Japan Gastroenterological Endoscopy Society
Guidelines Regarding Conflicts of Interest (COI) in Medical Research

The Japan Gastroenterological Endoscopy Society (JGES), originally established as the Japan Study Group of Gastroscopy in 1951, marked its 50th anniversary in 2008 and now has over 34,000 members. The goals of the JGES are to promote fundamental and clinical research in the field of gastroenterological endoscopy and to contribute to improvements in human healthcare not only in Japan, but also worldwide through the results of that research. As a result of continued efforts, the JGES has become a Society with solid achievements and a strong reputation across a broad range of activities related to the diagnosis, treatment, and prevention of various gastrointestinal diseases (primarily gastroenterological cancer), in addition to the development and technological advancement of endoscopic devices. Endoscopy is currently an essential component of daily medical practice, and the medical research led by JGES is expected to lead to further developments in the future.

Numerous research outcomes presented at academic meetings hosted by the JGES or in official JGES journals include medical research into the diagnosis, treatment, and prevention of various diseases, as well as research into the use of new drugs, devices, and techniques. To promote this research, joint efforts between industry (e.g. pharmaceutical or venture companies) and academia (collaborative research, funded research, transferring and assisting technology for use in clinical settings, and the funding of scholarships and study groups) are of fundamental importance.

However, with greater collaboration between industry and academia in the field of medical research (including basic research, clinical research, and clinical trials), it is inevitable that the involvement of public organizations (e.g. universities, research institutes, and academic societies) with the activities of specific private companies will increase. Consequently, the situation where the responsibilities of the academic institutions and organizations, whose primary responsibility is education and research, and personal profits arising from joint activities with private companies and organizations, collide or conflict will inevitably arise. This situation is generally described as a *conflict of interest* (COI). Appropriate management of COI is a significant challenge to overcome for any academic institution or organization to properly promote collaboration with industry. In addition, medical research differs from collaborative research in other academic fields in the sense that medical research requires the participation of both patients and healthy volunteers as research subjects. In medical research, serious COI resulting from financial and other types of support provided by private companies and organizations may lead to human rights abuses and endanger the safety and security of patients. Furthermore, the collaboration may result in biased research methods, data analyses, and interpretation of the outcomes. In some cases, even if the research outcome is appropriate, COI may mean that the

outcome is not evaluated fairly or even that the study results are not published. However, it has been pointed out that the problems associated with COI that have surfaced in the past have been caused primarily by the management of COI, not by the existence of the COI itself. Thus, in recent years, to promote appropriate collaborative research between industry and academia, many medical facilities and academic institutes both in Japan and abroad have created guidelines for the management of COI in medical research with the intention of maintaining justice and fairness in research, the transparency of academic presentations, and public confidence in the collaborative research undertaken by private companies and public organizations. They are making efforts to return the legitimate results of collaborative research to society through appropriate management of COI.

In recent years, in the context of the national policy to promote translational research from basic seed discovery research to clinical research in each country, there is a global trend that the research subject to the management of COI has been extended to include basic life-science research conducted as a collaboration between industry and academia and is no longer limited to clinical research and clinical trials (including drug trials) on humans. With a background like that, basic researchers who conduct industry-academia joint research with private companies, for-profit corporate bodies, or organizations also tend to be asked to submit a self-declaration of financial COI. Therefore, JGES defines the research from life-science research and basic medical research to clinical medical research on humans (including research projects related to unmasked materials derived from humans or data with personal identifiers) and clinical trials, which are conducted as a collaboration between industry and academia with the purpose of improving the methods of prevention, diagnosis, and treatment, as well as to obtain a better understanding of the cause of a disease and conditions, and to enhance the patient's quality of life, as medical research and position them as targets of COI management.

The basic stance of JGES on COI management is as follows: 1) research institutes and researchers must accept funding (donation, research grant, funding contract, etc.), pharmaceuticals, medical devices, and services in relation to medical research conducted as a collaboration between industry and academia from private companies, corporate bodies, and organizations in which they have a vested interest in a fair and proper manner on the condition that medical, ethical, and scientific nature of the research is guaranteed; 2) specific information on the funding and other items provided must be properly managed and properly stated and published in the clinical study implementation plan, COI declaration, and academic papers to ensure the quality and reliability of the research outcome; and 3) research institutes and researchers must fulfill their accountability when any question is raised by a third party. Therefore, JGES has formulated these Guidelines Regarding Conflicts of Interest (COI) in Medical Research with the aim of properly managing its member's

COI and promoting public accountability.

I. Purpose

Considering the social responsibility of JGES members and the high level of ethics they are expected to display in the collaborations between industry and academia in the field of medical research, the JGES has formulated the Guidelines Regarding Conflicts of Interest (COI) in Medical Research (hereafter referred to as the "Guidelines"). The purpose of the Guidelines is based on the principle of properly promoting collaboration between industry and academia and by properly managing the COI that occurs in the course of performing medical research activities conducted by JGES members in order to manage the bias risk in the activities, including the formulation, dissemination, and promotion of clinical guidelines, as well as conducting medical research and presenting the outcomes while maintaining neutrality and fairness and, at the same time, fulfill the social responsibilities by contributing to advances in the prevention, diagnosis, and treatment of gastroenterological endoscopy disease. The Guidelines contain the basic philosophy underlying COI management for JGES members and request compliance by the voluntary proper disclosure of any COI when members participate in various events. Of course, members are required to comply with the work rules, COI guidelines, and other regulations set forth by the research institute or organization to which they belong.

