



American Head & Neck Society

CODE FOR INTERACTIONS WITH COMPANIES

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*The single largest organization in North America
for the advancement of research and education in head and neck oncology*

www.ahns.info

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AHNS Code for Interactions with Companies

I. Preamble

AHNS and other medical specialty societies (“Societies”) play an important role in reaching out to health professionals, patients, and other groups. Our members guide biomedical research, discover new therapies, and engage in high quality medical practice. Societies offer educational opportunities that help translate scientific and medical progress into the efficient delivery of effective medical care. Societies develop resources that guide our members in advancing medical care. Societies provide a forum for presenting new skills and scientific developments.

For-profit entities that develop, produce, market or distribute drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions, are referred to in this Code as “Companies.” Additionally, a company includes a for-profit entity that provides good or services to physicians and/or their practices. This definition is not intended to include non-profit entities or entities through which physicians provide clinical services directly to patients. Like Societies, Companies also strive to help patients live longer and healthier lives. Companies invest resources to bring new drugs, devices and therapies out of the laboratory and to the patient while maximizing value for shareholders.

Members and patients count on Societies to be authoritative, independent voices in the world of science and medicine. Public confidence in our objectivity is critical to carrying out our mission. We know the public relies on us to minimize actual and perceived conflicts of interest. AHNS must be sure its interactions with Companies meet high ethical standards. AHNS interactions with Companies may include receiving charitable contributions, applying for grants in support of programmatic activities, and conducting a range of business transactions. In all of these interactions, the AHNS is committed to acting with integrity and transparency.

AHNS adopts this Code to reinforce the core principles that help us maintain actual and perceived independence. Adopting this Code helps to ensure that AHNS’s interactions with Companies will be for the benefit of patients and members and for the improvement of care in the field of head and neck oncology.

II. About the Code

In Spring 2009, at the request of the CEOs of the Council for Medical Specialty Societies (CMSS) member organizations, the CMSS Board of Directors charged the CMSS Task Force on Professionalism and Conflicts of Interest (“Task Force”) with developing and recommending a voluntary “code of conduct” for Medical Specialty Societies to “enhance professionalism and to disclose, manage, and resolve relationships with industry.” For nearly one year, Task Force representatives from more than 30

Member Organizations worked collaboratively to draft a document in response to this charge. In the spring of 2010, the Task Force recommended the CMSS Code for Interactions with Companies to the CMSS Council for adoption. The Code was officially adopted by CMSS on April 17, 2010.

On May 2, 2011, after several in-depth discussions at the AAO-HNS/F Executive Committee and Board levels, including a Board-appointed task force, and after a thorough comparison of the CMSS Code to existing AAO-HNS/F policies, the AAO-HNS/F Boards of Directors approved their sign-on to the CMSS Code for Interaction with Companies. The code was officially adopted by AAO-HNS/F on September 10, 2011 and subsequently distributed to all eleven societies comprising the Specialty Society Advisory Council (SSAC) for consideration.

The AHNS Council requested that the AHNS Ethics and Professionalism Committee review the resulting document for adoption and a Task Force was appointed. After comprehensive review, the Code was edited to meet the needs of the AHNS and recommendations and concerns made to council. Council discussed and voted upon the resulting document and the code was adopted on September 28, 2013.

The purpose of the Code is to guide Societies, such as AHNS, in the development of policies and procedures that safeguard the independence of their programs, policies, and advocacy positions. Because Societies can vary in their activities and corporate structures, these policies and procedures need not be uniform. Each Society that signs on to the Code is encouraged to adopt policies and procedures that are tailored to meet the individual organizational needs.

The AHNS Code is based on the CMSS Code and its Annotations and is adapted to the specific situations of AHNS. Certain aspects of the AHNS Code are more rigorous than the CMSS Code. Annually, AHNS will affirm to CMSS its continued adherence to the Code. The AHNS Code is a guideline not a mandate and proposed exceptions to the Code will be considered on a case-by-case basis by the Council. Due to the complexities of the issues at hand, it may take some time for the Society to come into full compliance with the Code.

