelines for pharmaceutical company sponsorship of the ASM. These are currently being reviewed by COSA Council and expected to be released in early 2010.

Issues identified by the discussion group and their recommendations are detailed below.

Issues	Discussion and recommendations
Need for more interaction between Industry and scientific organising committees	<ul style="list-style-type: none"> • Companies want to know what conference participants would like industry to provide at the meeting; what they value other than the scientific content of the meeting. • Equally, companies need to tell COSA (or the organising body) what they want from their sponsorship of, and involvement in, the meeting.
How can meeting convenors gain sponsorship for commercially 'non-sexy' topics?	<ul style="list-style-type: none"> • Two suggestions from Industry: <ul style="list-style-type: none"> - If a topic will attract attendees industry wants to see eg attract trainees to the meeting - Use funds from high level (e.g. platinum) sponsorship. • While companies don't want to be seen as influencing the content of meeting sometimes they do by default; e.g. organising committees may target speakers they know companies will support.
What does Industry like to sponsor?	<ul style="list-style-type: none"> • Awards • Trainee participation/meetings
What else might Industry fund?	<ul style="list-style-type: none"> • Australian authors involved in international studies should be funded to present at local meetings • Virtual meetings • Videoconference speakers • Holographic speakers?

<p>Gaining support for local speakers</p>	<ul style="list-style-type: none"> • There seems to be bias against having local speakers. Does Industry focus on international speakers because they believe local speakers are already organised by the organising committee? • Overseas speakers are considered to be a drawcard for delegates. • There is greater value to Industry in bringing an international speaker to Australia than branding a symposium.
<p>Industry choice of conferences</p>	<ul style="list-style-type: none"> • Industry will no longer sponsor conferences in luxury locations. • Sponsorship must be focussed on an educational opportunity. • Industry values opportunity to sponsor speakers and sessions and named awards if given prominence particularly if awardees present their work. • 'Meet the expert' (e.g. breakfast sessions) can be problematic because Industry can be held responsible for content, for example if there is off label information.
<p>Alternative approaches to trade displays</p>	<ul style="list-style-type: none"> • Alternative approaches to trade display such as grouping exhibitors by tumour/therapeutic area were considered. But most companies have products for many diseases/multiple indications, so prefer current model. • Booths are valuable in helping delegates find industry reps, and providing drug information to some target audiences e.g. rural clinicians attending conference. • Industry wants to know from participants what is most valued in a trade display e.g. teaching slides with graphics? • What are the best inducements to visit trade stand e.g. coffee, educational book on CD?
<p>Medicine Australia's role</p>	<ul style="list-style-type: none"> • MA oversees compliance to its Code of Conduct but does not 'intervene' between companies and conference organisers • Answers questions about what is acceptable according to the code.
<p>Broader relationships between industry and professional organisations</p>	<ul style="list-style-type: none"> • Industry representatives highlighted desire to have an ongoing relationship with COSA rather than just meeting by meeting.

	<ul style="list-style-type: none"> • COSA could be a conduit for specialist advice or to help provide expertise with problems like trials and this relationship would include sponsoring meetings. • As in all interactions, the guiding principles are transparency and lack of exclusivity.
Industry-organised satellite symposia	<ul style="list-style-type: none"> • Satellite meetings must not clash with the primary meeting. • Convening a dinner with an educational meeting (which must not clash with the conference dinner) is the only way Industry can sponsor hospitality. • Conference convenor should not regulate how many satellite events there are; let the market decide.

Discussion group recommendations

- Industry could provide money to COSA to support clinicians' attendance at scientific meetings and conferences. This would not be money directed to COSA to use at its discretion but to award, on merit, to multidisciplinary trainees or full members. This process would not exclude other individual-company interactions.
- Industry likes sponsoring training activities for registrars. Training events could be incorporated as part of the COSA ASM, independently managed by COSA but funded by industry.
- COSA could play a greater role in ensuring conference presentations are free of bias by conducting blinded review of abstracts. Speakers with industry ties need not be excluded just need to be transparent and acknowledge their relationships.

Facilitating interactions between individual clinicians and Industry

Professor Olver noted in his presentation that the relationship between COSA members and the pharmaceutical industry is valuable to both:

- Industry is an important source of funding for educational activities and research.
- Industry requires the expertise of clinicians and researchers in product development and trial.

COSA cannot prevent its members from having individual relationships with the industry but could act as an intermediary to reduce with the possibility of individuals being exposed to potential conflicts of interest.

