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Brief Communications

Nonresearch Pharmaceutical Industry Payments to Oncology Physician Editors

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Disclosures of potential conflicts of interest may be found at the end of this article.

Abstract

Journal editors are gatekeepers of knowledge, and pharmaceutical industry payments to oncology editors have not been previously characterized. We performed a cross-sectional study of nonresearch industry payments to editors of 26 oncology research journals. A total of 433 editors were eligible for inclusion in the CMS Open Payments database from 2013 to 2018. A total of 80% of eligible editors had nonresearch payments, and the mean value of payments per editor was $106,778, which has increased over time. Only 5 out of 26 journals disclosed editor conflicts of interest and 3 of these journals reported at least one editor with no nonresearch industry payments but were found to have nonresearch payments. There was a positive correlation between journal impact factor and the average payment per editor for each journal. Our study shows the high prevalence and lack of transparency of nonresearch industry payments to oncology editors. Higher impact journals appear to be associated with greater nonresearch industry payments. ***The Oncologist*** 2020;25:e986–e989

Pharmaceutical industry payments to physicians may impact prescribing behaviors, formation of clinical guidelines, and interpretation of clinical studies [1–3]. Accordingly, disclosure of conflicts of interest (COIs) is increasingly mandated by funding agencies, institutions, and publishers. Oncologists are associated with greater pharmaceutical payments compared with nononcologists, which may be in part attributed to the high cost of oncologic therapies and the dominance of oncology products in the global pharmaceutical market [4]. Journal editors have a profound influence on the dissemination of practice changing evidence. To date, the prevalence and nature of industry payments to oncology journal editors remains uncharacterized.

We sought to characterize nonresearch pharmaceutical payments (NRPP) to oncology editors. We used this narrow definition of financial COIs because industry sponsorship is frequently necessary for therapeutic developments. Although research payments may confer bias, this may not be avoidable or a detriment. In contrast, it is more plausible that NRPPs can be avoided or mitigated without hindering medical advancements. NRPPs may also represent more personal relationships between industry and physicians, whereas research payments may represent relationships between industry and research teams, institutions, and hospitals.

We analyzed general medical oncology journals indexed in MEDLINE that published at least one interventional clinical trial enrolling patients with cancer and more than 100 articles in 2018 and that had at least one US-based physician editor and an impact factor (Clarivate) greater than 1. Interventional clinical trials were identified by filtering journal searches on Pubmed.gov by the "article type" attribute for "clinical trials" and then manual review to exclude observational or retrospective clinical studies. All editors including associate, deputy, senior, scientific, and section editors for each journal were abstracted from journal websites. Editorial board members were not included in the analysis because of the nonuniform responsibilities and varying involvement of editorial board members between different journals. NRPP data was extracted from the "general payment" data set of the CMS Open Payments database between the years 2013 and 2018. The analysis of NRPPs to editors was restricted to US physicians as mandatory reporting in the CMS Open Payments database is only applicable to US clinicians. Abstraction of editor rosters was performed between January and March 2019. CMS Open

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Table 1. Characteristics of oncology journals and editors who received NRPPs from 2013 to 2018