The Code is divided into Principles and Annotations. The Principles state minimum expectations for AHNS. The Principles are expected to remain relatively constant, and may be changed only by the AHNS Council. The Annotations, on the other hand, are provided when necessary to reflect current interpretation of a given Principle. An Annotation may explain the purpose of a Principle, or give examples of AHNS policies and safeguards that are consistent with the Code. Annotations may be clarified periodically through recommendations from the Ethics and Professionalism Committee by the AHNS Executive Council in response to questions or to changes in the landscape as highlighted by CMSS.

Questions about the AHNS Code should be addressed to the AHNS administrative staff to be forwarded to the AHNS President and the Chair of the Ethics and Professionalism Committee. AHNS will also monitor CMSS interpretations and update Annotations as necessary.

III. Definitions

AHNS CME: AHNS CME refers to CME programs that are planned by AHNS and for which the AHNS as an accredited CME provider, provides CME credit.

AHNS Journal: *JAMA Otolaryngology—Head and Neck Surgery* is a peer-reviewed scientific journal that is the official journal of the AHNS. It is published by the AMA and is bound by the AMA Code of Ethics, which is consistent with but not the same as, this Code. Should the AHNS form an additional or another official relationship with an academic journal, the principles of this Code would apply.

Advertising: Advertising is a Business Transaction in which a Company pays a fee to AHNS in exchange for the AHNS's publication of a promotional announcement that highlights the Company or the Company's products or services. For purposes of this Code, Advertiser refers to a Company that purchases Advertising.

Business Transaction: A Business Transaction is an interaction between AHNS and a Company in which a Company pays a fee to AHNS in exchange for the AHNS's item, service, or product. Examples of Business Transactions include Company payment of fees associated with subscriptions to AHNS publications, advertising in AHNS publications, registrations for AHNS meetings, and exhibit space rental.

Charitable Contribution: A Charitable Contribution is a gift, including an in-kind gift, given by a Company to a qualified tax-exempt organization (i.e. the AHNS) for use in furthering the organization's charitable purposes and in accordance with applicable tax rules and legal standards.

Clinical Practice Guideline: A Clinical Practice Guideline (or Guideline) is a systematically developed statement to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances. As used in this Code, the term Clinical Practice Guideline also refers to medical technology assessments, clinical opinions, and other evidence-based clinical practice tools, as well as updates to existing Clinical Practice Guidelines ("Guideline Updates").

Company (used interchangeably with commercial interest): A Company is a for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and/or alleviate health conditions. Additionally, a company includes a for-profit entity that provides goods or services to physicians and/or their practices. This definition is not intended

to include non-profit entities or entities through which physicians provide clinical services directly to patients.

Continuing Medical Education (CME): Continuing Medical Education (CME) consists of educational activities for which the attendee may receive CME credit (American Medical Association (AMA) Physician's Recognition Award Credit, American Academy of Family Physicians (AAFP) Prescribed or Elective Credit, American Osteopathic Association (AOA) Credit (various categories) based on accreditation awarded to the provider by a recognized accrediting body (e.g., Accreditation Council for Continuing Medical Education (ACCME), AOA, AAFP). According to ACCME policy, CME activities "serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession." For purposes of this Code, educational activities for physicians that are not CME-accredited are considered Non-CME Educational/Informational Programs.

Corporate Sponsorship: A Corporate Sponsorship is an arrangement in which a Company, typically through its marketing department, provides monetary or in-kind support for a particular AHNS product, service, or event, and is then acknowledged in connection with the product, service or event. Corporate Sponsorships are distinct from Educational Grants, and do not constitute Commercial Support of CME. For purposes of this Code, Corporate Sponsor refers to a Company that provides a Corporate Sponsorship.