The discussion group was willing to support COSA in facilitating relationships between industry and individuals clinicians 'if it is better than what we are doing now'. But, COSA needs to define its ability and capacity to undertake such a role, and allocate funding and services, before the industry is willing to support it.

Issues	Discussion
COSA needs to demonstrate and build its organisational capacity	<p>To demonstrate its capacity to facilitate industry-clinician interactions COSA could develop/pilot some initial programs:</p> <ul style="list-style-type: none"> • managing a speakers bureau • coordinating media responses regarding new drugs • providing independent commentator for media launches of new drugs • developing information (in partnership with MA?) for patients on their cancer professional's relationship and understanding with industry. <p>Is COSA willing to operate as a service provider to companies?</p>
Supporting clinical research	<ul style="list-style-type: none"> • COSA could provide advice to industry and CROs re appropriate investigators and sites, to ensure maximum efficiency for investment.
Guidelines for compassionate access schemes	<ul style="list-style-type: none"> • The group recommended that COSA could develop guidelines for 'compassionate access' programs, a complex and controversial area where expert multidisciplinary advice is required. (In his earlier presentation John Stubbs noted that Cancer Voices Australia is concerned about such schemes; while the pharmaceutical industry can promote them as evidence of good corporate citizenship they can also be used to 'put pressure on regulators to approve drugs'.)

<p>The wane of unrestricted educational grants</p>	<ul style="list-style-type: none"> • There was concerned discussion about the wane of unrestricted educational grants from Industry and the implications of more restricted grants in future. <p>(Professor David Goldstein noted that COSA has been developing educational projects in partnership with industry which have had a major impact on cancer care in many areas. The 'untied' financial support of the pharmaceutical industry has enabled many activities that have leveraged significant change.)</p> <ul style="list-style-type: none"> • Companies have increasingly onerous internal compliance issues.
<p>Implications of changing COSA's mandate</p>	<ul style="list-style-type: none"> • The group emphasised that if COSA changes its mandate, its relationship with industry will change.

Conclusions and recommendations

There was general support among forum participants for a new framework that will enable clinicians and pharmaceutical industry to engage in a win-win situation by providing information and guidelines/parameters for interactions to increase transparency and avoid real or perceived conflicts of interest.

While the forum clarified what the questions are rather than the answers, participants enunciated some key principles for clinician-industry interactions and recommended COSA continue to explore models to facilitate improved processes for interaction.

Industry representatives acknowledged that the forum had provided an opportunity for them to meet and as a result they had developed a platform for continuing collaboration.

Principles of clinician-industry interaction

There seemed to be consensus among forum participants that:

- All interactions between a clinician and a pharmaceutical or medical device company should be transparent and declared.
- However, there are some situations in which transparency is not enough. Clinicians involved in the following activities ideally should have no interaction with Industry:
 - developing clinical practice guidelines
 - national drug regulatory activities
 - editorial writing
 - writing the conclusions of large studies
 - participating in decision-making about drug purchases at an institutional or more global level.
- Clinicians should be encouraged to avoid an exclusive relationship with one pharmaceutical or medical device company. If a clinician has relationships with multiple companies that will lessen the likelihood of an actual or perceived conflict of interest.
- Both clinicians and the pharmaceutical industry are committed to advancing cancer treatment by productive research partnerships and access to novel agents.

A role for COSA

One of COSA's objectives is to promote the value and mutual advantages of transparent and appropriate clinician-industry relationships. As a first step COSA may need to develop guidelines to define its own relationship with industry.

There was general support for the notion that COSA could enhance transparency and remove suggestions of industry influence by acting as an intermediary between Industry and its members. For example, COSA could receive funding from the pharmaceutical industry and, applying independent criteria, allocate available funds to individual members' research, educational activities or travel. This would ensure that collaborations between the

pharmaceutical industry and the health care professionals could continue without compromising individuals. (The Society of Hospital Pharmacists of Australia operates a similar program that may be a good model.)

However there were also cautions about the implications of COSA changing its mandate and acting as a 'service provider' to industry. As Deborah Monk emphasised in her 'perspectives' presentation: 'COSA mediating relationships between industry and physicians would not be acceptable to industry' and could be perceived as very paternalistic.

As the peak professional organisation for clinicians providing cancer care, COSA has a role in guiding its members and reducing their individual reputational risk e.g.