As the basic philosophy underlying COI management, research institutes and researchers must execute the following:

1) Appropriately accept funding (donations or contract based funding), pharmaceuticals, medical devices, and services in relation to medical research in a collaboration between industry and academia from private companies, corporate bodies, organizations, and individuals in which they have a vested interest on the condition that the medical, ethical, and scientific nature of the research is guaranteed, and such acceptance shall be based on a contract (clarification of consideration and responsibility for the outcome) as necessary for the medical research. However, although research independence and fairness are deemed to be secured in clinical trials led by researchers who are funded by private companies that will have no responsibility over the outcome, conclusion of a contract that enables the exercise of influence by the funder on the interpretation or publication process of the clinical trial outcome must be avoided as it may impair independence and fairness.

2) Properly disclose the information stated in the contract document (source of funding, role of the funder, COI of the research institute, and individual researchers) and prevent COI that may become a problem in order to ensure the quality and reliability of the research outcome. Accurately state and disclose such information in

clinical study implementation plans, COI declarations, and academic papers.

3) The corresponding authors must fulfill their accountability along with the related private company when any question is raised by society in relation to the contents of any academic paper.

4) In order for a research institute to ensure not only the quality of the medical research, education, and medical care but also the reliability and integrity thereof, publish the COI of the research institute as well as those between its senior officers and specific private companies and for-profit organizations to secure the transparency of the COI.

II. Persons Covered by the Guidelines

The Guidelines are applicable to any person listed below who may find themselves in the position of a COI.

(1) Members of the JGES;

(2) Presenters at academic meetings of the JGES (including nonmembers of the JGES);

(3) Officers (president, directors, and inspectors), people in charge of academic meetings (chairperson and others), committee chairpersons, members of special committees (academic meeting operation committee, committee for clinical guideline formulation, academic journal editorial committee, ethics committee, medical safety committee, and conflicts of interest committee), and provisional task force members (subcommittees and working groups) of the JGES

(4) Administrative staff of the JGES; and

(5) Spouses, first-degree relatives, and anyone who shares the income and assets of the people listed in (1)–(4) above

III. Activities Covered by the Guidelines

The activities of the JGES listed below are subject to the Guidelines.

(1) Conferences and/or academic meetings (including annual meetings) hosted by the JGES and its branches

(2) The publication of in-house journals and academic books

(3) Formulation of clinical guidelines

(4) Implementation of studies and research

(5) Encouragement to undertake studies and bestowment of awards for research outcomes

(6) Certification of certified physicians/specialists or qualified facilities

(7) Promotion of lifetime learning
(8) Communication and cooperation with related academic societies
(9) Collaboration and cooperation with for-profit organizations and private companies
(10) Promotion of international research partnerships
(11) Promotion of advancement and establishment of gastroenterological endoscopy in society and education activities for medical professionals
(12) Any other projects necessary to achieve the purposes of the JGES (i.e. work on investigation committees, advisory committees that are established on a temporary basis)

The COI covering the past three years with the private company associated with the contents of the presentation is required to be disclosed in the prescribed format at the time of making the presentation when engaging in any of the following activities.

i) Presentation at conferences or academic meetings hosted by the JGES
ii) Presentation of research results in print publications, such as in-house JGES journals (excluding abstracts)
iii) Formulation of clinical guidelines, treatment guidelines, manuals
iv) Academic activities irrelevant to the subcommittee's business activities or presentations at conferences, workshops, luncheon seminars, and evening seminars

However, concerning conferences hosted or co-hosted by a private company, the chairperson and facilitator must disclose the COI in the same way as the lecturers.

Medical research related to the presentation refers to basic and/or clinical research conducted with the aim of improving disease prevention, diagnosis, and treatment methods and a better understanding of the disease etiology and conditions or enhancing the quality of life of patients and that are subject to an ethical review. Medical research in which the study subjects are human includes research that uses anthropogenically derived specimens and data that can identify a specific individual as defined in the Ethical Guidelines for Medical and Health Research Involving Human Subjects (published on December 22, 2014) published by the Ministry of Education, Culture, Sports, Science and Technology and the Ministry of Health, Labour and Welfare.

IV. "Private companies, corporate bodies, and for-profit organizations that are related to the medical research" refer to the following private companies, corporate bodies, and organizations that have the following relationship with medical research.

(1) A private company, corporate body, or organization that requests the medical research to be undertaken or collaborates in it (regardless of compensation received)

(2) A private company, corporate body, or organization that shares the rights to the medical research, including any patent rights in connection with treatments, drugs, or equipment evaluated in the study

(3)A private company, corporate body, or organization that provides drugs or equipment used in the medical study without charge or at a reduced price

(4) A private company, corporate body, or organization that provides financial support for or donates funding to the medical study

(5) A private company, corporate body, or organization that provides unapproved drugs or medical equipment for the medical study

(6) A private company, corporate body, or organization that sponsors study groups

V. COI Declaration Items and Disclosure Criteria

The persons subject to the COI declaration are individual researchers, research institute to which the researcher belongs, or the research institute or chief of the department with which the researcher is currently or was in the past a joint researcher or co-researcher.

Regarding the COI declaration of an individual researcher, disclosure must be made for the following items (1) to (9) using the designated form (Forms 3-A and -B) when exceeding the criteria for disclosure. Regarding the amounts that require COI disclosure, criteria have been set for each item requiring disclosure as follows:

(1) When the compensation for a leadership position and/or an advisory role in one private company, corporate body, or for-profit organization (hereinafter referred to as "private company, corporate body, or organization") involved in medical research is one million yen or more per year

(2) When the profit from stocks (total dividend and gain-on-sale) in one private company is one million yen or more per year, or when the ratio of stocks held is 5% or more of all shares in one private company

(3) When patent royalty and/or licensing fees for one patent and/or license from one private company, corporate body, or organization are one million yen or more per year

(4) When the daily allowance or honoraria (e.g. lecture fees) paid as compensation for the hours detained or labor for attending (or presenting at or providing advice at) meetings by one private company, corporate body, or organization is five hundred thousand yen or more per year

