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Revised: Board of Directors – 2/27/98  
Revised: Board of Directors – 3/19/99  
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Revised: Board of Directors – 4/21/07  
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## **DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST**

In order for the Academy to operate most effectively to further the purposes for which it is organized, it is important that Academy decisions and actions not be unduly influenced by any special interests of individual members. Therefore, it has always been and continues to be important to identify potential or actual conflicts of interest that might improperly affect Academy activities. The Academy has adopted a formal system for the disclosure and evaluation of actual and potential conflicts of interest. The principal features of that system are described below.

### Conflicts of Interest Examples

1. Interests that may affect significant economic transactions to which the Academy is or may be a direct party. An example would be ownership by an Academy officer of a company from which the Academy makes major purchases of goods or services.
2. Interests that might cause a representative of the Academy to abuse an Academy position to achieve objectives that are inconsistent with the purposes of the Academy. An example of such exploitation would be a council or committee chair unfairly maligning a company that competes with a company in which the chair has a personal financial interest.
3. Interests that bear significantly on issues of importance to the Academy membership and about which different components of the Academy membership might hold widely differing views. An example would be the interests/potential biases associated with a member being employed by a government agency, medical device, or pharmaceutical company when the member is in a position to influence the development of Academy position statements, policies or clinical guidelines.

In many cases, disclosure of the potentially conflicting interest will itself suffice to protect the integrity of Academy operations. In other words, once such an interest is fully disclosed to the other participants in any related Academy activity, those other participants will generally be able to evaluate and adjust for the possible influence of the disclosed interest.

However, it is important to bear in mind that in certain situations, adequate protection of the interests of the Academy may require scrupulous avoidance of even the appearance of conflict of interest, abuse or impropriety. In those situations where mere disclosure does not appear adequate to deal with actual or potential problems, additional action may be necessary.

### Disclosure Process

1. Identifying possible conflicts of interest by individuals occupying leadership positions.  
The individuals covered by this procedure are the officers, all other members of the Board of Directors, the editors of *Journal of American Academy of Dermatology (JAAD)* (including associate and assistant editors) and the editor of *Dermatology World*, all chairs and members of councils, committees, task forces, ad hoc task forces, work groups and senior staff. Annually, the individuals covered will be required to sign and submit a disclosure statement acknowledging a duty to serve the Academy in good faith and with undivided loyalty. These individuals must describe all personal or professional circumstances that might create a private interest in conflict with the interests of the Academy. Accompanying this policy statement as Exhibit A is a sample copy of such a disclosure statement.

In addition, officers will be required to divest themselves of any direct financial relationships<sup>1</sup> with industry during their entire term, utilizing the time from the close of the election to the time they take office to complete the divestiture process.

Members who do not disclose annually and who fail to update their disclosure within 30 days of acquiring a new relevant financial relationship will lose the right to hold office, serve in the governance structure and, except in unusual circumstances approved in advance by the Board of Directors, to participate in Academy programs.

### Review Process

1. Officers, directors, chairs and members of councils, committees, and task forces, the editors of *JAAD* and senior staff will submit their disclosure statements online on the AAD Website with oversight by the Secretary-Treasurer.
2. The disclosure statements from committee and task force members will be forwarded to the appropriate chair to review. If necessary, the chair will forward those statements that appear to have conflicts that could prevent the member from serving to the Secretary-Treasurer with any relevant observations or recommendations.
3. The Secretary-Treasurer will review the disclosure statements submitted by the chairs and forward those that require further review to the Ethics Committee, while at the same time informing the Board of Directors of any conflicts that appear especially significant. If clarification is needed around Academy conflict of interest policies or guidance is needed on specific questions and cases regarding definition and resolution

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<sup>1</sup> The definition of direct financial relationship is a compensated relationship held by an individual that should generate an IRS Form W-2, 1099 or equivalent income report. Officers may provide uncompensated service to for-profit companies and accept reasonable travel reimbursement in connection with those services. Officers may accept research support as long as grant money is paid to the institution or practice where the research is conducted, not the individual. Compensation from Intellectual Property Rights does not need to be divested.

program areas, the Ethics Committee will utilize the Oversight Committee for guidance.

4. The Ethics Committee will review and initiate any request for further information and promptly prepare a report to the Secretary-Treasurer regarding its findings. The Secretary-Treasurer will report to the Board of Directors on any items found by the Committee to be of special significance.

