



ASCCP COI Policy

Disclosure

In planning this conference, the Steering Committee (SC) which is free of control by any commercial interest, critically examined some of the issues involved in defining conflict-of-interest (COI). COI rules emphasize disclosure of an individual's associations with commercial entities, as such associations are shown to influence decision making. However, the SC recognizes that other conflicts of interest, financial or otherwise, may arise in conjunction with considering new recommendations for standard practice. On an individual level, for example, a clinician's practice and income may be affected by changes to the recommended frequency of patient visits. On a more global level, an entire professional specialty group might be adversely impacted, or advantaged, by such changes. The SC recognizes that all such interests--an affiliation with a company, the success of one's clinical practice, and the prominence of a professional specialty--represent potential conflicts.

Therefore, for this conference, all participating individuals are required to disclose all real or potential conflicts of interest including but not limited to: association with relevant commercial interests, involvement with professional societies in an executive or policymaking role, and the nature of their primary employment. Commercial interests are defined as any proprietary entity producing health care goods or services consumed by or used on patients. These may include pharmaceutical companies, device manufacturers or distributors, service companies or other for-profit entities. We recognize that under this broader definition of COI, virtually everyone has potential conflicts, but our intent was not to prevent participation unless a conflict of interest could not be satisfactorily resolved.

Levels of Review to Manage Conflicts of Interest

The development of recommendations involves four levels of review to ensure against bias:

1. Working Groups (WGs) reviewed current recommendations and developed draft recommendations for specific aspects of cervical cancer screening based on review of the evidence. In forming the WGs, the SC sought varied expertise and balance in the composition of the members so that a diversity of perspectives and opinions are included. Clinicians, epidemiologists, academicians and public health groups are represented. All WG co-chairs and members agreed to base their efforts on the best available evidence.
2. The SC reviewed initial WG drafts to identify possible bias and/or gaps, provided feedback and confirmed that all documents reflect a balanced, evidence-based process. No bias and/or gaps were found.
3. At the September, 2012, Meeting, experts and society representatives from the multiple disciplines involved in cervical cancer screening will review and comment on the WG draft recommendations in an open discussion forum using the best available evidence.
4. The moderator or co-moderators of the conference will monitor meeting discussions for



bias and intervene as appropriate to maintain focus on an evidence-based guidelines process.

This policy has been reviewed, approved and adopted by the Board of Directors on August 13, 2012