(5) When the total manuscript fee for writing brochures, articles on discussions, or other publications paid by one private company, corporate body, or organization

is five hundred thousand yen or more per year

(6) When the total contract-based research funding (including funding for collaborative research, funded research, and drug trials) for medical research that the disclosing party may substantially make a decision on how to use paid by one private company, corporate body, or organization is one million yen or more per year

(7) When the total of contributions for scholarships provided by one private company, corporate body, or organization to a disclosing party, his/her course/class, or laboratory that the disclosing party may substantially make a decision on how to use is one million yen or more per year

(8) When a presenter belongs to a study group sponsored by a private company, corporate body, or organization; provided, however, that when the total contributions that the disclosing party may substantially make a decision on how to use is one million yen or more per year

(9) When the total amount paid by one private company, corporate body, or organization for travel, gifts or anything directly unrelated to research is fifty thousand yen or more per year

"A leadership position, and/or an advisory role in one private company, corporate body, or organization" stated in (1) of the Disclosure Criteria above refers to the case where a researcher affiliated with a research institute assumes a position as an officer or advisor of a specific private company and performs duties on a regular and continuous basis under contract and receives compensation therefor. When a researcher provides advice on a single occasion upon request from a private company, payment made in relation to such advice shall be disclosed as "daily allowance and honoraria paid by private companies, corporate bodies, or for-profit organizations for compensation for hours detained or labor for attending (or presenting at or providing advice at) meetings" under (4) of the Disclosure Criteria. Furthermore, in cases (6) and (7), all disclosing parties are required to disclose research funds and scholarships provided by a relevant company or organization to their departments (courses and classes) or laboratories. It is clearly indicated that the amount in each criterion for research funds and scholarships provided by a company or organization shall be the amount of funds that the disclosing party may substantially make a decision on how to use. Regarding the specific method for disclosure and publication, the provisions in the designated form must be followed.

As an institutional COI, when the disclosing party is currently or was in the past in a relationship of joint researcher or co-researcher with the chief executive of the research institute to which the disclosing party belongs or the chief of the department of such institute (university, hospital, faculty, or center) and it is deemed

likely to have an influence on the JGES activities in which the disclosing party is involved, the COI must be disclosed in accordance with the designated form (Form 3-C) for the following matters. Regarding the amounts that require COI disclosure, criteria have been set for each item requiring disclosure as follows:

(1) When the total contract based research funding (including funding for collaborative research, funded research, and drug trials) for medical research that the disclosing party may substantially make a decision on how to use paid by one private company, corporate body, or organization is ten million yen or more per year

(2) When the total contributions provided by one private company, corporate body, or organization to a disclosing party, the affiliate institute or department to which the disclosing party belongs or chief of such institute or department for which the disclosing party may substantially make a decision on how to use is two million yen or more per year

(3) When there are any shares (at least 5% of the total shares) owned by the research institute or department to which the disclosing party belongs or the head thereof (in a joint researcher or co-researcher relationship within the past three years), patent royalties, or investment in a venture company, include such as institutional COI

VI. Matters to Note in Medical Research, Particularly Invasive Intervention Studies

1) Clinical trials for new drug approval are conducted in compliance with the GCP (Good Clinical Practice). A large-scale intervention study led by researchers using pharmaceuticals in the market provides important information and a foundation for validating the efficacy and safety of the drug, proper use and standard treatment protocols in clinical settings, and is conducted in accordance with the applicable regulations. Because companies are keenly interested in post-marketing clinical trials from the perspective of sales promotion, and cooperation and support are provided in a variety of forms (funding and labor), it has been pointed out that the latter has a high bias risk, and the results may be questionable. Members must comply with the Declaration of Helsinki, Ethical Guidelines for Medical and Health Research, Clinical Trials Act, COI Guidelines, and the Guidelines for Investigator-Initiated Clinical Trials issued by the Association of Japan Medical Colleges, as well as the related laws and regulations. Members must give particular consideration to protecting the human rights and lives of human subjects in all intervention studies.

2) When a member voluntarily conducts a researcher-led invasive intervention study, often the member accepts funding, pharmaceuticals, and medical

equipment or services by persons with skills or expert knowledge from a private company, organization, corporate body, or individual. When doing so, for the clinical research conducted under a contract, the affiliate institute must handle it as collaborative research or contract-based research and clarify the funder's responsibility for the outcome, as well as indicate the limits on use, consideration, and division of roles. On the other hand, although it is possible to receive unlimited grants, such as scholarships, without limits on use as funding for researcher-led clinical research and observational studies, when such funds are used for intervention studies similar to collaborative research and funded research, if the amount exceeds the JGES criteria for COI disclosure, the funder and its role as the source of funding must be specified when the research outcome is published, and transparency must be secured by making it public as a general rule.

3) Enabling the widespread availability of medical research outcomes to medical professionals, patients, and other people will lead to the public good. Therefore, for all medical research involving human subjects, registration must be made through a public database, and the research outcome must be published in the form of an academic paper, in principle.

4) When preparing and publishing an academic paper, the authorship must be clarified in accordance with international standards (ICMJE Recommendations). A medical writer, statistician, or other assisting person (organization) who is unqualified to be an author must be stated in the acknowledgments section along with the funding sources. When assistance is provided from an interested party based on a contract and in the form of labor or service in conducting the clinical research or writing the academic paper, if such assistance is deemed to have an influence on the contents of the paper, a role of the funding source section must be added, and the roles of that party must be stated in order to secure transparency. Other interested parties must also be stated and disclosed. In particular, both the principal investigator and concerned company must fulfill their accountability when a question is raised by a third party.

5) When a researcher dispatched from a company is affiliated with a research institute as a dispatched researcher, adult graduate student, or part-time lecturer and gives a lecture or presents a paper on the research outcome, the name of the company must also be stated.