Direct Financial Relationship: A Direct Financial Relationship is a relationship held by an individual that results in wages, consulting fees, honoraria, or other compensation (in cash, in stock or stock options, or in kind), whether paid to the individual or to another entity at the direction of the individual, for the individual's services or expertise. As used in this Code, the term Direct Financial Relationship does not mean stock ownership or intellectual property licensing arrangement.

Educational Grant: An Educational Grant is a sum awarded by a Company, typically through its grants office, for the specific purpose of supporting an educational or scientific activity offered by the AHNS. Educational Grants awarded by a Company to support a CME activity are referred to in the ACCME Standards for Commercial Support as "Commercial Support" of CME. An Educational Grant may also be "in-kind."

Key AHNS Leaders: At a minimum, and for purposes of this Code, the Key AHNS Leaders are defined as the President, the President-Elect, the Vice-President, the Secretary, the Treasurer, the Chair of the Research and Education Foundation of the AHNS, the Chair of the Council for Advanced Training in Oncologic Head and Neck Surgery, the Chairs of the Scientific Program Committee, the Education Committee, the Research Committee, and the Ethics and Professionalism Committee, and the Associate

Editor for the Head and Neck Section of *JAMA Otolaryngology—Head and Neck Surgery* or any official Society Journal.

Medical Specialty Society: A Medical Specialty Society (or Society) is a non-profit organization whose membership includes predominantly physicians who practice in a specific medical specialty or sub-specialty that seeks to further the medical specialty, to advance the interests and education of individuals engaged in the specialty, to improve patient care, and to provide information for patients and the general public. Societies may have different corporate structures and encompass several affiliated legal entities. If a function described in the Code is carried out by an entity other than a Society's membership organization (e.g., by an affiliated Foundation), this Code applies to the extent the membership organization controls that entity. Each Society should decide independently how best to comply with the Code in light of its corporate structure.

Non-CME Informational/Educational Program: A Non-CME Informational/Educational Program is a program offered by AHNS, Company, or other third party that provides educational or promotional information and does not offer CME credit.

Research Grant: A Research Grant is an award that is given by AHNS to an individual, institution, or practice to fund the conduct of scientific research. Companies may provide AHNS with programmatic support (e.g., an Educational Grant or Charitable Contribution) designated for the specific purpose of funding Research Grants.

Satellite Symposium: A Satellite Symposium is a Company-supported program held as an adjunct to an AHNS meeting. When CME credit for the Symposium is provided, credit is provided by a third party accredited provider, and AHNS receives a fee for that.

IV. Principles for Interaction

1. Independence

1.1. All AHNS educational activities, scientific programs, products, services and advocacy positions are independent of Company influence, and the AHNS has policies and procedures that foster independence.

1.2. AHNS separates its efforts to seek Educational Grants, Corporate Sponsorships, Charitable Contributions, and support for Research Grants from its programmatic decisions.

1.3. The AHNS Ethics and Professionalism Committee is responsible for guiding the Society's interactions with Companies.

1.4. Key AHNS Leaders may not have Direct Financial Relationships with Companies during his or her term of service. Key AHNS Leaders may provide uncompensated service to Companies and accept reasonable travel reimbursement in connection with those services. Key AHNS Leaders may accept research support as long as grant money is paid to the institution or practice where the research is conducted, not to the individual. Research support, uncompensated services, and other permitted relationships are required to be disclosed.

Annotation: Key AHNS Leaders may receive wages or other compensation from a Company in exchange for providing or overseeing the provision of health services to Company personnel. Key AHNS Leaders may accept reasonable compensation for serving on an independent data safety monitoring board in a Company study. Key AHNS Leaders may own stock or stock options in a Company. Key AHNS Leaders may receive royalties or similar fees relating to patents or other intellectual property. While permitted under Principle 1.4, all such relationships should nevertheless be disclosed and managed in accordance with Principles 2.3.