All electronic disclosure statements will be retained at the Academy headquarters office. They will be available electronically for review by members of the Board of Directors and staff, and, upon request, by Academy members. They will be available to the council, committee, task force, ad hoc task force and work group members to review prior to all conference calls and meetings. Chairs of councils, committee, ad hoc task forces, task forces, and work groups are required to make a statement in the summation reports of any conflicts of interest that have been expressed by a member during a meeting or conference call.

Members are also required to verbally disclose and update their conflict of interest form for any relevant conflicts that may occur during a conference call or meeting that do not already appear on the disclosure form.

As noted above, some situations involving actual or potential conflicts of interest may call for action beyond disclosure. In some cases, there may be a need for the governing entity to further discuss a potential conflict of interest and determine whether the issue rises to the level where the member may speak to the issue but not vote or may be asked to recue him or herself from the discussion and voting. The basic authority and procedures established by corporate law and the Academy bylaws will be available to deal with any substantial conflict of interest problems. For example, the normal disciplinary standards and procedures described in Sections 7 and 8 of Article IV of the Academy bylaws can be invoked to discipline any member whose conflict of interest produces a violation of those standards. As another example, council, committee, ad hoc task force, task force and work group chairs, all of whom serve by virtue of approval by the Board of Directors, are subject to removal by the Board of Directors if a particular conflict of interest is deemed sufficiently serious or a member refuses to submit a current disclosure form. As to the officers and directors themselves, they continue to be subject to basic legal constraints arising out of the fiduciary nature of their relationships with the Academy, and in appropriate circumstances, the Board of Directors can deal with misconduct in office or seek court intervention.

2. Standing Rule Regarding Disclosure of Interests by Participants in Debate at an Academy Membership Meeting. Accompanying this policy statement as Exhibit A is a copy of this standing rule. As suggested by the terms of the rule, its basic purpose is to inform the audience of aspects of a speaker's personal or professional circumstances that might affect significantly the speaker's attitude or judgment regarding the particular matter under consideration. Written notice of this rule is to be included with membership meeting notices, and the rule is also to be announced at each meeting by the presiding officer.

3. Continuing Medical Education and Maintenance of Certification Activities. As a CME provider accredited by the Accreditation Council of Continuing Medical Education (ACCME), the Academy has established policies and procedures to identify and resolve conflicts of interest for all individuals in a position to control the content of an educational activity. This includes but is not limited to the planning committee members, session directors, speakers (“faculty”), presenters, moderators, authors, peer reviewers and staff.
  
4. Standing Rule Regarding Disclosure of Interests by Speakers at Academy Scientific Sessions. Accompanying this policy statement as Exhibit B is a copy of that rule. As in the case of the rule regarding disclosure during debate at a business meeting of the Academy membership, this rule is intended to bring possible bias to the attention of the audience so that the members of the audience can evaluate the program content accordingly. Written notice of this rule is to be sent to the directors of, and prospective speakers at, symposia and other scientific programs, and the directors are to announce the rule at each scientific session.
  
5. Evidence-Based Clinical Guideline Development. The Academy is committed to minimizing the potential for health industry influence on the development of clinical guidelines of care and creating these documents with full transparency. Guideline work group members are required to disclose all relevant conflicts prior to their work group appointments and throughout guideline development in order to identify, resolve and manage potential conflicts. Accompanying this policy statement as Exhibit D is Appendix A of the Administrative Regulations for Evidence-Based Guidelines that details the requirements for disclosure and management of all guideline contributors and approving bodies during guideline production and review.
  
6. Journal of the American Academy of Dermatology (JAAD) Conflict of Interest Statement. This disclosure of potential conflict of interest seeks to identify sources of bias that might affect the presentation of scientific analysis or opinion. It relates to disclosure of certain types of interests by the authors of manuscripts submitted for possible publication in *JAAD*. The primary areas of concern are:
  - (1) financial support from pharmaceutical and device companies or other commercial sources for research that is the subject of a *JAAD* manuscript and
  - (2) Financial interests on the part of authors in any products or services related to the subject matter of a *JAAD* manuscript.Accompanying this policy statement as Exhibit C is a sample copy of a disclosure statement to be signed by each author of a manuscript submitted to *JAAD*. Disclosure of any potential conflict will alert the editors to the possibility of bias in the presentation, and it might also be appropriate in certain circumstances to publish information about the disclosed interest with the article in question so that each reader will have an opportunity to evaluate and adjust for the possible bias.