6) When a person who belonged to a company takes a job at a different research institute and presents a research outcome related to the company within five years from leaving the company, the name of the company where the person was formerly employed must also be stated.

VII. Matters to be Avoided in Relation to the COI

VII.1 Matters all people subject to the Guidelines should avoid

The publication of the results of medical research (such as academic conference presentations or the publication of an academic paper on the research outcome) or the formulation of clinical guidelines makes a major contribution to improving the quality of our country's medical treatment, and such must be undertaken on a purely scientific basis and for the benefit of the public. In publishing and interpreting the results of medical research, as well as in formulating clinical (diagnosis, treatment, or prevention) guidelines and manuals on a scientific basis in medical research, members of the JGES must not be influenced by the intentions (incentivize illegitimate transactions or as a means of promoting sales) of the funders or companies that provided financial support for the study. In addition, JGES members must not conclude any funding contract with funders that may influence the results, outcomes, and publication of the medical research.

Specifically, the following should be avoided:

(1) Receiving out-of-contract compensation for mediating or introducing clinical trial subjects

(2) Receiving out-of-contract compensation for accumulating cases within a specific period of time

(3) Receiving out-of-contract performance-based compensation for a certain research outcome

VII.2 Matters principal investigators and responsible investigators should avoid

Principal investigators and responsible investigators in charge of the planning and implementation of medical research, especially clinical trials and drug trials, must be researchers who are socially evaluated as not having material COI with their funders in regards to the criteria listed below and must maintain this lack of conflict after being selected. Specifically, principal investigators and responsible investigators are obligated to properly disclose their financial relationship with the funders involved in the research and must pay particular attention to and avoid the following matters.

(1) Owning stock in the funders companies that provide funding for the relevant medical research or serving as an executive officer at such companies

(2) Person who receives patent royalties and/or licensing fees for pharmaceuticals, treatment methods, or testing methods targeted in the medical research

(3) Person who receives travel expenses, accommodation expenses, or other expenses from the funders or companies that provide funding for the relevant medical research for a reason other than legitimate reasons concerning participation in academic conferences

(4) Person who receives money or gifts other than legitimate remuneration for the time and labor required for the relevant research
(5) When a dispatched researcher, part-time lecturer, or adult graduate student dispatched from a company to the research institute participates in the research, inappropriate acts of concealing the name of the relevant company in the implementation plan or presentation of the outcome
(6) Situation that enables the funders or companies to exercise influence over the compilation, storage, statistical analysis, interpretation, or conclusion of the research data
(7) Conclusion of an agreement that enables the funders or concerned companies to exercise their influence in relation to the decision to present at an academic conference or publish the research results

Even if a person falls into one of the categories in (1) to (4) listed above, that person can still lead the medical research if he or she is indispensable to the planning and implementation of the medical research and if the medical research is of considerable social importance in the field, provided that the person's fairness, equity, and transparency in terms of both judgment and action are clearly maintained. However, the person must fulfill the obligation of accountability to society. In addition, if the details of the contract with a company are likely to correspond to either category (5) or (6), the details of the roles and involvement of the funders must be stated at the end of the paper and published when the paper on the research outcome is published.

VIII. Means of Execution

VIII.1 Member responsibilities

When presenting the results of medical research at conferences or academic meetings, all presenters shall disclose the COI related to the research in question using the form designated by JGES at the time of the presentation. If any violations of the Guidelines are pointed out in connection with the presentation, the members must understand that intent and fully cooperate. The Board of Directors (president) shall request that the committee that manages problems associated with the COI (hereafter referred to as the "COI Committee") discuss the matter and make recommendations, and then take reasonable precautions based on the COI Committee's report.

VIII.2 Officers' responsibilities

Officers (president, directors, and inspectors), people in charge of academic meetings (chairperson and others), committee chairpersons, and members of special committees or provisional working groups of the JGES have crucial roles in and responsibilities for all JGES activities and shall voluntarily disclose any COI (for three years prior to the

year they first assumed their office) at the time they first assumed their office using the designated form (Form 3). In addition, in the year of their assumption of the office or when a change occurs to the COI status, additional disclosure shall be made to the president within eight weeks using Form 3. The president must, in order to secure the fairness and neutrality of the activities, properly manage the personnel, such as officers.

All officers (including the chief editor and members of the editorial board) are obligated to submit voluntary COI disclosures when they assume their positions. Also, members of the editorial board and reviewers involved in peer reviews are also subject to COI management. In principle, when requesting a peer review, the peer review candidate should make the decision whether or not there is a COI with the author of the subject paper, and the peer review candidate may decline the peer review when the candidate determines that the person is unable to fulfill COI accountability in relation to the peer review result. Transmitting information about the research outcome by presenting the results of medical research at conferences or academic meetings is a major way to return the profits to society, and the president has the ultimate accountability regarding the fairness and neutrality of the research outcome.

VIII.3 Role of the COI Committee

The COI Committee will play an advisory role with the aim of properly managing the COI from the standpoint of the researcher in order to avoid bias risks regrading appropriate promotion of medical research through collaboration between industry and academia, publication of academic papers on the research outcome, and formulation of treatment guidelines. When a serious COI arises among members or the COI voluntary disclosure is reported to be questionable, the COI Committee will conduct hearings and investigations to manage the COI and report the results thereof to the president.

The COI Committee will handle the following matters and submit a report in consultation with the president.

