

This chart summarizes the formal ASBMR policy on conflicts of interest. It includes a Glossary of terms and brief explanations in the *Notes, Guidance, and Policy Rationale* Section. For more detailed explanations, please refer to the full ASBMR Conflict of Interest Policy. Section V of the Policy provides additional information and explanations for each of the conflicts enumerated below.

A Conflict/Duality of Interest is defined as a situation in which an ASBMR Leader has any impediment to being impartial and loyal to ASBMR. This includes financial, personal, familial, and professional relationships that could actually – or reasonably appear to - affect the allegiance of the ASBMR Leader to the Society and its mission.

In every instance in which ASBMR Leaders have a conflict or duality of interest, the ASBMR Leader is required to declare the conflict to the ASBMR group within which they are working.

Some conflict situations, identified as “No’ on the chart below, pose a conflict that may be resolved only by prohibiting the Leader from engaging in that particular activity or situation.

Other conflict situations, identified below as “Yes”, can be resolved by the Leader declaring the conflict and recusing themselves from the balance of the discussion and from voting on or deciding the matter.

For all conflict situations, whether marked “Yes” or “No” below, the ASBMR Leaders are advised to consult the Ethics Advisory Committee (EAC).

For all situations in which the Leader has concerns about a potential conflict, the Leader is advised to consult with the EAC.

As indicated by the entries in the chart, as the Society takes on a more prominent role in crafting positions that relate to patient care on issues within the ASBMR mission, the individuals in the highest ASBMR leadership positions and those with important clinical positions should not be regarded as having ties to pharma. In such cases, the conflict is regarded more strictly. The decision in each case, however, remains with the EAC.

GLOSSARY

Bone/Mineral-Related Corporate Entity	=	Bone/Mineral/Musculoskeletal-Related Corporate Entity is a company with commercial interests that are within the scope of ASBMR’s mission, (e.g., pharmaceutical, medical device, or otherwise related to bone, mineral and musculoskeletal diagnostics and therapeutics)
Clinical TF	=	Clinical Task Force
EAC	=	Ethics Advisory Committee
EIC, DE, AE	=	Editor-in-Chief; Deputy Editor; Associate Editor
PPC	=	Professional Practice Committee
Prog.C.	=	Program Committee

AM I <u>REQUIRED</u> AS AN ASBMR LEADER?										
LEADERSHIP POSITION	President	Officers	Councilors	Editors (Editor-in-Chief, Deputy, Associate)	Task Force Chairs	Task Force Members	Committee and Subcommittee Chairs	Committee Members	Representatives to Other Organizations	Editorial Board
<u>A. Conflict Situations</u> To disclose to the group(s) with which I am working (e.g., Council) every instance in which I have a conflict or duality and, as determined by the group, to recuse myself from the activity, discussion, and/or decision?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<u>B. PERMISSIBLE Activities and Relationships with Bone/Mineral-Related Corporate Entities (see Glossary)</u>										
AM I <u>PERMITTED</u> AS AN ASBMR LEADER?										
LEADERSHIP POSITION	President	Officers	Councilors	Editors (Editor-in-Chief, Deputy, Associate)	Task Force Chairs	Task Force Members	Committee and Subcommittee Chairs	Committee Members	Representatives to Other Organizations	Editorial Board
1. To serve as investigators in corporate-supported clinical trials and basic research.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. To serve on data safety monitoring boards.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. To serve on corporate advisory boards.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. To use my ASBMR status to promote corporate entities.	No	No	No	No	No	No	No	No	No	No
5. To take ASBMR-related actions that affect the value of a corporate entity in which I have a financial interest.	No	No	No	No	No	No	No	No	No	No

6. To use, or allow others to use, my name and ASBMR status, to endorse or support corporate interests.	No	No	No	No	No	No	No	No	No	No
7. To identify my ASBMR position when primarily representing my university, laboratory, research group, other affiliation, or self to the media, press, Congress or other legislative body, NIH or other funding agency. If your ASBMR Leadership position is identified in this type of setting, you are expected to make it clear that you are not representing the views, or speaking on behalf, of ASBMR.	No	No	No	No	No	No	No	No	No	No

8. To testify before or submit presentations to federal or other national or international agencies on behalf of <i>Bone/Mineral-Related Corporate Entities</i> .	No	No	No	No EIC; Yes DE, AE	Yes except Clinical TF	Yes except Clinical TF	Yes except PPC, Prog C.	Yes except PPC, Prog C.	Yes	Yes
9. To serve as chair of a <i>Bone/Mineral-Related Corporate Entity</i> corporate advisory board.	No	No	No	No EIC; Yes DE, AE	Yes except Clinical TF	Yes except Clinical TF	Yes except PPC, Prog C.	Yes, except PPC, Prog C.	Yes	Yes

C. RELATIONSHIPS WITH OTHER ORGANIZATIONS

AM I PERMITTED AS AN ASBMR LEADER?

