Conflict of Interest and the US Preventive Services Task Force

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IOM Committee on Conflict of Interest in Medical Research, Education and Practice
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US Preventive Services Task Force

- Standing panel of 16 non-Federal experts in prevention and primary care
  - Serve 4+ year terms, vote on up to 15 topics per year
  - Small subgroup of 3 or 4 members take lead for each topic
US Preventive Services Task Force

- Procedural Stages at which COI considered
  - Selection of Task Force members
  - Topic planning
  - Voting on recommendations
  - At time of publication of recommendation
USPSTF: Selection of members

- Nominations solicited from individuals, institutions, medical primary and specialty care organizations, in response to a Federal Register notice

- Selections based on methodologic and topical expertise, primary care experience, clinical field

- Funding sources and potential conflicts reviewed in detail at penultimate stage of selection
USPSTF: Topic Planning and Vote

Quarterly prompt to members to disclose about:

- Topics voted but not yet published
- Topics whose reviews are underway
- Planned and potential upcoming topics
n Asked to disclose

- Significant financial interests
- Business and professional interests
  n Compensated or not
- Intellectual Interests
USPSTF: Topic Planning and Vote (cont.)

- **Review of disclosures by AHRQ staff and Task Force Chair and Co-Chair to determine appropriate action**
  - **A No action**
  - **B Information disclosure** to Task Force only
    - **Member may participate as topic lead, and may discuss and vote on the topic**
  - **C Recusal from participation as topic lead and disclosure to Task Force**
  - **D Recusal from all participation and disclosure to Task Force**
Members of USPSTF, as authors of published recommendation statements, follow journal policy with regard to disclosures at time of publication:

- Annals of Internal Medicine
- Pediatrics
- Annals of Family Medicine
Reflections

Ways in which USPSTF may differ

- Need (or not) for experts, re: Prevention
- Review of disclosures has input from AHRQ
- Formal role of EPCs
- External peer review of evidence reports
- Invite review and comment on recommendations from Federal and Primary Care partner organizations