(1) Respond to a question or request from individual members with a COI (prepare Q & A)

(2) Make a decision, provide advice, and give instructions regarding the COI related to the bias risk in the activities of officers, presenters (including nonmembers), and persons involved in the formulation of treatment guidelines

(3) Cooperate with planning and proposals for ethics training in research ethics and publication ethics and conduct education activities

(4) Matters concerning investigation activities and recommendation of remedial action in the event a question regarding an individual member's COI disclosure is raised

(5) Matters concerning the review and revision of COI guidelines when renewing the

VIII.4 Role of the president

When a serious COI arises among the officers and other executives or the COI voluntarily disclosed is deemed inappropriate in relation to all JGES activities, the president must seek opinions from the COI Committee and call for remedial action in accordance with the Committee's report. Also, when a member contributes an article to a medical journal (particularly international journal) outside of the JGES, the president must encourage the proper disclosure of the COI using the journal's COI disclosure form. In the event a third party raises a suspicion or question regarding a specific member in the form of an article in a medical journal, the president must order such matter to be handled immediately and strive to ensure trust.

The president must appropriately and promptly respond as an academic society to any COI related suspicions or questions concerning a member, and in the event it is determined as the result of an investigation to be an illegitimate suspicion or accusation, the president must fulfill the social accountability as an academic society, and at the same time, issue an opinion and statement to society (such as posting on the website) in response to the criticism against the individual and strive to restore and ensure trust. On the other hand, if the suspicion or question is legitimate, the president must naturally provide the results of investigation of the facts, and JGES will communicate the measures to prevent a reoccurrence.

VIII.5 Role of people in charge of academic meetings

When a presenter (including nonmembers) presents the results of medical research at a conference or academic meeting, the people in charge of such meeting (chairperson) shall verify that the COI disclosure has been properly conducted using the designated form. In particular, when presenting the outcome of medical research in which a company is involved, the person in charge of the academic meeting must provide an environment that enables the audience to determine whether the presentation has been published from a neutral standpoint and in a fair manner. For presentations that do not comply with these guidelines or fail to disclose the COI, the person in charge of the academic meeting has the right to implement the necessary measures, including suspending the presentation, with prompt notification of the reasons to the presenter. In implementing these measures, the above person in charge may seek opinions from the COI Committee and call for remedial action in accordance with the Committee's report.

Also, at luncheon seminars, evening seminars, study groups, or lecture meetings held or co-held by a private company or for-profit organization, the chairperson or the facilitator must also disclose the names of the involved company or organization to the audience using slides similar to those used by the lecturers. When a large number of

companies are to be disclosed, the appropriate measures must be implemented, such as using a different projector to show the slides.

VIII.6 Role of the chief editor

In principle, the chief editor will respond in accordance with the *JAMJE Guideline for Medical Journal Editors* issued by the Japanese Association of Medical Sciences (2015). From the standpoint of COI management, the basic principle is to publish original academic papers, reviews, treatment guidelines, editorials, and opinions concerning medical research in an academic journal or other publication from a neutral position that guarantees science and ethics. The chief editor of an academic journal must validate that the research was implemented in accordance with the related ethical guidelines and these COI guidelines and ensure the quality and reliability of the presented content.

In some cases, an error may be found in a published paper or other publication or a question arises in relation to honesty or integrity. As a response that the editor should take when a question regarding honesty or integrity arises or an allegation of misconduct is filed, the Japan Association of Medical Journal Editors (JAMJE) recommends the procedure issued by the Committee on Publication Ethics (COPE) (http://publicationethics.org/). This procedure includes COI disclosure.

1) COI management of submitted academic papers

The basic principle is to secure the neutrality and fairness of the research details from a third party standpoint, as well as achieving further transparency of the COI between both parties in relation to the publication of the paper, by including the information about the specific roles of the author and persons affiliated with the involved company from conducting the medical research to publishing the outcome (such as the source of funding for the research, planning and design, protocol creation, data aggregation and processing, data management and analysis, and writing the academic paper) and COI of the author. All authors must be responsible for the quality and reliability of the published research outcome. The judge of the published research outcome is society (citizens, patients and physicians), and securing transparency is a prerequisite for receiving a fair judgment.

(1) Person publishing an academic paper in a Japanese journal

Since the person who publishes in a Japanese journal is often a member, it is possible to manage the COI using the same items in the COI disclosure form for academic conferences and meetings at each subcommittee. Also, all nonmember authors must consent to compliance with the subcommittee's COI guidelines and disclose the COI using the designated form.

(2) Person publishing a paper in an English journal

The COI disclosure required for an author who presents an academic paper in

an academic journal must comply with the *JAMJE Guideline for Medical Journal Editors* and the Japanese Association of Medical Sciences COI Management Guideline (2017). Both guidelines align with the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (revised as appropriate since 2013) issued by the International Committee of Medical Journal Editors: ICMJE), and at JGES the English journal editorial committee will prepare a COI disclosure form using the ICMJE COI disclosure forms as reference.

The author must disclose the COI with the companies involved in the contents of the academic paper in accordance with the designated form in order to secure the integrity and reliability of the research. In the case of medical research with a private company conducted under contract, the role and involvement of the funder (parties affiliated with the company) in the planning, protocol creation, implementation, monitoring, audit, data compilation, statistical analysis, data interpretation, writing of the academic paper, and the review must be specifically stated as the [Role of the funding source] or [Acknowledgements] in the academic paper. In addition, the role and contribution of each author in the process from research planning to paper publication must be clearly disclosed as [Contributors] in the paper from the viewpoint of authorship. Even when there is no specified COI, a phrase such as "The authors state they have no conflicts of interest" must be included in the same section.

2) Response to COI guideline violators

If the editorial committee receives information about a violation of these COI guidelines (such as a false disclosure) after the paper is published, the committee will reconfirm the fact in cooperation with the COI Committee, and if a violation of these COI guidelines is found, the procedure proposed by the Committee of Publication Ethics (COPE) will be used as reference. The facts will be confirmed with the author, and depending on the details, the committee may implement measures based on approval from the president that include demanding improvement, suspension of publication, withdrawal of the paper, and publication of an apology. In such case, the author will be notified promptly along with the reason for such measures. Also, the measures implemented may be made public in the journal or by other means in the name of the chief editor.