LEADERSHIP POSITION	President	Officers	Councilors	Editors (Editor-in-Chief, Deputy, Associate)	Task Force Chairs	Task Force Members	Committee and Subcommittee Chairs	Committee Members	Representatives to Other Organizations	Editorial Board
10. To have a conflicting duty to another organization and not resolve it.	No	No	No	No	No	No	No	No	No	No
11. To be an officer or director in another organization that: (a) has a mission that overlaps with ASBMR; and (b) may be in competition with ASBMR for financial resources.	No	No	No	No EIC; Yes DE, AE	Yes	Yes	No	Yes	Yes	Yes
12. To be an Editor-in-Chief for another Bone/Mineral/ Musculoskeletal -related journal whose mission overlaps with the ASBMR's mission.	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes

LEADERSHIP POSITION	President	Officers	Councilors	Editors (Editor-in-Chief, Deputy, Associate)	Task Force Chairs	Task Force Members	Committee and Subcommittee Chairs	Committee Members	Representatives to Other Organizations	Editorial Board
<i>D. Speaking Engagements Financially Supported by Bone/Mineral/Musculoskeletal-Related Corporate Entities</i>										
13. To receive speaker fees, honoraria or expense reimbursement directly from a <i>Bone/Mineral-Related Corporate Entity</i> to give internal presentations to companies.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14. To speak at symposia or programs sponsored by Corporate Entities at the ASBMR Annual Meeting. Even if permitted, the Leader's position with ASBMR is not to be identified.	No	No	No	No EIC; Yes DE, AE	Yes except Clinical TF	Yes except Clinical TF	Yes except PPC, Prog C.	Yes except PPC, Prog C.	Yes	Yes
15. To receive speaker fees, honoraria or expense reimbursement directly from a <i>Bone/Mineral-Related Corporate Entity</i> to speak at commercially supported meetings. ASBMR Leaders are permitted to receive indirect payment that goes to the Leader's institution or the organization hosting the event (e.g., hospital, university, society, CME company), and then to the Leader for such speaking engagements. Even when such speaking engagements are permitted, the Leader's position with ASBMR is not to be identified.	No	No	No	No EIC; Yes, DE, AE	Yes except Clinical TF	Yes except Clinical TF	Yes except PPC, Prog C.	Yes except PPC, Prog C.	Yes	Yes
16. To receive speaker fees, honoraria or expense reimbursement directly from a <i>Bone/Mineral-Related Corporate Entity</i> for speaking to clinicians or patients on issues within the scope of the ASBMR Mission. ASBMR Leaders are permitted to receive indirect payment that goes to the Leader's institution or the organization hosting the event (e.g., hospital, university, society, CME company), and then to the Leader for such speaking engagements. Even when such speaking engagements are permitted, the Leader's position with ASBMR is not to be identified.	No	No	No	No EIC; Yes DE,AE	Yes except Clinical TF	Yes except Clinical TF	Yes except PPC, Prog C.	Yes except PPC, Prog C.	Yes	Yes

AM I <u>PERMITTED</u> AS AN ASBMR LEADER?										
LEADERSHIP POSITION	President	Officers	Councilors	Editors (Editor-in-Chief, Deputy, Associate)	Task Force Chairs	Task Force Members	Committee and Subcomm.Chairs	Committee Members	Representatives to Other Organizations	Editorial Board
<i>E. Financial, Investment, and Business Interests</i>										
17. To directly own, or for my <i>immediate family</i> (spouse and dependent children) to directly own more than \$15,000 in publicly-traded stock or equity rights in any <i>Bone/Mineral-Related Corporate Entity</i> or any amount of stock in a privately-held Bone/Mineral-Related Corporate Entity . Mutual funds or other grouped or indirectly-held investments are not an issue. Any ASBMR Leader with this conflict must seek EAC guidance and approval. The EAC will determine how the conflict will be handled based on the Public Health Service guidance, summarized below.	No	No	Yes	No EIC; Yes DE, AE	Yes except Clinical TF	Yes except Clinical TF	Yes except PPC, Prog C.	Yes except PPC, Prog C.	Yes	Yes
18. To receive or for my <i>immediate family</i> (spouse and dependent children) to receive more than \$15,000 in direct value (e.g. salary, stock options, other remuneration, dividends, royalties, travel) from any <i>Bone/Mineral-Related Corporate Entity</i> in the prior 12 months. Any ASBMR Leader with this conflict must seek EAC guidance and approval. The EAC will determine how the conflict will be handled based on the Public Health Service guidance, summarized below.	No	No	No	No EIC; Yes DE, AE	Yes except Clinical TF	Yes except Clinical TF	Yes except PPC, Prog C.	Yes except PPC, Prog C.	Yes	Yes
19. To serve as an expert witness or consultant on a legal case within the scope of the ASBMR mission, particularly product liability cases. Any ASBMR Leader with this conflict must seek EAC guidance and approval. The EAC will determine how the conflict will be handled based on the Public Health Service guidance, summarized below.	No	No	No	No	Yes except Clinical TF	Yes except Clinical TF	Yes except PPC, Prog C.	Yes except PPC, Prog C.	Yes	Yes
20. To own, or for my <i>immediate family</i> (spouse and dependent children) to own, any amount of a corporate entity providing direct service (e.g., consulting, IT) to the ASBMR.	No	No	No.	Yes	Yes	Yes	Yes	Yes	Yes	Yes

