The Value of Conflicts of Interest Disclosures in Oral Presentations at Major Urological Conferences

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Abstract

The objective of this study is to assess the value of disclosure slide reporting at major urology conferences. In total, 557 speakers were evaluated from the conferences of the Canadian Urology Association (n = 36), American Urology Association (n = 160), and European Association of Urology (n = 361) in 2020. Overall, 49.0% of speakers had no disclosure slide. Among speakers presenting a disclosure slide, the median number of conflicts was 5, median time spent on the slide was 4.4 seconds, and 34.8% gave context to disclosures. Overall disclosure slide reporting seems inconsistent, and given how little time is spent on them and the lack of contextualization, their value is unclear.

Collaboration between physicians and pharmaceutical or device companies can result in worthy advancement in research, education, and clinical care. However, such interactions invariably result in real or perceived conflicts of interest (COIs). Short of prohibition, disclosure is a critical aspect of managing COIs. Scientific meetings are an important vehicle of continuing medical education (CME). An oral presentation at such meetings, especially national or international ones, is a prestigious perch that confers on the speaker a level of endorsement from the association of their academic credibility. In addition, commercial sponsorship at such meetings is substantial, leading to concerns that sponsors may have undue influence over program content and speakers[1]. Therefore, it is in the interests of both the speaker and the meeting organizers to have full and transparent disclosures to allay concerns of bias. At scientific meetings, these disclosures often take the form of a slide at the outset of a presentation, laying out the possible conflicts and their nature. There have been several reports outlining the inadequacies of disclosure slides in CME events[2–5], but none in urological conferences. In urology, there has been some concerns of inadequate disclosures among guideline authors[6]. The hypothesis of this study is that disclosure slides at major urology conferences are displayed for too short a time and without providing an adequate context of the nature of COIs, rendering a proper evaluation of bias impossible.

With the advent of the COVID-19 pandemic, major conferences switched to a virtual format in 2020. We prospectively evaluated oral presentations from the two major urological conferences occurring in 2020: the European Association of Urology (EAU) conference, held 17–19 July, and the American Urologic Association (AUA) Annual Meeting, held 26–27 June, as well as the national meeting of the Canadian Urological Association (CUA), held 22–26 June. The sessions evaluated included all plenary sessions, state of the art lectures, debates, panels, and surgical technique demonstrations. We excluded the various poster sessions. A single investigator recorded all disclosure slides and extracted information on COI presentations. Primary data points evaluated were inclusion of a disclosure slide, number of conflicts listed, time spent on the disclosure slide, types of conflicts described and contextualization of disclosure slide. The context parameters were "said nothing," "vague," or "context." Speakers were categorized as vague if they said only "these are my disclosures." Anything they said beyond that, even simply reading out the COI,

Key Words

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was categorized as providing context. Secondary end points included frequency of disclosure and number of conflicts per urologic subspecialty.

A comparison between the different conferences was carried out to look for meaningful differences in disclosure slide reporting with a Pearson chi-square analysis.

In total, 557 speakers were evaluated from the CUA (n = 36), AUA (n = 160), and EAU (n = 361). Overall, 49% of speakers had no disclosure slide. Among speakers presenting a disclosure slide, the median number of conflicts was 5 (IQR 2–11), median time spent on the slide was 4.38 seconds (IQR 2.76–6.25) and the median word count was 20 (IQR 13–34). Among the speakers with a disclosure slide, 34.8% provided context, 50% were vague, and 15.2% said nothing. The types of conflict listed are shown in **Figure 1**.

The AUA had the highest rate of speakers without disclosure slides (61.9%), followed by the CUA (44.4%) and the EAU (43.8%) ($P = 0.001$).

Speakers presenting on oncology topics were the most likely to offer a disclosure slide, and they had the highest median number of COI (**Figure 2**). The median number of conflicts for each subspecialty topic was 8 (IQR 3–17) for oncology, 4 (IQR 2–5.75) for endourology, 3.5 (IQR 2–8) for reconstructive surgery, 3 (IQR 2.5–10) for andrology, 1 (IQR 1) for transplant, and 3 (IQR 1–7) for other topics.

Reporting of disclosure slides across conferences and specialties is inconsistent, ranging from 42.2% to 87%[3,7,8], which is in keeping with the findings of the current study (51%). The reasons for this broad range are multifactorial, but conference guidelines play a significant role. Even amongst a relatively homogeneous group of urologists, disclosure slide reporting was lower for the AUA than for the EAU and the CUA. Ju et al. found similar discrepancies in reporting by spine surgeons depending on the conference[9]. Common reasons for not disclosing were that presenters believed their presentation topic was unrelated to their payment or that they had misunderstood the disclosure guidelines[8]. For instance, disclosure reporting dropped from 79.3% when the payment was related to the topic of presentation to 50% when it was unrelated[8]. To resolve this confusion, some have proposed that conferences should develop a standardized guideline for disclosure slide reporting, similar to the form developed by the International Council of Medical Journal Editors, a group that

FIGURE 1.