VIII.7 COI management in the preparation of treatment guidelines and treatment policies

Treatment guidelines concerning the proper use of pharmaceuticals and medical equipment, as well as the standardization of treatment, attract great attention in medical workplaces, and they are used as highly influential guidelines. Currently,

many treatment guidelines and treatment policies have been issued by academic societies and are making significant contributions to improving the quality of medical treatment in Japan. The committees involved in the formulation of such guidelines and policies consist of physicians with expert knowledge and abundant experience, but they often have strong financial COI relationships with related companies. In fact, it has been pointed out that publication bias and reporting bias in favor of the companies are likely to occur, and COI management to prevent such concerns is needed. In addition, if the academic society has a strong financial relationship with a specific company, it tends to be seen as high bias risk in the eyes of society, so the COI (institutional COI) of the academic society should also be disclosed.

Although the selection of the chairperson and members (including external members) involved in the formulation of treatment guidelines should not exclude the participation of experts, it is important to require all members (treatment guidelines supervisory committee, treatment guideline formulation [creation] committee, systematic review committee, and external assessment committee) involved in the formulation of treatment guidelines to disclose their COI (Form 3) and properly manage such COI. Along with the COI of all members involved in the formulation of the guidelines, the COI of the academic societies formulating the treatment guidelines must be disclosed individually in the treatment guidelines as indicated in the *JAMS COI Management Guidance on Eligibility Criteria for Clinical Practice Guideline Formulation* (2017). Also, a member who exceeds any of the amount standards for each item indicated in the amount standards concerning the voting rights of participants in treatment guidelines formulation below may participate in the deliberations but should not hold any voting rights unless the person cannot be replaced. In the case of a serious COI in which the amount standard is greatly exceeded, the member candidate must voluntarily withdraw from the position.

<Amount standards concerning the voting rights of the participants in treatment guidelines formulation>

Lecturer's fee: 2 million yen

Payment for writing a pamphlet or other publication: 2 million yen

Received research expenses: 20 million yen

Scholarship: 10 million yen

VIII.8 Management of institutional COI involving the academic society

In medical research, particularly clinical research involving human subjects, when conducting the research or publishing the outcome or in the process of formulating treatment guidelines, some cases of institutional COI, which is likely to have direct or indirect influence, have been reported when a senior officer (president, director, or other executive) is the researcher's mentor, colleague, friend, or relative. For example,

if an academic society or its senior officer receives a large contribution from a specific company or owns the stock of or receives royalties from a specific company, it may be difficult under such circumstances to ensure the fairness, objectivity, and independence of the COI assessment and, in terms of the ethics in relation to the research outcome, the presentation thereof or the formulation of guidelines. The president of the academic society must centrally manage the number of contributions and the total amount paid by each private company, corporate body, and for-profit organization to the academic society (including events held in local venues) for (1) research grants, collaborative research, funded projects, (2) donations, or (3) revenue from academic meetings (seminars for private companies, symposiums, and other events) by fiscal year and properly disclose them as the institutional COI.

VIII.9 Other

Other committee chairpersons and members will validate, in relation to the JGES activities in which each person is involved, that such activities are in line with these COI guidelines, and if a violation of these COI guidelines is found, promptly consider measures to improve the situation. The chairpersons and members may seek opinions from the COI Committee about the handling of such violations, and the Board of Directors may call for remedial action in accordance with the Committee's report.

IX. Response to COI Disclosure Requests

If a request for disclosure of COI concerning a member or officer of JGES is made by a party outside the subcommittees (i.e. mass media or a citizen group), when the request is judged to be justified, the president shall send the matter to the COI Committee to handle. While protecting personal information, the facts will be investigated as quickly as possible, and a response will be made promptly to the person who requested the disclosure after receiving the report from the COI Committee.

After the publication of an academic paper on the outcome of medical research, if a question regarding the collaboration between industry and academia is raised, the editorial committee and the COI Committee will cooperate to resolve the question, and the president of the academic society will fulfill public accountability. However, if each committee, respectively, determines that it cannot handle the situation, the president of the academic society must respond to the situation through an investigation committee that includes external members (experts), take immediate and accurate action aimed at discovering the truth in the matter, and promptly fulfill the accountability to the disclosure requestor after receiving a report from the investigation committee. On the other hand, when there is doubt concerning the research institute that conducted the medical research, the director of the research

institute that conducted the research should, as the responsible investigator (principal investigator), be required to conduct an investigation to uncover the truth.

X. Actions Against Violators of the COI Guidelines and Petition of Objection

X.1 Actions against violators of the COI guidelines

The JGES Board of Directors has the authority to deliberate concerning violations of these COI guidelines. When the board determines after seeking opinions from the ethics committee (or relevant committee) and receiving a report that there is a serious COI guidelines violation, depending on the severity of the violation, the board may take all or some of the following actions for a certain period of time.

(1) Prohibit presentation at any academic meetings held by JGES

(2) Prohibit publishing academic papers in JGES journals or withdraw the papers

(3) Prohibit assuming the position of chairperson at JGES academic meetings

(4) Prohibit participation on the Board of Directors, committees, and working groups at the JGES

(5) Dismiss the violator from or prohibit assuming the position of councilor at the JGES

(6) Suspend or remove JGES membership or prohibit joining

When the action taken against the violator is determined, such information will be shared with the chief executives of the other related academic societies to which the member belongs.