Journal no.	Total editors	Eligible editors	Eligible editors with NRPPs	Editors with NRPPs >$100,000	NRPPs, mean (SD)	NRPPs, total	Number of NRPPs, mean (SD)	Number of N RPPs, total	Journal disclosure
1	11	11	9	2	170,744 (463,995)	1,878,179	53 (98)	584	No
2	28	5	3	1	218,628 (438,876)	1,093,138	235 (487)	1,174	Yes
3	22	15	14	1	16,837 (60,528)	252,557	9 (14)	129	No
4	20	8	7	1	34,263 (52,201)	274,103	41 (45)	329	Yes
5	24	21	15	4	50,443 (71,620)	1,059,299	68 (97)	1,422	Yes
6	4	2	1	0	3,164 (4,474)	6,327	5 (7)	10	No
7	87	46	36	10	334,213 (1,657,061)	15,373,799	61 (82)	2,812	No
8	70	28	18	4	50,145 (124,447)	1,404,070	23 (37)	638	No
9	40	32	27	10	138,443 (213,984)	4,430,171	122 (173)	3,893	No
10	27	23	22	14	142,021 (125,252)	3,266,483	161 (136)	3,694	No
11	7	7	5	0	10,071 (12,712)	70,496	8 (10)	56	No
12	13	10	9	0	5,241 (6,153)	52,405	16 (12)	156	Yes
13	7	6	6	2	135,815 (211,801)	814,888	129 (215)	775	No
14	107	46	37	11	79,942 (126,450)	3,677,350	84 (118)	3,884	No
15	19	13	12	1	29,932 (30,746)	389,113	39 (36)	508	Yes
16	29	16	15	7	208,197 (273,350)	3,331,156	191 (269)	3,056	No
17	72	51	34	7	53,868 (151,771)	2,747,286	47 (132)	2,422	No
18	9	8	7	1	38,166 (44,582)	305,329	60 (83)	477	No
19	43	11	8	3	125,211 (206,080)	1,377,319	116 (221)	1,281	No
20	27	13	9	2	50,763 (89,582)	659,917	53 (89)	690	No
21	6	2	2	0	48,234 (66,591)	96,468	74 (92)	148	No
22	22	3	2	1	62,135 (69,995)	186,405	94 (119)	281	No
23	3	1	1	0	22,308 (0)	22,308	43 (0)	43	No
24	16	4	1	0	12 (24)	47	0 (1)	1	No
25	19	9	9	3	146,325 (302,300)	1,316,921	52 (63)	464	No
26	61	42	38	7	51,175 (78,722)	2,149,364	54 (73)	2,284	No

Abbreviation: NRPP, nonresearch pharmaceutical payments.

Payment data sets from the years 2013 to 2018 were downloaded in June 2019 and analyzed from July to August 2019.

Our cross-sectional analysis included 26 oncology journals and 793 editors, of which 433 were US physicians and thus eligible for inclusion in the CMS Open Payments database (Table 1). A total of 80% of eligible editors had NRPPs, and the mean and median values of NRPPs per editor from 2013 to 2018 were $106,778 and $8,227 (interquartile range, 91–70,412), respectively. A total of 77% of journals had an editor with NRPPs valuing more than $100,000. Editors in chief had a mean and median NRPP value of $125,812 and $22,308, respectively, whereas other editors had a mean and median NRPP value of $109,744 and $8,227, respectively. The mean and median number of NRPPs per editor were 72 and 15 (interquartile range, 1–79), respectively. The value of NRPPs were chiefly related to consulting fees (31.5%), ownership or investment interests (29.5%), and faculty or speaker compensation (19.7%), whereas NRPPs related to travel (11.9%), honoraria (2.6%), entertainment and food (1.7%), and other contributions (3.1%) were diminutive. No editors exclusively received NRPPs in the form of food and beverage.

Only five journals had COI statements accessible online (Table 1). For three of the five journals, COI statements from at least one editor reported absolutely no COIs but were identified to have NRPPs. This discrepancy was identified for 11 of 57 eligible editors.

The total value of NRPPs to editors increased over time from $1,732,240 in 2013 to $7,992,980 in 2018. Per editor, the median value of NRPPs increased from $3,602 (interquartile range, 435–11,798) in 2013 to $9,330 (interquartile range, 900–35,711) in 2018 (Fig. 1A).

Because journal impact factor connotes citations received and serves as a proxy of journal influence, we plotted the relationship between impact factor and NRPPs (Fig. 1B). This showed a positive and significant correlation between journal impact factor and the mean NRRP value per editor (Pearson's $r = 0.43$, $p = .02$).