Because proper disclosure by each individual author, speaker, member volunteer or Academy leader is essential if the system is to function satisfactorily, it is important for everyone involved to approach with the proper perspective the question of what types of circumstances call for disclosure. The purpose of the procedure is not to discourage all

involvement by Academy members in outside activities that might produce actual or potential conflicts with interests of the Academy. Neither is the objective to intrude into aspects of an individual's professional or personal life that are, realistically, unlikely to have any significant bearing on Academy activities. Common sense should guide all decisions about what to disclose, and one reasonable test is whether a particular circumstance, interest or relationship, if made known to the full membership of the Academy or to the general public, would be likely to create the perception of impropriety, cause embarrassment for the Academy and/or the individual involved, or evoke suspicion about the motives behind any Academy action.

### **Exhibit A**

#### **Standing Rule Regarding Disclosure of Interests by Participants in Debate at an Academy Membership Meeting**

In order for the members in attendance at an Academy membership meeting to evaluate properly statements and arguments presented during debate, it is important that the members be informed of any aspect of a speaker's personal or professional circumstances that might affect significantly the speaker's attitude or judgment regarding the particular matter under consideration. Therefore, during any debate at a membership meeting, the presiding officer will ask each speaker participating in the discussion of a particular issue to introduce himself or herself by name and professional position and to identify any aspect of the speaker's personal or professional circumstances that might reasonably be expected to affect significantly the speaker's views on the subject under discussion. Any member who refuses to provide such information will be denied the opportunity to address the membership during the debate on that particular issue.

## Exhibit B

I agree to abide by the Academy's administrative regulation on disclosure of potential conflicts of interest.



### **American Academy of Dermatology & Association** **Disclosure Statement of Potential Conflict of Interest**

I, \_\_\_\_\_, attest that I am completing the Academy electronic disclosure form as one of the following:

- Chair or Member of a Council, Committee, Task Force, Ad Hoc Task Force or Work Group;
- Candidate for Office or am a member of the Board of Directors;
- Editor of the *Journal of the American Academy of Dermatology*, *Dermatology World* or contributor to a CME/MOC activity;
- Senior Staff,

I will disclose all relevant financial relationship(s) with industry in any amount occurring within the past 12 months as outlined in the Accreditation Council for Continuing Medical Education (ACCME) guidelines. [online version will have link to ACCME guidelines here]

I understand that I occupy a position of trust and that I am expected to act at all times in good faith and without bias or favor to outside interests. Whenever my outside interests or other responsibilities potentially conflict with my duty to the Academy, I will declare these potential conflicts and will act in such a manner as to avoid even the appearance of using my position to advance any personal interest or the interest of any individual or entity with whom I have a significant relationship. In particular, I will not act in a way inconsistent with the purposes and best interests of the Academy.

The Academy is accredited by the Accreditation Council for Continuing Medical Education (ACCME®). The Academy expects that every CME and MOC activity certified for credit by will be in full compliance with the [ACCME® Essential Areas, Elements, Criteria, Policies, and Standards for Commercial Support of Continuing Medical Education](#).

The Academy has implemented a disclosure process that requires that all individuals in a position to control the content of an educational activity disclose all relevant financial relationships with commercial interest(s). This includes the planning committee members, session director(s), faculty presenters (speakers), authors, panel members, moderators, content validation reviewer(s), staff, etc. **If an individual refuses to disclose relevant**

**financial relationships to the Academy, s/he will be disqualified from participating in the CME activity.**

If you are faculty selected to present/participate in a CME activity, you are required to review the definitions and complete the Disclosure and Attestation. [online version will have link to definitions and attestation form here]

The disclosure information provided will be collected and included in the agenda materials sent prior to all governance conference calls and meetings. Additionally, this disclosure information will be communicated to our learners prior to their engaging in Academy educational activities.

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstances places me in the position of having private interest that is in conflict with any material interest of the Academy or with my obligations to the Academy, except perhaps the following:

Describe any exceptions below.

