

I. PURPOSE & OVERVIEW

The gastroenterology and endoscopy community rely on transparency and, where needed, the management of conflicts of interest (COI) to advance the practice of endoscopy, conform to standards of care, and improve patient outcomes. The American Society for Gastrointestinal Endoscopy (ASGE) and its scientific journals, *GIE* and *VIDEODIGEST*, continuously review and strengthen processes for disclosure and management of actual and perceived conflicts of interest. Any COI caused by financial, intellectual or competing professional interests relevant to scientific publications, society volunteers, clinical practice guidelines

III. WHO SHOULD DISCLOSE?

1. ASGE Governing Board members
2. ASGE Foundation Trustees
3. Committee or Task Force Chairs
4. Committee or Task Force Members
5. Special Interest Groups (SIG)
- 6.

by the individual on behalf of the Society may have been influenced by consideration of their own financial or professional interest.

11. A member's relationship and income with their own private practice or other practice associations engaged in patient care does not constitute a conflict of interest and need not be disclosed unless that practice is doing business with ASGE.
12. Disclosure is not required for income from investment vehicles in which the member does not directly control the investment decisions, such as retirement accounts and mutual funds.
13. Disclosure is not required for income from seminars, lectures, teaching engagements, or advisory boards provided to a university, hospital, professional medical society, publisher, or certified medical education provider.
14. All ASGE Governing Board, Committee, and Task Force members are expected to avoid any activity performed on behalf of the Society that has the potential to result in personal gain for themselves or members of their family except for paid activities approved by the Governing Board such as speaker or officer honoraria.

V. CONFLICT OF INTEREST DISCLOSURE PROCESS

The ASGE has developed a checklist, provided in the appendix at the end of this document, as a quick reference and practical tool to be used by any ASGE committee, task force, faculty of an accredited ACCME educational activity, author of a publication, or governing board to reference when developing or reviewing a document that falls within the scope of this policy.

- A. For all ASGE Society Leadership, Volunteer and

B. ASGE Clinical Practice Guideline Disclosures

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12. Speaking related to the guideline topic: All guideline panel members, irrespective of conflicts of interest, should refrain from speaking activities related to the guideline's subject matter that involve payments by industry directly to the speaker during the period of guideline development and for one year after publication. Panelists should also decline offers to speak about the guideline on behalf of an entity with an actual, perceived, and/or potential vested interest in guideline subject matter for a reasonable period (at least one year is recommended) after guideline publication.
13. Implementation of this policy may be modified for joint guideline development with organizations whose conflict of interest policies differ from that of the ASGE only if the importance of the collaborative guideline justifies departing from ASGE's policy. For a full explanation of how to handle those cases, see the full document at www.xxx.

Any guideline panel member who is suspected of having failed to disclose a relevant COI at the time of disclosure to the ASGE or having failed to disclose to the ASGE a new COI acquired during the time since they were appointed to the panel will be contacted by the staff of the ASGE and asked to update their disclosures. Previously undisclosed COI that are confirmed will be categorized as manageable or disqualifying as described above. For further information on the process that follows failure to disclose, see the full document at www.xxx.

D. ASGE Accredited Continuing Medical Education (CME) Disclosure Management

The ASGE follows the accreditation council for continuing medical education (ACCME) requirements related to Standards to Ensure the Independence of CME Activities. The following is a guide used in managing potential conflicts of interest as well as validating CME content.

- a. ASGE supports education and research in diagnostic and therapeutic endoscopy and uses where appropriate, collaborations between the society, academia and industry that ultimately benefit patients. To avoid any potential conflicts of interest, each individual and staff who are involved in planning efforts, are required to adhere to evidence-based, scientific only, unbiased content. Any recommendations included in the content must be based upon evidence that is accepted within the profession of medicine and gastroenterology as adequate justification for indication and contraindications in the care of patients.
- b. Content of ASGE's CME activities is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of healthcare to the public.
- c. All planning of educational content is independent from any communications with commercial interests.
- d. All faculty, staff and planning members potential conflicts of interest are disclosed and reviewed to determine relevance to the content and managed accordingly.
- e. Hands-on courses do not rely on vendors to demonstrate use of any device used in accredited CME activities.

VII. REFERENCES

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20. Pharmaceutical Research and Manufacturers of American. Code on interactions with healthcare professionals. http://phrma-docs.phrma.org/sites/default/files/pdf/phrma_marketing_code_2008.pdf. Accessed December 13, 2018.
21. Center for Medicare/Medicaid Services. <https://openpaymentsdata.cms.gov/> . Accessed October 28, 2019.
22. Accreditation Council for Continuing Medical Education. <http://www.accme.org/accreditation-rules/policies/financial-relationships-and-conflicts-interest> . Accessed October 29, 2019.

APPENDIX COI STEPS

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