

Conflict of Interest: Have We Learned Anything?

2018 was the watershed year for the oncology community. One of the top researchers in breast cancer from the United States of America, Jose Baselga, resigned as the chief medical officer at Memorial Sloan Kettering Cancer Center, New York. This happened after an article mentioning that “top cancer research fails to disclose corporate financial ties in major cancer research journals” was published by The New York Times along with Propublica, the nonprofit investigative journalism organization. The article alleged Jose Baselga of receiving millions of dollars from drug and healthcare companies over the years.

Dr. Jose Baselga had advised various large pharmaceutical companies including Roche, BMS, and Varian. He held stakes in various start-ups which are involved in the cancer treatment solutions, one of them was acquired by Roche. He was also one of the editors of a medical journal called *Cancer Discovery*. Allegation was that he had not disclosed the conflict of interest in the articles written by him in this journal. Dr. Jose did not follow the financial disclosure rules and regulations set by the *American Association for Cancer Research*. He even failed to mention the payments received by him from companies connected to the articles published by him. In an analyst meet with Roche, he gave a positive opinion regarding the results of two Roche-sponsored clinical trials, while other investigators were of the opinion that these trials were disappointments. One of them was the AFINITY trial sponsored by Roche promoting the Herceptin-Perjeta combination. Roche started persuading oncologists to move to this combination. An editorial published in the *New England Journal of Medicine* (NEJM) mentioned this combination in bad light. Dr. Jose criticized this article calling it “weird and strange.” He had received more than 3 million dollars from Roche as consulting fees and for his stake in a company which forces acquired later on. He had failed to disclose financial ties with pharmaceutical companies even in the articles published in the NEJM and *The Lancet*. One of these articles was on “Vemurafenib in multiple non-Melanoma cancer with B-RAF v600 mutations,” published in the NEJM 2015, where he was the corresponding author. This study was sponsored by Roche and Dr. Jose failed to disclose this. Disclosures filed by drug companies to the Federal Open Payment Database in the USA showed that from 2013 to 2017, Dr. Baselga received 3.5 million dollars from nine companies.

He responded to these allegations by accepting that he was at fault by not disclosing the conflict of interest but it was unintentional. He said that the payment received from various companies was already into the public domain which could be seen in the database. Sixty-two papers published by him were into the area of conceptional, basic laboratory, or translational work which, in his opinion, did not require any conflict of interest to be disclosed as they had very little clinical or

financial implications. He said that he was going to correct 17 papers with amendments in the conflict of interest column.

Going forward, I think that we should also have stringent disclosures from all authors before publishing any article. The example quoted by *The Lancet* in their disclosure form is that if you are writing an article on “epidermal growth factor receptor (EGFR) in lung cancer,” your disclosures should not be restricted to only lung cancer but all cancers in the previous 36 months.

We the intellectuals from society should be the first among the others with disclosures as it implies a lot to society’s health. Ethical and scientific promulgations of clinical practice, irrespective of financial implications, should be promoted. We should also be careful that the platform given to us to speak should not be used by proxy beneficiaries. There are many role model speakers for younger doctors whose word is taken as gospel truth. Recommending unscientific treatments based on “in my experience” should be strictly avoided, as it may be harmful to patients. Mushrooming of multiple, overlapping conferences supported by Pharmaceutical companies should be curtailed. Conferences should not become promotional activities for various stakeholders. Rather, it should be purely used to exchange scientific knowledge based on tremendous clinical material bandwidth which we have in India.

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Conflicts of interest

There are no conflicts of interest.

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