Our study highlights a high prevalence of NRPPs among oncology editors, with many editors being paid considerable sums that have increased over time. A past study analyzing oncology specialists determined that the 2014 median value of NRPPs per physician who received payments was $632, $124, and $250 for oncologists, radiation oncologists, and surgical oncologists, respectively [4]. We performed this same calculation for journal editors using 2014 NRPP data to provide a direct comparison which showed that the median value of NRPPs per editor was $5,335. This suggests that physician editors of oncology journals are associated with greater NRPPs compared with other oncology physicians. A limitation to this study is the fact that editorship rosters were analyzed in 2019, whereas NRPPs included data from 2013 to 2018. Thus, the temporal relationship between editorship and NRPPs cannot be clearly characterized in this study. However, it is likely that some editors received NRPPs prior to their editorship appointments. It also remains to be clarified if the increasing trend of NRPPs to editors may be due to the fact that physician career advancement may be associated

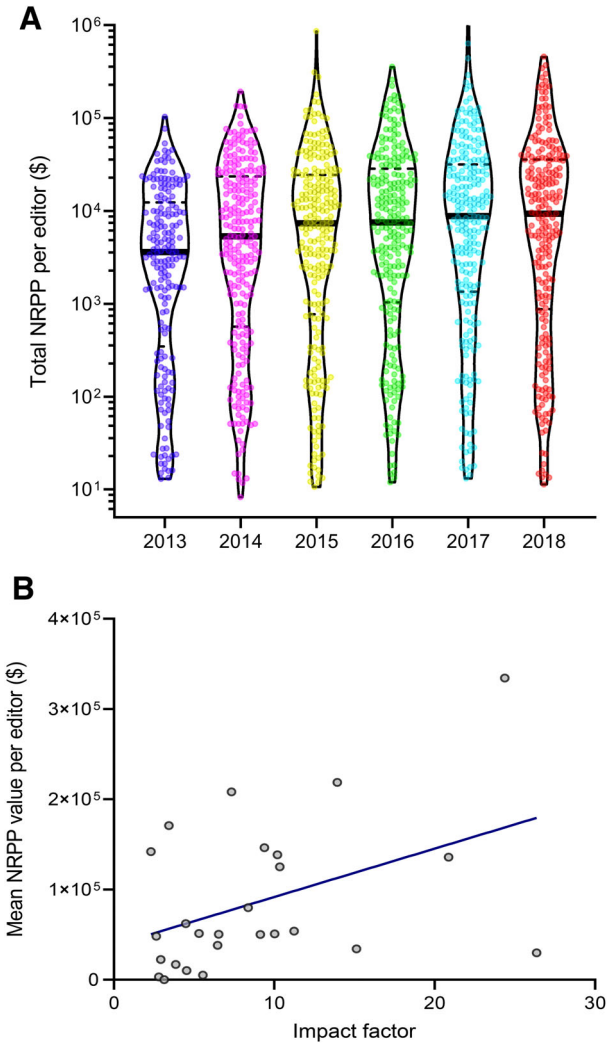

Figure 1. Trends in NRPPs to oncology editors over time and the correlation between NRPPs per editor and journal impact factor. **(A):** Violin plots show the total value of NRPPs to each oncology editor per year. Points depict NRPPs to individual editors, heavy solid lines depict the median NRPP value per year, and dashed lines depict the first and third quartiles of NRPP values per year. The nonparametric Kruskal-Wallis H test was used to test differences in the distribution of NRPP values over time given the non-normal distribution of NRPPs. $p < .001$. **(B):** The impact factor and average value of NRPPs per editor for each journal was plotted. Several outlier journals are labeled. Pearson $r = 0.43$, $p = .02$.
Abbreviation: NRPP, nonresearch pharmaceutical payment.

with greater NRPPs independently of editorship. As the CMS Open Payment database is only applicable to US physicians, NRPP to non-US based oncology journal editors remain to be characterized.

There was a lack of transparency among oncology journals regarding COIs, and discordant reporting of NRPPs was common among journals with COI disclosures. The positive correlation between impact factor and average NRPP per editor implies that editorial teams of the most preeminent journals are intimately and disproportionately tied to industry, with a few notable exceptions. This finding is

notable because high journal impact journals generally have greater readership and credibility and publish more practice-changing studies. Our findings are more illustrative than past studies of the pervasiveness of editor COIs and the lack of transparency in medical publishing given our focus on NRPPs, which are potentially avoidable [5, 6]. Because COIs can affect public and readership trust, and consequently the translation of clinical research into practice, increasing editorial transparency and accountability is warranted [7].

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