If a Key AHNS Leader receives stock or stock options from a Company as wages, consulting fees, honoraria, or other compensation (other than the permitted payments as described in the prior paragraph), this is considered a Direct Financial Relationship. If a Key AHNS Leader directs a Company honorarium or other fee to AHNS or a charity, this is not considered a Direct Financial Relationship as long as there is no Company influence on the disposition of the resources and the contribution otherwise complies with Principle 3 of this code, on accepting charitable contributions.

1.5. AHNS establishes written agreements with Companies for Educational Grants, Corporate Sponsorships, Charitable Contributions, Business Transactions, and support of Research Grants.

Annotation: The written agreements should specify what the funds are for, the amount given, and the separate roles of the Company and AHNS. Such agreements will show that a transaction is "arms length," establish clear parameters for the use of funds, and affirm the independence of AHNS.

2. Transparency

2.1. AHNS requires its conflict of interest policies and/or forms be made available to its members and the public.

Annotation: Transparency is a key element in fostering confidence and independence.

2.2. AHNS discloses Company support (at a minimum Educational Grants, Corporate Sponsorships, Charitable Contributions, and support of Research Grants), making this information available to its members and the public.

Annotation: Generally, disclosure fields should include the name of the Company, the category of support (e.g., Educational Grant, Corporate Sponsorship, Charitable Contribution), the time period of the support, and the dollar amount or range.

2.3. AHNS requires written disclosure policies, which require disclosures of all financial and uncompensated relationships with Companies, for Key AHNS Leaders and others who serve on behalf of the AHNS. The AHNS Ethics and Professionalism Committee may use the disclosed information to manage conflicts of interest in decision-making. AHNS requires all volunteers to update disclosure information at least annually and when material changes occur.

Annotation: Additional conflict of interest management mechanisms such as recusal, peer review, and CME session audits may be appropriate. AHNS will select conflict of interest management mechanisms that are appropriate for the activity and type of relationship under consideration. Generally, disclosure fields should include employment, consulting or advisory arrangements, stock ownership, honoraria, research funding paid to an individual's institution or practice, expert testimony, and gifts. The AHNS CME Compliance Committee monitors and ensures compliance with ACCME requirements and reviews annually, prior to the annual meeting, any potential financial conflict of interest of members of the Program Committee, Program Chairs, faculty and presenters.

3. Accepting Charitable Contributions

3.1. AHNS controls the use of Charitable Contributions in a manner that is aligned with the AHNS strategic plan and mission.

3.2. AHNS declines Charitable Contributions if the donor expresses a desire to influence AHNS programs or advocacy positions, or where donor restrictions would influence AHNS programs or advocacy positions.

3.3. AHNS adheres to applicable tax rules and legal standards for acceptance of Charitable Contributions and management of institutional funds.

3.4. Reasonable restrictions on the purposes for which Charitable Contributions will be used are acceptable, as are reasonable requirements for reporting on the uses of the donated funds.

Annotation: For example, it is appropriate for Charitable Contributions to be designated to support a broad section of AHNS mission (e.g., general research, research in a particular disease area, or patient information). It is also appropriate for Charitable Contributions to be designated to support a specific AHNS program (e.g., a research award or fellowship), as long as the donor is not permitted to influence or control the program (e.g., selecting award recipients or determining research topics).

3.5. AHNS adheres to strict policies for consistent and appropriate recognition of donors.

Annotation: Donor recognition is a universal part of fundraising and should be conducted with appropriate limitations. For example, donors can be recognized in print materials, in private or public ceremonies, and with banners or other visible displays. Recognition will not be provided in a manner that implies donor influence over AHNS programs or advocacy positions.

4. Accepting Corporate Sponsorships

4.1. AHNS reserves the right to only accept Corporate Sponsorship of an item or program if the item or program is aligned with the AHNS's strategic plan and mission.