X.2 Petition of objection

The person against whom action has been taken may, if the said person disagrees with the decision, request a review by submitting a written petition of objection to the president of the JGES via the JGES administrative office within seven days of receipt of the notice of the decision of the Board of Directors. Upon receipt of a petition of objection, the president shall promptly set up an Objection Review Committee (hereinafter referred to as the “Review Committee”), entrust the request to the Review Committee, and following a discussion of the report from the Review Committee of the Board of Directors, notify the person who filed the objection of the results.

X.3 Procedure for review of objection

1) Upon receipt of a petition of objection, the president shall promptly set up an Objection Review Committee (hereinafter referred to as the “Review Committee”). The Review Committee shall comprise several JGES members nominated by the president and at least one external nonmember. The chairperson of the Review Committee shall be selected from among the members. Members of the COI Committee may not serve as members of the Review Committee. The Review

Committee shall meet to review the objection within 30 days of the receipt of the petition of objection.

2) The Review Committee may consult with the chairperson of the Ethics Committee concerning the objection and undertake additional hearings with the person who filed the objection, if necessary.

3) The Review Committee shall complete a report regarding the objection and submit it to the president within one month of the first review meeting of the Review Committee unless there are special circumstances justifying a delay of the report.

4) The decision of the Review Committee regarding the objection is final.

XI. Social Accountability

If required for the JGES to fulfill social and ethical accountability regarding an officer or member's COI, the president will disclose or publish the information within or outside the JGES after deliberations by the Board of Directors to the extent necessary to fulfill social responsibility and accountability as an organization. In that case, the subject of the COI information to be disclosed or published will be given an opportunity to state an opinion to the Board of Directors or the director to whom the decision making authority was entrusted; however, this will not apply when there is an urgent need to disclose or publish the information and there is no time to hear the opinion.

XII. Education and Training on Research Ethics and Publication Ethics

The president of an academic society must secure opportunities for the concerned parties, such as members and committee members of the editorial committee, ethics committee, COI Committee, and members involved in the formulation of treatment guidelines, to receive ongoing education and training on bioethics, research ethics, COI management, publication ethics, and related laws and regulations. To achieve this, as a requirement to apply for new or renewed qualification as a certified physician or specialist physician, it is required to receive ethics education and training.

XIII. Cooperation among the 16 Internal Medicine Academic Societies

The JGES will set up a council comprising the 16 internal medicine academic societies (the Japanese Society of Internal Medicine, Japanese Society of Gastroenterology, Japan Society of Hepatology, Japanese Circulation Society, Japan Endocrine Society, Japan Diabetes Society, Japanese Society of Nephrology, Japanese

Respiratory Society, Japanese Society of Hematology, Japanese Society of Neurology, Japanese Society of Allergology, Japan College of Rheumatology, Japanese Association for Infectious Diseases, Japan Geriatrics Society, Japanese Society of Medical Oncology, and Japan Gastroenterological Endoscopy Society) (abbreviated as COI guideline council of 16 internal medicine academic societies) and hold meetings as necessary concerning the COI in medical research in order to exchange information about revisions to these COI guidelines.

XIV. Amendments to the Guidelines

The Guidelines shall be reviewed periodically and amended if necessary to take into account societal changes, establishment and amendments to guidelines and Acts related to collaborations between industry and academia, as well as changes in medical treatments and/or research based on the trends of the Japanese Association of Medical Sciences.

XV. Establishment of Detailed Regulations

The JGES may establish detailed regulations necessary for actually operating these COI guidelines.

Appendix 1) Definitions of terms

Regarding the definitions of the terms related to medical research, in principle, the Japanese translations of the Declaration of Helsinki issued by the Japan Medical Association, the Ethical Guidelines for Medical and Health Research Involving Human Subjects issued by the Ministry of Health, Labour and Welfare, and other documents were used as reference, and efforts were made to align the details of these COI guidelines with those documents to the extent possible.

1. Medical research involving human subjects

An activity involving human subjects (including specimens and information acquired from them) carried out for the purpose of obtaining knowledge contributing to maintaining and promoting people's health or recuperating and improving the quality of life for patients by understanding the cause of diseases (including the frequency and distribution of various health-related incidents and the factors affecting them) and their pathology and by improving or validating the efficiency of disease prevention or diagnosis methods and treatment methods in medical treatment. For the translation for the term "human subjects" used in the Declaration of Helsinki issued by the World Medical Association, the Japanese translation by the Japan Medical Association "*ningen* (human subjects)" is used in these COI guidelines.

2. Clinical research

Clinical research refers to the following medical research that is conducted with the aim of improving disease prevention, diagnosis, and treatment methods, better understanding of the disease etiology and pathology, and enhancing the quality of life of patients and that is subject to an ethical review.

(1) Research that requires intervention and is related to disease prevention, diagnosis, or treatment methods using pharmaceuticals or medical equipment
(2) Research that requires intervention (excluding research that corresponds to (1))
(3) Research that does not require intervention but uses materials and does not include epidemiologic studies (referring to scientific research that clarifies the frequency and distribution of various events related to health, as well as factors that influence such events that appear in a group of clearly specified humans)(referred to as an observational study).

3. Clinical trial

Clinical trial refers to research on human subjects that requires intervention, and is designed and conducted in accordance with appropriate scientific principles with the aim of assessing the clinical effects of pharmaceuticals (including vaccines and biological agents), radiation therapy, psychotherapy, surgery, medical equipment, alternative therapy, and other treatments. Clinical trials can be classified by the objective (general guidelines for clinical trials) into the following: (1) clinical

pharmacological study, (2) exploratory study, (3) confirmatory study (comparative study for efficacy validation, randomized parallel dose-response study, safety study, study to assess mortality and morbidity as the endpoint, large-scale clinical trial, and comparative study), (4) therapeutic use (comparative efficacy study, study to assess mortality and morbidity as the endpoint, study on additional endpoints, large-scale clinical trial, and medical economics study).

