

AAN Guideline Author Conflict of Interest Policy

The American Academy of Neurology is committed to producing independent, critical and truthful clinical practice guidelines (CPG) of drugs and technologies that impact patients who have or are at risk for neurological diseases. To the extent possible, the AAN believes that those who produce the CPGs and those who have a financial stake in the success or failure of the products appraised in the CPGs should be kept separate and distinct. However, it may be difficult to form an expert panel devoid of potential conflicts, therefore the AAN carefully balances known biases of panel members, reviews conflict of interest disclosure, limits participation, and provides strong oversight of the panels.

Balancing the Panel

When it is not feasible to form an expert panel devoid of potential conflict, it is essential to balance the panel between those with and without conflicts (financial, research, academic, etc.). At least half of the panel members should not have a significant conflict of interest. For guidelines of broad scope, panel members should not all be from the same institution or study group. If there is a recognized, credible controversy on the chosen guideline topic, both sides should be represented on the panel.

Attainment of Conflict of Interest Disclosures

Panel members must complete and sign a conflict of interest statement (attached) annually. All potential conflicts for the past year for the author, spouse and minor children must be disclosed.

Oversight by the QSS and TTA

The author panel roster and conflict of interest forms—and all subsequent changes to either—are communicated to QSS or TTA. QSS and TTA reserve the right to make changes to the author panel to ensure balance and avoid bias.

Conflicts that Limit Participation

QSS or TTA may choose to not appoint an individual as a lead author or the lead of a section of a guideline if the individual has any of the following relationships to the issues or products being assessed: having stock or ownership; being compensated for expert testimony; being a pioneer or inventor; holding a patent or intellectual property; or any substantial direct or indirect compensation that can be viewed as a conflict.

The AAN forbids commercial participation in guideline projects. Being a current employee of a pharmaceutical company or a device manufacturer prevents participation.

Disclosure of Potential Conflicts of Interest

Substantial conflicts of interest will be disclosed in the published guideline as determined by QSS and TTA and as required by journal standards.

In addition, the following paragraph will be included in all future guidelines:

The American Academy of Neurology is committed to producing independent, critical and truthful clinical practice guidelines (CPG). Significant efforts are made to minimize the potential for conflicts of interest to influence the recommendations of this CPG. To the extent possible, the AAN keeps separate those who have a financial stake in the success or failure of the products appraised in the CPGs and the developers of the guidelines. Conflict of interest forms were obtained from all authors and reviewed by an oversight committee prior to project initiation. AAN limits the participation of authors with substantial conflicts of interest. The AAN forbids commercial participation in, or funding of, guideline projects. Drafts of the guideline have been reviewed by at least three AAN committees, a network of neurologists, *Neurology* peer reviewers and representatives from related fields. The AAN Guideline Author Conflict of Interest Policy can be viewed at www.aan.com.

Statement of Potential Competing Interests (Financial, Equity, Intellectual Property, Research, Advocacy) with AAN Practice Parameters or Technology Assessments

Name of AAN Member: _____ Date of Statement: _____

Name of Practice Parameter or Technology Assessment: _____

In accordance with the action by the American Academy of Neurology Board of Directors, authors and expert panelists for each QSS and TTA project are required to disclose all possible conflict of interest with respect to the topic being studied. Use additional pages if necessary to complete this form.

1. **PAST OR PRESENT FINANCIAL RELATIONSHIPS:** Please list below all pharmaceutical, medical device, biotechnology, or medical consulting companies in which you or your immediate family member(s) have or have had financial, equity, or intellectual property interests, currently and in the 1 year prior to the date of this document.

Name of Company	Type of Relationship (Please check (√) if yours or write “FM” if family member, defined as spouse and minor children)		
	Financial*	Equity**	Intellectual Property
For interests ≤ \$10,000			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
For interests > \$10,000 to \$25,000			
1.			
2.			
3.			
For interests > \$25,000			
1.			
2.			
3.			

* Fees for consulting, speaker’s bureaus, advisory boards, or other committees. Include fees paid to you directly or indirectly to you through a University account that is under your control (eg, discretionary account).

** Do NOT include mutual funds.

2. **FUTURE STOCK OPTIONS/PATENT RIGHTS:** Please list all stock options and/or patent rights that you or your family member(s) have in a pharmaceutical, medical device, or biotechnology company.

Name of Company	Type of INTEREST (Please check (√) if yours or write “FM” if family member)	
	Future Stock Options	Patent Rights
1.		
2.		

3. List any grant or contract that either provides salary support paid to you through your institution or supports your research without salary support, currently and in the 1 year prior to the date of this document. Only include research that could reasonably be considered related to this parameter or assessment.

Name of Sponsor*	Brief Description of Research
1.	
2.	
3.	
4.	
5.	
6.	
7.	

* List Government (eg, NIH, FDA, AHRQ), or Foundation source or name of private company (eg, pharmaceutical, medical device or biotechnology company).

4. List all diagnostic procedures you currently perform in your clinical practice and estimate the percentage of your clinical effort devoted to this procedure in the past 1 year. Only include procedures that could reasonably be considered related to this parameter or assessment.

Procedure	Estimated Percent of Your Clinical Effort
1.	
2.	
3.	
4.	

5. In the past 1 year, did you serve as an officer, director, partner, manager or employee of **any** pharmaceutical, medical device, or biotechnology company?
 No Yes

If yes, specify company and role.

6. In the past 1 year, have you received payment for expert testimony in a legal proceeding on a topic that could reasonably be considered related to this parameter or assessment?
 No Yes

If yes, specify content area of your testimony.

7. In the past 1 year, have you received payment for an advocacy role in government or non-profit organization on a topic that could reasonably be considered related to this parameter or assessment?
 No Yes

If yes, specify advocacy role.

The statements I have made are true, complete, and correct. I give my permission to disclose this information to appropriate AAN Leaders and any one who specifically requests it in writing.

By typing your name in the space provided, you are submitting the electronic equivalent of a legal signature. You are also asserting that you completed the application. To verify the contents of the application, the signatory must enter his/her name in the space provided. Acceptable "signatures" should be preceded and followed by the forward slash (/) symbol. Acceptable "signature" should be as follows: /John Doe/.

Electronic Signature

Date

Return this form by e-mail to Thomas Getchius at tgetchius@aan.com.