4.2. AHNS makes reasonable efforts to seek multiple Corporate Sponsors for sponsored items or programs.

Annotation: In addition to or instead of seeking multiple Corporate Sponsors for sponsored items or products, AHNS may seek support from sources outside of the for-profit healthcare sector.

4.3. AHNS prohibits the names or logos of Companies or products on AHNS distributed, non-educational "reminder" items (e.g., tote bags, lanyards, highlighters, notebooks, and luggage tags) that Companies are not permitted to give directly to healthcare professionals under generally accepted standards for ethical interactions (i.e., PhRMA Code, AdvaMed Code).

Annotation: The Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals and the Advanced Medical Technology Association (AdvaMed) Code of Ethics on Interactions with Health Care Professionals do not permit Companies to give promotional,

non-educational “reminder” items directly to healthcare professionals. In support of these standards, AHNS does not permit the placement of Company names or logos on AHNS distributed reminder items.

4.4. AHNS does not accept Corporate Sponsorship of data registries and will only accept data that complies with AHNS data integrity standards.

Annotation: Company representatives will not be involved in decisions to sell or otherwise disclose or publish registry data, and should not be permitted to serve on registry steering groups. Companies that contribute data to data registries will not receive special access to registry data.

5. Foundation Education

5.1. Educational Grants and Society CME

5.1.1. When providing AHNS CME, AHNS complies with ACCME Standards for Commercial Support by adopting policies and procedures designed to identify and manage conflicts of interest in Company-supported AHNS CME programs.

Annotation: Adopting and rigorously enforcing these policies precludes Company influence over AHNS CME content.

5.1.2. In providing AHNS CME, AHNS will not seek support for product-specific topics.

Annotation: Where the purpose of an AHNS CME session is to demonstrate or train attendees in the safe and effective use of a particular drug, device, service or therapy, AHNS may accept in-kind support from Companies that develop, produce, market, or distribute that drug, device, service or therapy. In accordance with ACCME Standards, AHNS may accept in-kind support from a single Company when other equal but competing products or services are not available for inclusion.

5.1.3. AHNS demonstrates a reasonable effort to achieve a balanced portfolio of support for each AHNS CME program.

Annotation: AHNS will make reasonable efforts to seek multiple sources of support for AHNS CME programs, including support from Companies, support from organizations outside the for-profit healthcare sector, and tuition from attendees.

5.1.4. AHNS retains control over the use of Educational Grants and implementation of safeguards designed to ensure that educational programs are non-promotional and free from commercial influence and bias.

5.1.5. The AHNS Education Committee and Scientific Program Committee, under the direction of the AHNS Council, are responsible for the selection of objectives, content, faculty, and format of educational activities in a manner that is consistent with the organizational mission.

5.1.6. AHNS prohibits the solicitation of and does not accept or consider Companies' suggestions about program topics, speakers, or content.

Annotation: This restriction would not prevent AHNS from assessing the availability of funds for a program in accordance with Principle 1.2.

5.1.7. AHNS prohibits presenters in AHNS CME programs from using Company-controlled presentation materials, and from using slides with Company logos.

5.1.8. AHNS requires presenters in AHNS CME programs to give a balanced view of therapeutic options, and requires presenters to use generic names in place of product trade names.

Annotation: AHNS may accept in-kind support from Companies that develop, produce, market, or distribute that drug, device, service or therapy. In accordance with ACCME Standards, AHNS may accept in-kind support from a single Company when other equal but competing products or services are not available for inclusion.

5.1.9. AHNS clearly distinguishes Non-CME Informational/Education Programs from AHNS CME.

5.2. Satellite Symposia

5.2.1. AHNS adheres to a strict application and selection process for all Satellite Symposia.

5.2.2. AHNS requires Satellite Symposia to comply with ACCME Standards when CME is offered by a third-party accredited provider.