NOTES, GUIDANCE, AND POLICY RATIONALE:

CONFLICT #7: IDENTIFYING MY ASBMR POSITION:

ASBMR leaders are not permitted to identify their ASBMR leadership status as part of their email signature footers or in their regular communications, such as on letterhead, except in instances when Leaders are specifically authorized to and are in fact sending particular communications in their leadership capacity and on behalf of ASBMR. The concern is that allowing the use of the ASBMR name in ongoing communications links ASBMR to the messages within, even if unintended and if the message is in conflict with an actual position of ASBMR's or concerning a matter that ASBMR had not taken a position on.

CONFLICT #8: TESTIFYING:

This prohibition applies to Officers, Councilors, and Editors-in-Chief to avoid showing alignment with a Bone/Mineral-Related Corporate Entity by prominent ASBMR Leaders. Other than Professional Practice and Program Committee Chairs and Members, Committee and Subcommittee Chairs and Members may be permitted if approved by the EAC, unless the testimony is within the scope of the ASBMR mission.

CONFLICT #11: OFFICER FOR ANOTHER ENTITY:

The concern here is that the Leaders who attend Council (including Officers and Councilors, Editors in Chief of JBMR, JBMR Plus, and the Primer, Committee and Subcommittee Chairs) are privy to, and participate in, ASBMR strategic planning. It is therefore an unresolvable conflict for ASBMR Officers, Directors, and Editors-in-Chief, Committee and Subcommittee Chairs to serve as officers or directors in organizations that pursue missions that overlap with, and that compete for resources against, ASBMR. The concern here, and the application of this restriction is not with regard to small regional/local organizations or small focused meetings (e.g. AIM) but to larger international organizations (e.g. ECTS, IOF).

CONFLICT #12: EDITOR FOR ANOTHER JOURNAL

The Journal is a valuable, strategic, and revenue-producing resource of ASBMR. ASBMR Leaders such as the ASBMR Officers, Councilors, Editors-in-Chief, Committee and Subcommittee Chairs attend Council meetings and are therefore privy to ASBMR strategic planning, confidential information, and competitive discussions. Deputy and Associate Editors are also privy to ASBMR strategic planning for publications. It is an unresolvable conflict for individuals holding any of these positions to be Editors-in-Chief of a journal for another organization whose mission overlaps with ASBMR.

CONFLICT #13: CORPORATE-SPONSORED SPEAKING ENGAGEMENTS AT THE ANNUAL MEETING:

The concern here is when speakers are selected by the Corporate Entity, that portrays the speaker as aligned with the Corporate Entity, whether actually or just apparently, versus when the speaker is not selected by a Corporate Entity.

GUIDANCE FOR CONFLICTS #17 AND #18: OWNERSHIP OR RECEIPT OF PAYMENTS OF > \$5,000 IN BONE-RELATED ENTITY STOCK

As noted in the chart, any ASBMR Leader with Conflict #17 or #18 must seek EAC guidance and approval. The EAC will determine how the conflict will be handled based on the Public Health Service guidance, summarized below. For those in more senior ASBMR Leadership positions and those who have a specific role or more opportunity to develop positions that relate to patient care, the conflict is regarded more strictly.

How Conflicts 17 and 18 (*Bone/Mineral-Related Corporate Entity* stock or payments) are to apply merits additional explanation. These Conflicts raise four related factors and concerns: (1) how much influence or ability does the conflicted ASBMR leader have over the decision being made; (2) what amount or value does the ASBMR Leader have in the company (e.g., \$5,000 in stock or cash or \$500,000 in stock or cash?); (3) to what extent does the conflict present an opportunity for a benefit that would influence the ASBMR Leader's conduct; and, (4) is there are a more acute conflict when one receives value directly (e.g., in cash) versus indirectly (e.g., owning .001% in stock).

