

Dualities of interest are not restricted to financial ties to the pharmaceutical industry

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Abbreviations

AOK Allgemeine Ortskrankenkasse (German health insurance fund)
IQWiG Institute for Quality and Efficiency in Health Care

To the Editor: The recent paper by Hemkens et al. [1] on the risk of malignancy in patients treated with insulin glargine (A21Gly,B31Arg,B32Arg human insulin), published in *Diabetologia*, received wide attention among physicians, scientists and public media. The authors declared that there was no duality of interest associated with their manuscript. A conflict of interest, in general terms, can be defined as ‘any situation in which an individual or corporation (either private or governmental) is in a position to exploit a professional or official capacity in some way for their personal or corporate benefit’ [2]. The term ‘conflict of interest’ has been used mainly in connection with potential bias associated with research grants received by investigators from the pharmaceutical industry or with consulting fees for their scientific advice. However, a conflict of interest may be present outside these particular situations. Some of the authors of the German manuscript [1], which described the potential for a higher risk of malignancies in diabetic patients treated with insulin glargine, are employees

of the largest German health insurance fund (Allgemeine Ortskrankenkasse; www.aok.de) or the Institute for Quality and Efficiency in Health Care (IQWiG; www.iqwig.de). In recent years, an intense scientific and political discussion has centred on the justification of reimbursement of costs for insulin analogues in the German healthcare system. The IQWiG has delivered health technology assessments regarding potential health-related benefits from using insulin analogues [3]. This is the major basis for decisions on a political level (made by Gemeinsamer Bundesausschuss, Federal Joint Committee [4]). Based on their roles in the German healthcare system, a central role of institutions such as the AOK and the IQWiG will be to control costs, which may predispose them against using more costly drugs like insulin analogues. One may ask whether this may create a potential bias, qualitatively similar to financial ties to the pharmaceutical industry. I would have preferred the authors to acknowledge their pivotal involvement in the process leading to political decisions on reimbursement for insulin analogues in Germany and to mention this as a potential duality of interest in connection with their manuscript [1].

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