Annotation: AHNS will use written agreements with third party CME providers. Written agreements should also include consequences for non-compliance.

5.2.3. AHNS clearly distinguishes between AHNS CME and Satellite Symposia in its meeting programs and promotional materials.

5.2.4. AHNS requires third party organizers of Satellite Symposia to use appropriate disclaimers to distinguish the Symposia from AHNS CME programs in Symposia advertising and program materials.

5.2.5. AHNS does not permit Key AHNS Leaders to participate in Satellite Symposia as faculty members, presenters, chairs, consultants, or in any other role besides that of an attendee who receives no honoraria or reimbursement.

5.3. Company Informational/ Educational Programs

5.3.1. AHNS requires Non-CME Informational/Educational Programs to be clearly distinguished from AHNS CME.

Annotation: Through the Company's use of appropriate disclaimers in advertising and informational materials, attendees of Non-CME Informational/Educational Programs should be able to easily ascertain that the Programs are not AHNS CME accredited.

5.4. Exhibits

5.4.1. AHNS maintains policies and procedures that govern the nature of exhibits and the conduct of exhibitors, including requiring exhibitors to comply with applicable laws, regulations, and guidance.

Annotation: AHNS policies can place limits on exhibits and exhibitor conduct (e.g., booth décor, size, and activities) to ensure that the tone of the exhibit hall is professional in nature. Policies should be provided to exhibitors and made available to others upon request.

5.4.2. AHNS only permits Company exhibitor giveaways that are educational and modest in value as defined by the Exhibitor Guidelines.

Annotation: The requirement that Company giveaways be educational (for physicians or patients) and modest in value originates in the standards for ethical interactions set out by AMA, PhRMA, and AdvaMed. AHNS has extended this policy to all exhibitors even though not required by CMSS.

5.4.3. AHNS makes reasonable efforts to place exhibit booths out of attendees' obligate path to AHNS CME sessions.

5.4.4. Elected Officers are not permitted to participate as leaders or presenters in Company promotional/marketing events held in exhibit space.

Annotation: Participation of AHNS elected officers in Company promotional or marketing events has the potential to create the perception that AHNS endorses a particular Company or product. In order to avoid this perception, AHNS prohibits its elected officers from participating as leaders or presenters.

6. Awarding of Research Grants

6.1. AHNS does not permit Companies to select (or influence the selection of) recipients of Research Grants.

6.2. AHNS has charged the Centralized Otolaryngology Research Efforts (CORE) to select recipients of Research Grants based on peer review of grant applications.

6.3. AHNS does not require recipients of Research Grants to meet with Company supporters.

Annotation: An individual, institution or practice that receives a Research Grant may publicly acknowledge the Company that supported his or her Research Grant, if known. Research Grant recipients may be required to disclose known Company support in connection with the presentation or publication of grant-funded research.

6.4. AHNS does not permit Companies that support Research Grants to receive intellectual property rights or royalties arising out of the grant-funded research.

6.5. AHNS does not permit Companies that support Research Grants to control or influence manuscripts that arise from the grant-funded research.

6.6. If the AHNS receives programmatic support (e.g., an Educational Grant or Charitable Contribution) from a Company to support its own research, the AHNS must disclose the Company support. The AHNS acts independently in the selection of research topics and the conduct of the research itself.

7. Clinical Practice Guidelines

7.1. AHNS will base Clinical Practice Guidelines on scientific evidence.

Annotations: The AHNS Quality of Care Committee has the duty to formulate quality of care standards for patients with head and neck neoplasms; to promote compliance with these standards as a framework for the measurement of quality head and neck care; to disseminate these standards to the membership of the Society; and to provide AHNS representation to the applicable committees of other head and neck medical societies that are charged with the development of specialty specific quality standards upon which pay-for-performance benchmarks may be based. The Society's quality of care effort will evolve in concert with American Academy of Otolaryngology Head and Neck Surgery's (AAO-HNS) efforts and will concentrate on head and neck surgery, whereas the AAO-HNS is prioritizing all aspects of otolaryngology.