4. Invasiveness

To stimulate the human subjects physically or psychologically to the extent beyond stimulation in daily life for research purposes, such as paracentesis, incision, medication, irradiation, or questions about psychic trauma. Of these invasions, those with minor physical or psychological effects on the subjects are called minor invasiveness.

5. Intervention

An action (including medical procedures beyond normal medical practices and conducted for research purposes) to control the existence or level of factors that impact various phenomena related to human health for research purposes (including actions that lead to the maintenance and promotion of health, medication and tests for disease prevention, diagnosis, or treatment in medicine).

6. Research subject

An individual on whom research is conducted (individual who is asked to participate in the research) and from whom existing specimens and data are taken for use in the research.

7. Investigator and others

Responsible investigator and other concerned parties who are involved in conducting the research (including collecting and providing specimens or information at an institute that collects and provides specimens or information), excluding persons who only provide existing specimens and information at an institute other than a research institute or who engage in part of the research by contract from another person.

8. Principal investigator

Principal investigator refers to the person who is involved in conducting the research, such as preparing the research plan, and oversees the operations related to the research at the research institute to which the person is affiliated.

9. Responsible investigator

Responsible investigator refers to the person who is involved in conducting the

research, such as preparing the research plan, as a principle investigator and at the same time oversees the implementation of a collaborative research with multiple institutes.

10. Chief executive of the research institute

The representative of the corporate body, chief of the administrative agency or individual proprietor that conducts the research and has ultimate responsibility for the research.

11. Sponsor

Sponsor refers to an individual, private company, institute, or organization that takes responsibility for the start, operation, management, and funding of the clinical research.

12. Institutional COI

Institutional COI refers to a circumstance where the disclosing party is in a joint researcher or co-researcher relationship with the chief of the research institute to which the disclosing party is affiliated or the chief of a department within that institute (such as university, hospital, faculty or center), and the situation is likely to have an influence on the activities in which the disclosing party is involved.

13. Funder or funding agency

Funder or funding agency refers to an individual, private company, corporate body, institute, or organization that provides the funding necessary to conduct the clinical research.

14. Serious adverse event

Event that (1) results in death, (2) is life threatening, (3) requires inpatient hospitalization or prolongation of hospitalization for treatment, (4) results in persistent or significant disability or dysfunction, or (5) results in a birth defect in the offspring.

15. Unexpected serious adverse effect

Of the serious adverse events, an event not described in the information stated in the research plan, document used for obtaining informed consent, or other documents, or one not consistent with the nature or severity described in such documents.

16. Intervention study

Refers to an invasive clinical trial involving human subjects. A clinical trial conducted with the aim of collecting the materials necessary to apply for

manufacturing and sales approval of a new pharmaceutical is called a drug trial, and an intervention study designed and proposed by researchers to validate the clinical efficacy and safety of the approved pharmaceutical is called a researcher-led clinical trial.

17. Randomized comparative study

A research technique for large-scale comparative clinical trials that excludes arbitrary bias in the assessments and enables objective assessment of treatment efficacy.

18. Research institute

A corporate body, administrative agency, or individual proprietor that carries out research, excluding contractors that undertake part of the operations related to the research, such as storage of specimens, information, and statistical processing.

19. Collaborative research institute

A research institute that jointly conducts the research based on the research plan, including institutes that newly acquire specimens and information from research subjects for the research and provide such to other research institutes.

20. Informed assent

Expression of agreement and understanding to the commencement or continuation of the research that is given by research subjects who are considered objectively unable to give informed consent after having been given information concerning the research to be commenced or continued in a way that is understandable based on the subjects' level of comprehension.

21. Informed consent

Consent given voluntarily by research subjects or their legally acceptable representative (hereinafter referred to as "Research Subjects") with respect to the commencement or continuation of the research (including how specimens or information will be handled) based on sufficient understanding after receiving an adequate prior explanation on the purpose and significance of the research, method, burden on the Research Subjects, and predicted results of the research (including both risks and benefits).

22. Legally acceptable representative

An individual considered able to speak for the intent and benefit of a research subject, and if the research subject is objectively judged unable to give informed consent, such an individual is able to give informed consent to researchers on behalf of

the research subject. When including legally acceptable representatives for a deceased research subject, such individuals shall be referred to as legally acceptable representatives.

23. Collaboration between industry and academia

Activities conducted in collaboration between a research institute and private company, corporate body, or for-profit organization (hereinafter referred to as "Companies") in relation to medical research. The following activities are included.

1) Collaborative research: Research conducted with Companies while sharing the research expenses and researchers (regardless of whether for a fee or free of charge)

2) Funded research: Research conducted under contract with Companies for treatment, drugs, equipment, and other facilities.

3) Transferring technology: Utilization of the research outcome and patent and other rights belonging to a research institute for practical applications at a company

4) Assisting technology: Researchers at a research institute conduct research and development or provide technical guidance

5) Research institute venture: Establishment of a venture based on the research outcome of a research institute with assistance from the institute

6) Donations: Donations from Companies to a research institute given as a research grant without imposing limitations

7) Study group: Study group established for the purpose of promoting research using the donations from Companies to the research institute

24. Monitoring

An investigation of a clinical trial conducted by an individual appointed by the principal investigator (responsible investigator) on the progress of the trial based on the research plan and whether it is being conducted while securing the ethics and science in order to ensure that the clinical trial is conducted properly.

25. Audit

An investigation of a clinical trial conducted by an individual appointed by the principal investigator (responsible investigator) on whether the clinical trial was properly conducted in order to ensure the reliability of the clinical trial result.

Supplementary Provisions

The Guidelines will come into effect on March 1, 2012.

Partial amendment: October 1, 2013

Partial amendment: September 17, 2015

Partial amendment: June 27, 2017
Partial amendment: July 3, 2019
Partial amendment: September 23, 2020