Steps:

- A.** List the names of proprietary entities producing health care goods or services (commercial interests) with the exemption of non-profit or government organizations and non-health care-related companies with which you or your spouse/partner have, or have had, a financial relationship within the past 12 months.
- B.** Identify the type of remuneration received by you or your first-degree relative<sup>2</sup> (ex: salary, honorarium, etc.) from the company. The Academy does not need to know the amount received.
- C.** Identify you or your first-degree relative's role.
- D.** If you or your first-degree relative have received multiple items from the same commercial interest, or if you or your first-degree relative have had more than one role for the same commercial interest, enter a separate record for each role/item received.
- E.** Your current disclosures are listed in the table below. To remove an entry, select either the Relationship Terminated or the Invalid Entry option to the right of the disclosure record. By default all existing entries are marked to be kept.
- F.** If you or your first-degree relative's role or item received has changed but the relationship with an existing Commercial Interest still exists, you must select the Relationship Terminated radio button to right of the prior disclosure and create a new disclosure with updated information on the next page.
- G.** All prior disclosures you have entered for yourself or for your first-degree relative are marked to be kept by default. If you need to remove a disclosure, please select either Relationship Terminated if the relationship has terminated or Invalid Entry if the disclosure is incorrect.
- H.** New/additional disclosures may be entered by clicking on the "Enter Additional Financial Disclosures" button below and then clicking "Save and Continue".

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<sup>2</sup> A first-degree relative is defined as a spouse, parents, brothers, sisters, or children of the member.

If you have **NO** financial relationship(s) to disclose:

- Neither I, the undersigned, nor a first-degree relative, has at present or has had within the past 12 months, financial interests/arrangements, affiliations, or other relationships with the commercial supporter(s) of this activity or with any other organization(s) that provide(s) health care-related products or services.

If you **DO** have financial relationship(s) to disclose:

- I, the undersigned, and/or my first-degree relative currently has a financial interest/arrangement, affiliations, or other relationships with the commercial supporter(s) of this activity or with another organization(s) that provide(s) health care-related products or services.

**NATURE OF FINANCIAL COMPENSATION**  
**(these will now be drop down menus online)**

**For What Role?:**

**What was Received?:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Advisory Board Member</li> <li>Board Member</li> <li>Consultant</li> <li>Employee</li> <li>Expert Reviewer</li> <li>Founder</li> <li>Independent Contractor</li> <li>Principal Investigator</li> <li>Other*</li> <li>Speaker</li> <li>Stockholder</li> <li>Equipment (dept or practice)</li> <li>Fee</li> </ul> | <ul style="list-style-type: none"> <li>Grants</li> <li>Honoraria</li> <li>No Compensation Received</li> <li>Non-CME Educational Grant</li> <li>Other Financial Benefit*</li> <li>Ownership Interest</li> <li>Patient Rights</li> <li>Residency or Fellowship Program Funding</li> <li>Research Grant to my Institution</li> <li>Salary</li> <li>Stock</li> <li>Stock Options</li> </ul> |
|--|---|

Company Name (will also be drop down)	For What Role?	What was received?	Money paid to you?	Money paid to your institution? <sup>3</sup>
Example: ABC Pharma, Inc.	Advisory Board Member	Honoraria	X	
Example: Small Pharma, Inc	Consultant	Fee	X	
Example: XYZ Pharma, Inc	Principal Investigator	Research Grant		X

- I agree to update this form within 30 days after I establish any new financial relationships that could represent potential conflicts of interest.

\*Please describe below any relationships or compensation that you listed above as "Other" or "Other Financial Benefit".

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<sup>3</sup> This means compensation that your institution received for your efforts on this study.

1. **Boards/Officer of Public or Academic Organizations.** *Examples: Trustee, American Board of Dermatology; Officer, Alternative Delivery System Corp.*
  
2. **Government Affiliation.** *Examples: Consultant, FDA or National Library of Medicine; Research Review Committee for Applications of Computers in Medicine.*
  
3. **Dermatology Society Leadership Position** *(officer, director, member or chair of a committee).*
  
4. **Editor or Author of Scientific Publications.** *Examples: Author, Dermatology Times; Editor, Archives in Dermatology.*
  
5. **Editor or Author of Non-Scientific Publications.** *Examples: Assistant Editor, Journal of Dermatology Marketing and Practice Management; Author, Cosmetics for the Lay Person.*
  
6. **Other Relationships.** *Example: employed by Ameripath*
  
7. **My principal professional activities relating to dermatology are conducted in the following setting(s):** *Example: Private practice, Indianapolis, IN; Adjunct Associate Professor, Department of Dermatology, Indiana University.*

I acknowledge my continuing obligation to report to the Secretary-Treasurer of the Academy, promptly online, any material change in the nature or setting of my professional activities or any actual or potential conflict of interest, *i.e.*, conflict between, on the one hand, the interests of the Academy and, on the other, my personal interests or those of a first-degree relative, that comes to my attention in the future. I will also verbally acknowledge any changes to this written disclosure at the time of my participation in an Academy meeting or event. I attest to the best of my knowledge that this is a complete and true disclosure and, that if found to be otherwise, would be grounds for discipline.

