Conflict of Interest Policy Implementation for Quality Measures of American Society of Clinical Oncology

(July 17, 2014)

The American Society of Clinical Oncology (ASCO) is dedicated to conquering cancer through research, education, prevention and delivery of high-quality patient care. One of the primary ways in which ASCO fulfills this responsibility is through quality measurement and improvement. Provider and public confidence in quality measurement depends on the development of measures in a manner designed to minimize actual and perceived conflicts of interest.

Quality measures are developed from an array of sources. In general, ASCO develops quality measures based on priorities set by the Quality of Care Committee (QCC) and the QOPI Oversight Counsel. ASCO develops measures independently and collaborates with other organizations to develop quality measures applicable to stakeholders of both groups.

Quality measures are drafted by Measure Development Panels ("Measure Panels"), reviewed by the Measures Sub-committee ("MSC") of the Quality of Care Committee (QCC). Measures are updated from time to time, typically every 2-3 years or when practice-changing evidence becomes available. The following procedures provide strategies for managing potential conflicts of interest (COI) through the stages of measure development in accordance with the principles in ASCO’s Policy for Relationships With Companies.1

I. General Policy

ASCO requires disclosure of relationships with for-profit health care Companies by individuals involved at any stage of the measure development process. As a signatory Society to the Council of Medical Specialty Societies Code for Interactions with Companies2 (CMSS Code), ASCO adopts the CMSS Code definition of “Company.” A Company is a for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions.3

II. Disclosure

ASCO’s policy is to promote the development of measures in a manner that minimizes the risk of actual and perceived bias. Disclosure of relationships with Companies is the first step in ASCO’s process of evaluating and managing relationships that could result in actual or perceived bias.

All prospective members of a Measure Panel, or any other group charged with developing measures will disclose financial interests and other relationships with Companies in accordance with ASCO’s Policy for Relationships With Companies.4 All members of existing Committees and Sub-

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1 American Society of Clinical Oncology, Policy for Relationships With Companies 2013 JCO2013.49.5002. Available at: www.asco.org/rwc.
2 Council of Medical Specialty Societies, Code for Interactions with Companies. www.cmss.org/codeforinterations.aspx
3 Council of Medical Specialty Societies, Code for Interactions with Companies. www.cmss.org/codeforinterations.aspx
4 American Society of Clinical Oncology, Policy for Relationships With Companies 2013 JCO2013.49.5002
http://jco.ascopubs.org/content/early/2013/04/22/JCO.2013.49.5002
Committees disclose the same information. Individuals who are not ASCO members but are being considered for appointment to a Measure Panel must also disclose the relationships in accordance with ASCO policy.  

Occasionally, an individual may have a relevant indirect or non-financial interest or relationship that is not covered by ASCO’s general COI disclosure, such as an intellectual property interest; a strong professional or research opinion; or an outside affiliation. In these situations, the interest should be disclosed to the appropriate ASCO staff member or Committee leader.

Disclosure reports identifying members’ relationships will be available to Panel Members during the measure development process. The Measures Sub-Committee will have this information available when considering proposed measures for approval.

III. Measure Development Panels

A. Panel Composition
ASCO’s goal is to assemble a diverse and well-qualified group of experts to develop and approve quality measures in a manner that minimizes the risk of actual and perceived bias.

In the case of measures related to ASCO Guidelines or Guidelines Endorsements, an individual is not eligible serve on a Measure Development Panel if he or she was or would have been ineligible to serve on the guideline panel from which the measure is being derived. In all other instances, decisions about participation on a Panel will be made at the discretion of ASCO.

B. Panel Approval of Measures
At meetings, whether in person or via teleconference, Measure Panel recommendations must be adopted by a 75% majority of Panel members in attendance, where a simple majority of panel members are present. When the Panel votes electronically, recommendations must be adopted by a 75% majority of the entire Panel.

IV. Measures Sub-Committee of the Quality of Care Committee
Following development and approval by a Measure Panel, measures are reviewed and approved by the Measures Sub-Committee.

A. Disclosure
Sub-Committee members’ general disclosure reports will be provided to Measures Sub-Committee members prior to Sub-Committee discussion and vote of measures under review.

B. Recusal
To underscore the independence and integrity of the measure development process, measures will only be discussed and voted on by Sub-Committee members who do not have financial relationships with affected Companies, in instances where such companies can be identified. A Company is an “affected Company” if there is a reasonable likelihood of direct

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5 American Society of Clinical Oncology, Policy for Relationships With Companies 2013 JCO2013.49.5002
http://jco.ascopubs.org/content/early/2013/04/22/JCO.2013.49.5002
regulatory or commercial impact (positive or negative) on the entity as a result of the care being measured. Therefore, disclosure of any financial relationship with an affected Company is cause for recusal. Whether a relationship relates to the subject matter of the measure is not a relevant consideration for purposes of determining recusal.

C. Approval

Generally, measures will be reviewed and approved by a vote of the Sub-Committee at a meeting where a quorum is present. However, if the quorum is lost by virtue of recusals, the remaining Sub-Committee members in attendance will constitute a quorum as long as at least three members are present. Approval by majority vote of this group will be considered approval by the Sub-Committee.

If recusals result in fewer than 3 members of a Sub-Committee remaining eligible for voting, the Measures Sub-Committee Chair will invite an unconflicted member of the Quality of Care Committee to participate in voting on the Measures impacted.

V. Publication

When ASCO publishes a measure in the ASCO Measures Library, all disclosures of panel members from the period when measure development work was completed will generally be published concurrently. This Policy is also posted publicly on ASCO’s website.

VI. Exceptions

ASCO’s goal is to assemble a diverse and well-qualified group of experts to develop, approve, and adopt quality measures. If required to achieve this goal, these procedures may be adapted by ASCO on a case-by case basis to the extent necessary.

VII. Decisions

Questions about the application of this Policy will be decided by ASCO. ASCO will consider recommendations from the Measure Panel leads and the Measures Sub-Committee Chair (unless the question concerns their roles). ASCO decisions can be made by the Chief Medical Officer or the Vice President and General Counsel, advised by the Associate Counsel for Ethics and staff from Quality and Performance Measures, especially the Division Director or lead staff for the Measures Sub-Committee. Questions and decisions may concern, for instance, whether an individual is eligible to serve on a panel, or as a panel chair; whether an individual should be recused from voting; or whether an exception is warranted.

Application:
Applies to ASCO and its affiliates

History:
Adopted by ASCO Executive Committee on July 17, 2014