

## EDITORIALS



## Uniform Format for Disclosure of Competing Interests in ICMJE Journals

Disclosure of financial associations of authors of articles published in biomedical journals has become common practice. The information provided in these disclosures helps the reader to understand the relationships between the authors and various commercial entities that may have an interest in the information reported in the published article. At present, many journals ask authors to report such relationships by completing a form with information about their financial associations. The journals then either post the complete information online or create a summary of the information and publish it with the article in question. Although efforts are under way to establish uniform reporting systems, there is currently no uniform vehicle for the disclosure of financial associations. Thus authors may provide similar information to different journals in multiple formats. In addition, slight differences among journals in requirements for reporting can lead to confusion, as the same individual may report different information to different journals. With this editorial, which is being published simultaneously in all International Committee of Medical Journal Editors (ICMJE) journals, we introduce a new disclosure form that has been adopted by all journals that are members of the ICMJE. We encourage other journals to adopt this reporting format, and we are placing the form in the public domain.

We ask authors to disclose four types of information. First, their associations with commercial entities that provided support for the work reported in the submitted manuscript (the time frame for disclosure in this section of the form is the life span of the work being reported). Second, their associations with commercial entities that could be viewed as having an interest in the general area of the submitted manu-

script (the time frame for disclosure in this section is the 36 months before submission of the manuscript). Third, any similar financial associations involving their spouse or their children under 18 years of age. Fourth, nonfinancial associations that may be relevant to the submitted manuscript.

The form now posted on the ICMJE Web site ([www.icmje.org/coi\\_disclosure.pdf](http://www.icmje.org/coi_disclosure.pdf)) includes instructions to help authors provide the information, and a sample completed form is also available ([www.icmje.org/sample\\_disclosure.pdf](http://www.icmje.org/sample_disclosure.pdf)). Authors can download the form from the Internet, add the requested information, and save the completed form on their computer. The completed form can then be uploaded to the Web site of the journal that has requested the information. Since all ICMJE journals now use the same reporting format, authors may save a partially completed form on their computers; when a manuscript is ready for submission to a journal that accepts this reporting format, authors can simply finish completing the form by adding information specific to the manuscript and then upload the completed form to the journal's Web site. Our goal is to make the process of disclosure uniform and easy; the new form should eliminate the need to reformat disclosure information for specific journals.

We realize this disclosure form requires authors to report a great deal of information about their relationships with entities that could be viewed as having interests that compete with the research being reported. With this in mind, some journals may ask for all these details at the time of initial manuscript submission, whereas other journals may ask for much less information at submission and require completion of the detailed form later in the editorial process. These

decisions will be left to the discretion of the journal.

We also realize that to be useful, the reporting format must be responsive to community needs. Although ICMJE member journals have “use tested” the form, there may be situations that are not covered by the form, aspects of the instructions that are unclear, or bugs in the programming that we have not yet discovered. Therefore we regard the period from publication of this editorial until April 10, 2010, as a period of beta testing. We encourage you to let us know about problems that arise with the form and to send us your comments by using the comments feature at the home page of the ICMJE Web site ([www.icmje.org](http://www.icmje.org)). The ICMJE will meet in late April 2010 and will adapt the form to address concerns identified by users. In the future we will revisit the form’s usefulness and modify it as needed. We are grateful to the authors who take the time to provide complete disclosure information and thus help to ensure the transparency of the publication process. By adopting a uniform format, we hope to make the process of disclosure of competing interests easier for authors and less confusing for readers.

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*Editor's note:* This editorial is being published simultaneously in all ICMJE member journals.

*Disclaimer:* Dr. Sahni's affiliation as representative and past president of the World Association of Medical Editors (WAME) does not imply endorsement by WAME member journals that are not part of the ICMJE.

This article (10.1056/NEJMe0909052) was published on October 13, 2009, at [NEJM.org](http://NEJM.org).

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## Innovation and Comparative-Effectiveness Research in Cardiac Surgery

Eric David Peterson, M.D., M.P.H.

Cardiac surgery has always been a unique combination of art and science. The field is advanced by those who push the envelope by suggesting innovations. Yet promising techniques need to be rigorously evaluated before they are widely adopted. Coronary-artery bypass grafting (CABG) was pioneered in the 1960s and subsequently shown in a series of randomized studies to extend life and relieve angina in subgroups of patients with severe coronary disease.<sup>1</sup> As a result of these studies, CABG has grown to become the most common surgical procedure in the world.<sup>2</sup> During the

subsequent years, however, CABG techniques have continued to be refined, leading to reductions in operative risk. During the past decade, in-hospital mortality rates after CABG have declined from 2.8% to 1.6% (a 43% reduction in the relative risk), despite being performed on progressively older and sicker patients (unpublished data).

Some thought that the field's next great innovation was to perform CABG surgery without traditional cardiopulmonary bypass (so-called off-pump). Initial observations raised hopes that off-pump CABG might reduce myocardial dam-