Types of conflicts listed as a proportion of the total presentations

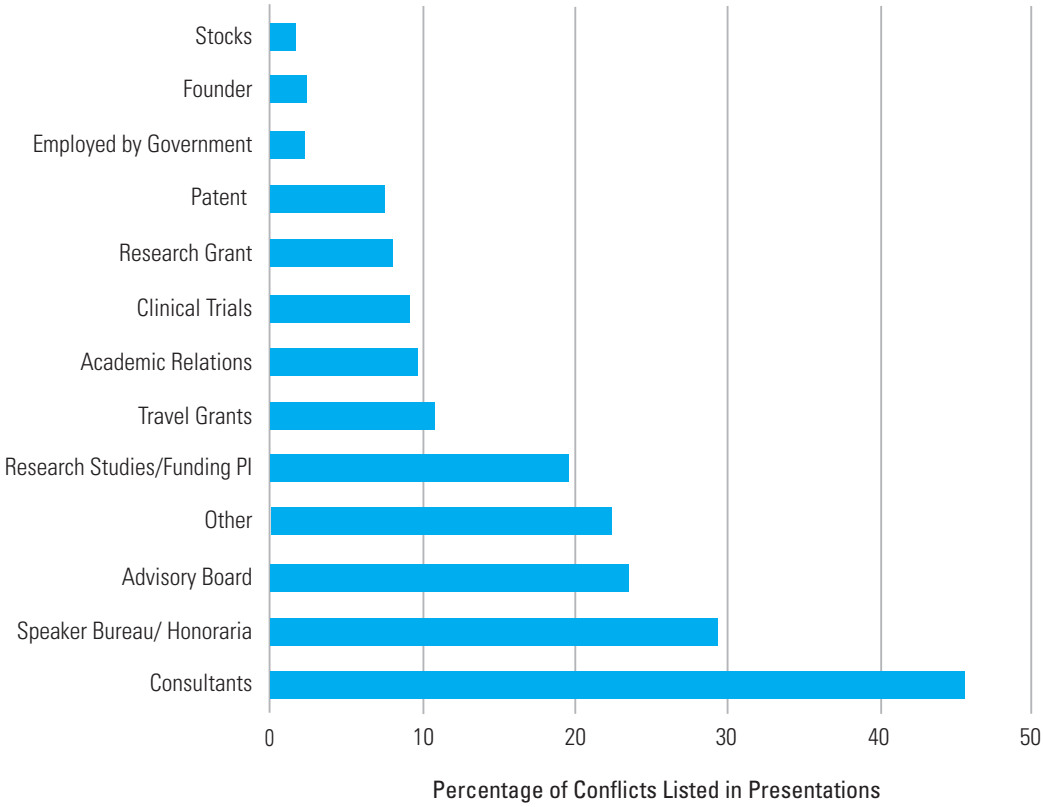
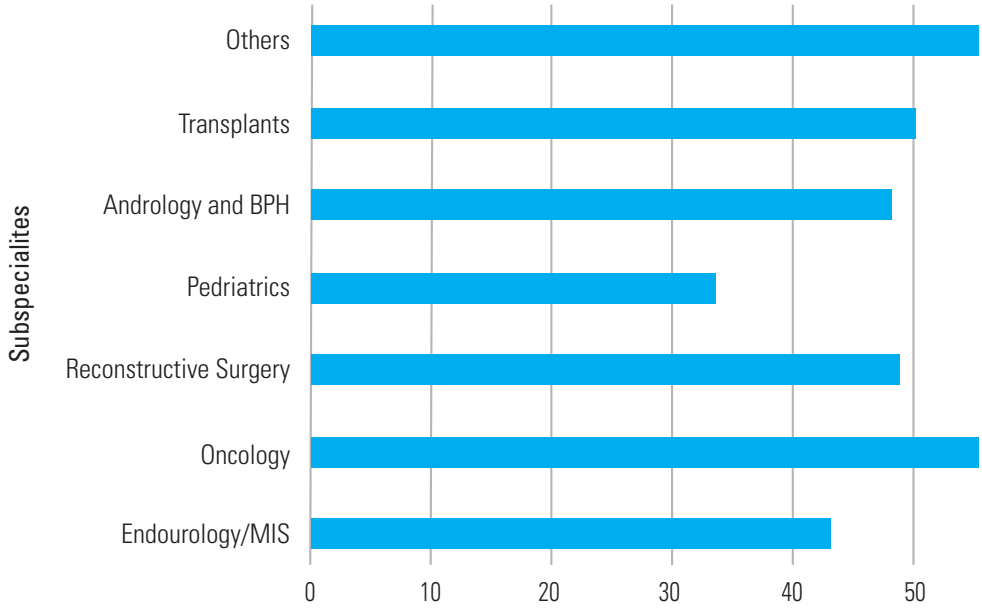


FIGURE 2.

Percentage of disclosure slide presentation by subspecialty topic



aims to provide a standardized document for reporting conflicts of interests for peer reviewed journals[10].

Among speakers who did present COI, very little time was spent on disclosure slides. Similar findings have been reported in other studies, with time spent ranging from 2 to 5 seconds[1-3,6]. The average reading speed of an individual is 3.8 words per second[11]. With 4.4 seconds as the median time spent per slide and a median word count of 20, the average reader would not have enough time to accurately read the slide. The value of presenting a disclosure slide comes into question when not enough time is allotted for the reader to accurately interpret it.

Even with the broadest definition, only 34.8% of presenters with a disclosure slide gave context and explained their disclosures to the audience. The inclusion of the disclosure slide appears mostly performative with questionable additional value. One explanation for this could be the constraints on the time allowed for presentations. A proposed solution would be to exclude disclosure slide time from the overall presentation time, thereby allowing researchers to fully explain COI[2].

In conclusion, there was low reporting of COI across major urology conferences in 2020. Even when COI is reported, too little time is spent on disclosure slides, and so few are contextualized that their value is questionable. Standardization of disclosure reporting across conferences with clear expectations and enforcements may help alleviate the problem. Further, COI reporting could be excluded from the allotted presentation time, and/or a QR code could be provided to enable attendees to obtain more detailed information about COI.

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