Annotation: AHNS may develop and publish Clinical Practice Guidelines, medical technology assessments, and other clinical practice opinions in order to meet members' needs for tools that help improve the quality and effectiveness of patient care. The credibility and authority of AHNS Guidelines will depend on a common understanding that Guidelines are developed through a rigorous independent process, based on the best available scientific evidence. AHNS may refer to published criteria for rating studies and other evidence, or may use another recognized means of characterizing the strength of medical evidence.

7.2. AHNS will adhere to strict and transparent Guideline development processes that are free from Company influence.

Annotation: Healthcare providers, payors, and patients regard Clinical Practice Guidelines as an important source of information from experts in the field. AHNS therefore takes steps to ensure that Guidelines are free from commercial bias and Company influence.

7.3. AHNS will prohibit direct Company support of the development of specific Clinical Practice Guidelines or Guideline Updates.

Annotation: AHNS will not accept Corporate Sponsorship, Educational Grants, Charitable Contributions, support of Research Grants, or any other direct Company support of Guideline development activities. Company support of the overall mission based activities of AHNS is not considered direct support of Guideline development.

7.4. AHNS will prohibit direct Company support for the initial printing, publication, and distribution of Clinical Practice Guidelines or Guideline Updates. After initial development, printing, publication and distribution is complete, it will be permissible for AHNS to accept Company support for the further distribution of the Guideline or Guideline Update, translation of the Guideline or Guideline Update, or repurposing of the Guideline content.

Annotation: After initial development, printing, publication, and distribution of a Guideline or Guideline Update is complete, it is permissible for AHNS to engage in Business Transactions where Companies purchase Guideline reprints or license Guideline content for translation or repurposing. AHNS may choose to require that a written statement be issued with the purchased or licensed material, acknowledging the Company's role and describing the independent nature of the AHNS'S Guideline development process.

7.5. AHNS will require all Guideline Development Task Force (GDTF) and work group participants and appointed reviewers to disclose relevant relationships prior to panel deliberations, and to update their disclosure throughout the Guideline development process.

7.6. The AHNS Ethics and Professionalism Committee will follow strict procedures for determining whether financial or other relationships between guideline panelists and Companies constitute conflicts

of interest relevant to the subject matter of the guideline, as well as management strategies that minimize the risk of actual and perceived bias if panel members do have conflicts.

7.7. AHNS will require that a majority of guideline panel members are free of conflicts of interest relevant to the subject matter of the Guideline.

Annotation: If the GDTF members and chairs have conflicts of interest at the time of adoption of the Code, AHNS may permit these individuals to remain actively involved in drafting the Guideline. However, each panel for which this exception is made must meet the requirements of this principle by the time of the next Guideline Update. For the minority of panel members who are not free of conflicts, AHNS will apply procedures for disclosure and conflict of interest management developed in accordance with Principles 7.5 and 7.6.

7.8. AHNS will require guideline panel chair (or at least one chair if there are co-chairs) to be free of conflicts of interest relevant to the subject matter of the guideline, and to remain free of such conflicts of interest for at least one year after Guideline publication.

Annotation: In addition to minimizing potential conflicts, remaining free of conflicts of interest helps to ensure that a panel chair remains eligible to participate in subsequent Guideline Updates.

7.9. AHNS will require that Guideline recommendations be subject to multiple levels of review, including rigorous peer-review by a range of experts and an open public comment period. AHNS will prohibit the selection of reviewers who are employed by or engaged to represent a Company.

Annotation: AHNS will seek critical feedback on draft Guidelines from independent reviewers. These may include subject matter experts, healthcare practitioners, biostatisticians, and patient representatives, among others.

7.10. AHNS's Guideline recommendations will be reviewed and approved before submission for publication by at least one AHNS body beyond the Guideline development panel, such as a committee or the AHNS Council.