- In relation to the ASM, COSA could require its members to:
 - declare their involvement with the pharmaceutical industry at the time of submitting abstracts and presenting at the meeting
 - be responsible for writing and attesting to the accuracy of the material that they present.
- Where COSA is publishing guidelines or position statements it could ensure members of writing groups have no potential conflicts of interest which could be perceived as compromising the outcome.

Professor Olver suggested other immediate roles for COSA could be in providing:

- guidance to members about industry-sponsored educational activities
- guidance in relation to product endorsements
- education for trainees.

Specific actions for COSA

During the forum the following recommendations were made for actions that could be taken or facilitated by COSA to improve industry-clinician interactions:

- Continue to facilitate clinician-professional organisation-industry dialogue.
- Establish a working group to and consider the recommendations from this forum and develop advice to COSA about new models as a service provider. COSA will invite the industry participants to nominate 3 or 4 representatives to this working group.
- Explore issues for COSA (including legal and reputational) of becoming a service provider. Identify risks and opportunities.
- Develop strategies and tools for members to help counter the perception that industry-clinician interactions always create conflicts of interest e.g. handbook for advisory board members; recommended fee structure for board members.
- Help level the playing field. Advocate for greater transparency and standards in all industry-clinician interactions by encouraging all pharmaceutical and medical device companies to comply with the Code of Conduct for MA members and all clinicians to follow the recommendations of their professional bodies and Colleges.

In relation to advisory boards:

- COSA could lead a public communications campaign to highlight the important role and validity of advisory boards. This might include encouraging government, universities and area health authorities to permit clinicians to participate, to support better practice.
- COSA could develop information and guidelines to increase clinicians' and public confidence in the advisory board process e.g.
 - minimum and maximum fee structure (with emphasis on appropriate fee commensurate with the work required)
 - information for members about the role and appropriate practices of advisory boards. (MA's Code of Conduct includes guidance re establishment of advisory boards.)

In relation to the ASM:

- Administer funding provided by industry for travel grants to enable clinicians and trainees to attend the ASM.
- Incorporate training events as part of the COSA ASM, independently managed by COSA but funded by industry.
- Ensure conference presentations are free of bias by conducting blinded review of abstracts, and require speakers to acknowledge interactions with industry.

In relation to individual clinician-industry interactions:

- To demonstrate its capacity to facilitate industry-clinician interactions COSA could develop/pilot some initial programs:
 - managing a speakers bureau
 - coordinating media responses regarding new drugs
 - providing independent commentator for media launches of new drugs
 - developing information (in partnership with Medicines Australia?) for patients on their cancer professional's relationship and understanding with industry.
- Provide advice to industry and CROs re appropriate investigators and sites, to ensure maximum efficiency for investment.
- Develop guidelines for 'compassionate access' programs, a complex and controversial area where expert multidisciplinary advice is required.

Appendix 1: Forum attendees

Prof	Rob	Sanson-Fisher	CEO, Cancer Institute NSW
Ms	Deborah	Monk	Medicines Australia
Mr	Keith	Cox	Nurse Practitioner
Prof	Ian	Olver	CEO, Cancer Council
Ms	Margaret	McJannett	EO COSA/Cancer Council
Prof	David	Goldstein	Medical Oncologist
Prof	Michael	Michael	Medical Oncologist
A/Prof	Sandro	Porceddu	Radiation Oncologist
Prof	Stephen	Clarke	Medical Oncologist
Ms	Catherine	Johnson	Nursing
Dr	Eva	Segelov	Medical Oncologist
Dr	Nick	O'Rourke	Oncology Surgeon
Mr	John	Stubbs	Consumer
Mr	Dan	Thurley	Roche
Ms	Brigid	Waite	Roche
Dr	Deborah	Campbell	Amgen
Ms	Katrina	Vanin	Novartis
Mr	Paul	Cross	Novartis
Dr	Melinda	Munns	Ipsen
Mr	Kenneth	Hargreaves	Pfizer
Dr	Marius	Vandenberg	Sirtex
Dr	Steven	Hart	Sanofi-Aventis
Dr	Maximiliano	Van Kooten	Eli Lilly
Ms	Jane	Kerr	Bayer
Dr	Victor	Loh	Bayer
Ms	Sally	Kinrade	GSK
Mr	Michael	Grant	GSK
Dr	Susan	Dean	Merck Serono
Dr	Kathy	Morton	Wyeth
Miss	Tanya	Wigg	COSA
Ms	Kathy	Ansell	COSA
Ms	Lisa	Herron	COSA