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Signature

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Date

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Printed Name

**Exhibit C**

- I agree to abide by the Academy's administrative regulation on disclosure of potential conflicts of interest.



**American Academy of Dermatology & Association**  
**Disclosure Statement of Potential Conflict of Interest**

I, \_\_\_\_\_, attest that I have submitted for consideration for possible publication in the Journal of the American Academy of Dermatology (JAAD) a manuscript entitled:

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I hereby certify that, to the best of my knowledge, (1) the work that is reported on in said manuscript has not received financial support from any pharmaceutical company or other commercial source except as described below, and (2) neither I nor any first-degree relative has any special financial interest in the subject matter discussed in said manuscript, except as described below. (I understand that an example of one type of such special financial interest would be ownership, by me or a first-degree relative, of a company that sells a product relating to the subject matter of the manuscript.)

Describe any exceptions. Use additional page(s) if space below is insufficient.

Steps:

- A.** List the names of proprietary entities producing health care goods or services (commercial interests) with the exception of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a financial relationship within the past 5 years. For this purpose the ACCME considers the financial relationships of your spouse or partner that you are aware of to be yours. Please refer to the "CME Policy & Procedure" for definitions of financial relationships. [online version will have link CME P&P here]
- B.** Identify the type of compensation you or your first-degree relative<sup>4</sup> received (ex: salary, honorarium, etc.). The Academy does not need to know the amount received.
- C.** Identify you or your first-degree relative's role with the commercial entity.
- D.** If you or your first-degree relative have received multiple items from the same commercial interest or if you or your first-degree relative have had more than one

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<sup>4</sup> A first-degree relative is defined as a spouse, parents, brothers, sisters, or children of the member.

role for the same commercial interest, enter a separate record for each role/item received.

- E.** Your current disclosures are listed in the table below. To remove an entry, select either the Relationship Terminated or the Invalid Entry option to the right of the disclosure record. By default all existing entries are marked to be kept.
- F.** If you or your first-degree relative's role or item received has changed but the relationship with an existing Commercial Interest still exists, you must select the Relationship Terminated radio button to right of the prior disclosure and create a new disclosure with updated information on the next page.
- G.** All prior disclosures you have entered for yourself or for your first-degree relative are marked to be kept by default. If you need to remove a disclosure, please select either Relationship Terminated if the relationship has terminated or Invalid Entry if the disclosure is incorrect.
- H.** New/additional disclosures may be entered by clicking on the "Enter additional Financial Disclosures" button below and then clicking "Save and Continue".

If you have NO financial relationship(s) to disclose:

- Neither I, the undersigned, nor a first-degree relative, has at present or has had within the past 5 years, financial interests/arrangements, affiliations, or other relationships with the commercial supporter(s) of this activity or with any other organization(s) that provide(s) products or services that are relevant to the content for which I am responsible.

If you DO have financial relationship(s) to disclose:

- I, the undersigned, and/or my first-degree relative currently has a financial interest/arrangement, affiliations, or other relationships with the commercial supporter(s) of this activity or with another organization(s) that provide(s) products or services that are relevant to the content for which I am responsible.

**NATURE OF FINANCIAL COMPENSATION**  
**(these will now be drop down menus online)**

**For What Role?:**

**What was Received?**

Advisory Board Member	Grants
Board Member	Honoraria
Consultant	No Compensation Received
Employee	Non-CME Educational Grant
Expert Reviewer	Other Financial Benefit*
Founder	Ownership Interest
Independent Contractor	Patient Rights
Principal Investigator	Residency or Fellowship Program Funding
Other*	Research Grant to my Institution
Speaker	Salary
Stockholder	Stock
Equipment (dept or practice)	Stock Options
Fee	

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Company Name (will also be drop down)	For What Role?	What was received?	Money paid to you?	Money paid to your institution? <sup>5</sup>
Example: ABC Pharma, Inc.	Advisory Board Member	Honoraria	X	
Example: Small Pharma, Inc	Consultant	Fee	X	
Example: XYZ Pharma, Inc	Principal Investigator	Research Grant		X

I agree to update this form within 30 days after I establish any new financial relationships that could represent potential conflicts of interest.

Please describe below any relationships or compensation that you listed above as “Other” or “Other Financial Benefit”.

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I hereby grant permission for any such information, or an appropriate summary thereof, to be published in JAAD with the manuscript if the manuscript is accepted for publications.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

<sup>5</sup> This means compensation that your institution received for your efforts on this study.