7.11. Guideline manuscripts will be subject to independent editorial review by a journal or other publication where they are first published.

Annotation: Editorial review provides an additional safeguard independent of the Guideline development and approval process.

7.12. AHNS will publish Guideline work group members' disclosure information adjacent to each Guideline and will identify abstentions from voting.

7.13. AHNS will require all Guideline contributors, including expert advisors or reviewers who are not officially part of a Guideline work group, to disclose financial or other substantive relationships that may constitute conflicts of interest.

Annotation: To identify and manage conflicts of interest among contributors, advisors, and reviewers, AHNS will follow similar procedures as those applied to the GDTF. When AHNS is collaborating with or seeking input from outside organizations on guideline development should investigate the conflict of interest standards of those organizations.

7.14. AHNS will recommend that Guideline work group members decline offers from affected Companies to speak about the Guideline on behalf of the Company for a reasonable period after publication.

Annotation: A period of at least one year is recommended. An affected company is one that is reasonably likely to be positively or negatively affected by care delivered in accordance with the Guideline.

7.15. AHNS will not permit Guideline work group members or staff to discuss a Guideline's development with Company employees or representatives, will not accept unpublished data from Companies, and will not permit Companies to review Guidelines in draft form.

8. AHNS Journals

8.1. The Society Journal maintains editorial independence.

Annotation: The current journal of the AHNS, JAMA Otolaryngology--Head and Neck Surgery, is one of a consortium of journals comprising the JAMA Network and is bound by the AMA Code of Ethics, which is consistent with but not the same as, this Code. Should the AHNS form an additional or another official relationship with an academic journal, the principles of this Code would apply.

Annotation: In general, a firewall separates the editorial policies and decisions of the Journal from AHNS governance and operations. Editorial independence should be consistent with accepted standards for medical publishing, such as those established by the International Committee of Medical Journal Editors (ICMJE) and the World Association of Medical Editors (WAME).

8.2. The Society Journal requires all authors to disclose financial and other relationships with Companies.

Annotation: Authors' disclosure information will be considered by the Journal editors in evaluating an article for publication. If the article is published, the Journal will publish the authors' disclosure information with the article or issue. The "look-back" period for disclosure should be at least one year. The Journal will adopt policies governing the scope and format of disclosure, including consistent disclosure categories.

8.3. The Society Journal requires editors and reviewers to disclose financial and other relationships with Companies.

Annotation: The Journal will publish its editors' disclosure information on its website.

8.4. The Editor of the Society Journal has the ultimate responsibility for determining when a conflict of interest should disqualify an editor or reviewer from reviewing a manuscript, according to established policies.

Annotation: When establishing these policies, The Journal will consult accepted standards for medical publishing, such as those established by ICMJE and WAME.

8.5. The Society Journal prohibits the submission of "ghost-written" manuscripts prepared by or on behalf of Companies.

9. Standards for Advertising

9.1. AHNS has and maintains written policies that set standards for Advertising.

Annotation: Advertising in all AHNS publications is easily distinguishable from editorial content (e.g., through labels and color-coding). Advertising is designed not to look like scientific articles. In the Journal, the placement of Advertising adjacent to articles or editorial content discussing the Company or product that is the subject of the ad should be prohibited. Advertising in Society Journals should subject to review by the Editor-in-Chief and overseen by the AHNS. Society Journals and other Society publications that publish Advertising for CME activities or provide activities through which readers can earn CME credits should also comply with ACCME requirements for Advertising set out in the Standards for Commercial Support.

10. Standards for Licensing

10.1. AHNS adheres to written standards for licensing that are intended to prevent misuse, unintended use, and modification of licensed materials, prohibits modification of licensed materials in a way that

would change their meaning, and prohibits use of AHNS trademarks to imply unwarranted AHNS endorsement of Company products or services.