

## CJASN and Disclosure of Conflicts of Interest

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The last decade has seen some major advances in our understanding of pathophysiology and/or treatment of kidney diseases. These include but are not limited to the discovery of the pathogenetic role of PLA2R antibodies for primary membranous nephropathy, risk of kidney disease conferred by *ApoL1* in blacks, SGLT2 inhibitors for retarding progression of diabetic kidney disease, tolvaptan for the slowing the progression of autosomal dominant polycystic kidney disease, and increasing longevity of people with kidney failure treated with maintenance dialysis. However, a large amount of work remains to be done to find cures for various forms of kidney disease or approaches to management that return people with kidney disease to live normal lives. Not surprisingly, patients and payers are impatient with the pace of progress, and they are demanding solutions that can only be provided by more research. The magnitude of progress that we have made thus far has been possible because of public (PLA2R and ApoL1) and private (tolvaptan and SGLT2 inhibitors) funding, and with how large the unmet need is, meaningful progress in the future will also require investments from both the public and private sector.

Notwithstanding the importance of private sector investments in improving the wellbeing of patients with kidney diseases, they bring with them conflicts of interest at every stage—funding, conduct, analysis, and reporting of research. The investor, usually a pharmaceutical company or device manufacturer, often stands to gain financially from results of research that are favorable toward the product or device. Similarly, researchers based at academic medical centers have the possibility of significant professional or financial gain from obtaining additional funding for research or consultancy contracts that may include stock options or speaker fees. There are differences of opinion about the merits of researchers at academic medical centers partaking in or leading work funded by pharmaceutical companies or device manufacturers. However, there is no disagreement that financial arrangements should be completely and fully disclosed at every stage of research. Failure to do so runs the risk of undermining the public's confidence in research, which in turn, has the potential of impeding the much-needed progress demanded by patients and stakeholders with kidney disease.

The primary responsibility of disclosure of conflicts of interest lies with the authors, because there is no

searchable central repository of information of professional or financial arrangements between researchers and pharmaceutical companies or device manufacturers. The Centers for Medicare and Medicaid Open Payments website is a first step in creating such a repository, but it is limited to physicians in the United States and for drugs and devices already approved by the Food and Drug Administration. As such, it does not include data on nonphysician researchers in the United States, any researcher outside the United States, or drugs and devices that are not presently commercially available. Although recognizing the primacy of authors in fully reporting conflicts of interest, journals also have the responsibility of clearly articulating their policy on conflicts of interest and possible consequences for failure to adhere to such policy.

CJASN is very mindful of its responsibility in ensuring the disclosure of conflicts of interest by authors for the work that we publish. About 6 months ago, a reporter from the *New York Times* drew our attention to the possibility that the disclosure of conflicts of interest of authors of a research article that we published about 12 months prior may not have been complete. We reached out to the authors of the manuscript to complete the disclosure forms from the International Council of Medical Journal Editors (ICMJE) and determined that the disclosures for each of the 12 coauthors were incomplete. We concluded that the authors violated our disclosure policy and referred the case to the American Society of Nephrology (ASN) Professional Standards and Ethics Committee for review and further action. We also determined that the failure of incomplete disclosure of interest would not have affected our assessment of the scientific merit of the work, and hence, a retraction was not necessary. However, we issued a correction of the disclosures to update the public record for the manuscript.

To fully understand the magnitude of underreporting of disclosures of conflicts of interest, we undertook an audit of a selected group of manuscripts published in CJASN since January 2017. We selected 35 manuscripts and approached 245 individual authors to complete ICMJE disclosure forms, and we were gratified to receive forms on 237 (97%) authors of 33 manuscripts. We compared the disclosures reported on the ICMJE forms with those reported at the time of publication of the manuscript and found that they were

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concordant for 96% of the authors. The disclosures were discordant for nine (4%) authors, and in none of these cases was the financial conflict directly related to the published work. We have issued corrections to the disclosures for four manuscripts, which appear in this issue of *CJASN*.

The results of our audit suggest that our policy has been largely effective in ensuring adequate disclosure of conflicts of interest by authors. However, several authors pointed out to us areas where our policy could be clearer, such as if we require disclosure of all conflicts or only those related to published work and how far back in time were conflicts relevant or the consequences to authors for incomplete reporting of disclosures. We have used this opportunity to partner with *JASN* to develop a uniform policy for the two ASN journals. The policy requires (1) all authors to individually report all of their conflicts whether related to the work to be published or not; (2) from the time of inception of research for all conflicts related to the work; and (3) for the past 3 years for all conflicts not directly related to the work. We will ensure adherence to this policy by requiring each author to complete an ICMJE form before final acceptance of the manuscript. This requirement will apply to all invited manuscripts and original research manuscripts that we invite authors to resubmit after initial external peer review. The policy also clearly articulates

sanctions for authors who fail to adhere to our requirement of complete disclosure.

Our hope is that the new disclosure policy closes the gap in reporting of disclosures of conflicts of interest for the work that we publish in *CJASN*. Furthermore, this policy applies to all ASN journals, including *JASN* and the upcoming *Kidney360*, and this will bring greater predictability for authors. Most importantly, we hope that this will ensure continued faith of the lay public and the research and clinical communities in the work published in ASN journals.

#### **Disclosures**

Dr. Mehrotra discloses the following: Consultancy: Zytotec GmbH; Scientific Advisor/Membership: Editor-in-Chief, Clinical Journal of the American Society of Nephrology; Member, Exam Committee of the American Board of Internal Medicine; Editorial Board for Journal of Renal Nutrition, Peritoneal Dialysis International; Other Interests: Member, Board of Trustees, Northwest Kidney Centers.

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