These two Conflict situations apply to Officers, Councilors, Editors-in-Chief, Clinical Task Force Chairs and Members, the Program Committee, and the Professional Practice Committee, because those Leaders are in positions to individually determine ASBMR actions, or to significantly influence ASBMR decisions. This would give the appearance that corporate entities influence ASBMR clinical decision making. They do not apply to the other Editors, to non-clinical Task Force Chairs and Members or to non-clinical Committee and Subcommittee Chairs and Members.

The factors to apply when assessing Conflict #17 and #18 situations are as follows:

- (1) Ability to Influence an ASBMR Decision. Conflicts #17 and #18 originate from the Public Health Service conflict of interest rules, which apply to NIH research. Those rules focus on the extent to which the person receiving value is responsible for the conduct of, or in a position to determine or influence, the funded research. Applied here, these restrictions are intended to focus on the extent to which an ASBMR Leader **is responsible for the conduct of, or in a position to determine or influence, a particular activity or decision**.

Individuals who serve as a non-clinical Committee or Subcommittee Chair, non-clinical Task Force chair or member, as a Deputy or Associate Editor are not in a position to overly influence the conduct or outcome of a decision where they are serving. As with any conflict situation, they would still declare a conflict (e.g. "my daughter is employed by a particular Bone-related company," or "I have \$5,000 in stock on a Bone-related company") but their receipt or holding of such value would not render them ineligible to serve in those positions.

In contrast, the ASBMR President, Officers, Councilors, Program Chairs, Program Committee members, Professional Practice Committee members, and Editors-in-Chief have considerable responsibility and influence over the decisions they participate in. Accordingly, the presumption is that those individuals cannot qualify for their positions if they or their immediate families, hold or receive more than \$5,000 in payments or stock in a Bone-related entity. However, as explained below, this is just a presumption, and the ultimate decision is up to the EAC based on the factors explained here.

- (2) Ownership Value Versus Receipt of Direct Payments. The direct receipt of value (cash payments) is viewed as a greater concern than the

indirect value (stock ownership). ASBMR Leaders and the EAC should view such conflicts more strictly when funds are received directly. That is why Councilors are included as “No” under Conflict #18 and “Yes” under Conflict #17. It takes more assurance to overcome the presumption that receipt of \$5,000 disqualifies the Leader than to overcome a presumption that holding \$5,000 would.

- (3) Financial Extent of the Conflict. The value owned or received (\$5,000 vs. \$500,000) is a relevant factor when assessing a presumption. Greater value creates a greater benefit and potentially more influence over an action or a decision. Moreover, it can create an unwanted and unacceptable appearance that a senior ASBMR leader in a position of influence is inclined to favor (or disfavor) a certain bone-related company.
- (4) Potential Benefit to the ASBMR Leader. The potential benefit to the Leader is relevant. The value of the situation to the ASBMR Leader could be so minimal or attenuated so as to reduce its potential impact on decision-making.

For example, a financial interest pertaining to a small Bone-related company that has no anticipated or potential role in ASBMR activities (and whose competitors also do not), represents a minimal risk of impact on the Leader’s decision-making. Another example might be an ASBMR Leader with a dependent child who is paid more than \$5,000 per year working as a stock-person at a bone-related Pharma warehouse. That falls within Conflict #18. But the EAC could see that situation as not constituting a significant enough interest to influence the Leader because nothing that Leader can do will have any real influence in benefitting the Leader’s child. In such a situation the EAC could decide to allow the covered ASBMR Leader to serve or to continue to serve with receipt of such value. But these factors apply interdependently. If significant outside value is received by the Leader’s child (e.g., daughter gets paid \$100,000 plus bonuses as a junior Pharma VP), the Leader’s actions at ASBMR could potentially benefit the Leader’s child. Even if the Leader’s actions are deemed unlikely to benefit the child (or the child’s employer), the EAC could still determine that there is a serious enough appearance of the conflict to prohibit receipt of the value (or disqualify the Leader’s from service in that ASBMR capacity).

CONFLICT 19: EXPERT WITNESSES:

Consulting or testifying on product liability cases that relate to products within the scope of the ASBMR mission or patent cases involving drugs used to treat common diseases in the ASBMR mission are conflicts that are not allowed. However, the EAC can allow otherwise restricted ASBMR Leaders to serve as expert consultants or witnesses in patent or medical malpractice cases unrelated to the ASBMR mission. For example, the EAC could approve consulting or testifying about non-clinical patents, such as tests or machines, or basic science applications, or concerning medical malpractice cases unrelated to diseases in the ASBMR mission. The EAC might also approve consulting or testifying about the approach to rare bone diseases, even though they are related to the ASBMR mission, because there are relatively few scientists with this expertise and rare bone diseases affect relatively few people, compared to more common diseases within the ASBMR mission, such as osteoporosis and hyperparathyroidism.
