

S4 Table: Summary of findings on interactions with device industry

Study ID/	Participants and settings	Results
<p>Khan, 2007[1]</p> <p>Funding not reported</p>	<ul style="list-style-type: none"> • Patients in the waiting area in orthopedic surgery clinic • USA • N = 245; 51.0% female; average age: 55.5 (±14.5) • Education: 33.9% college graduates; 19.2% graduate/postgraduates 	<p>Attitudes towards the interactions:</p> <ul style="list-style-type: none"> - 94.3% thought doctors' advisory role towards medical device manufacturers to would be beneficial to patients. - 66.5% believed that physicians should be compensated for this advisory role. - 72.7% wanted to know if the device being recommended by their physician was actually designed by him/her. - 89.4% believed that physicians should be allowed to recommend the use of a device that they helped design. <p>Attitudes towards possible ways to manage the interactions:</p> <ul style="list-style-type: none"> - 48.2% thought that physician-medical device manufacturer relationship should be regulated. - Entity that should be involved in regulating physician-medical device manufacturer relationship: physicians (32.2%); hospitals (20%); government (13.5%); no answer (34.3%).
<p>Fisher, 2012[2]</p> <p>Funding not reported</p>	<ul style="list-style-type: none"> • North American public visiting the spineuniverse.com website • USA; 2 weeks (date not reported) • N=501; 63.3% females; 46.9% aged 30-49, 26.1% aged 50-59, and 19.2% aged 60 and above; • Education: 52% tech or 4-year college; 25.7% graduate 	<p>Beliefs about their effects on quality of care:</p> <ul style="list-style-type: none"> - 55% believed that the source of medical research funding for a study would affect the quality of their care. <p>Attitudes towards the interactions:</p> <ul style="list-style-type: none"> - 91% felt that surgeon input is important for industry-funded research. - 67% felt that industry-funded and government-funded research could be equally honest and objective. <p>Attitudes towards possible ways to manage the interactions:</p> <ul style="list-style-type: none"> - 69% felt that surgeons should be allowed to perform research on products in which they have a financial interest as long as guidelines are set up to regulate potential conflict of interest. - 71.7% of respondents believe that a combination of the following entities should be involved in regulating surgeon-industry consulting relationship: government, hospitals or universities, medical company representatives, and medical professional societies. 34.1% stated that medical professional societies should have the most power in this regulation (43.3% not sure). - 30.4% think that medical company representatives should not be involved in regulating surgeon-industry consulting relationships (but 42.1% were not sure).
<p>Camp, 2013[3]</p> <p>No external funding sources</p>	<ul style="list-style-type: none"> • Postoperative arthroplasty patients attending follow up hip and knee arthroplasty clinics • USA and Canada; November 2010 to March 2011 • N= 503; 55% females for US; 59% females for Canada; age: 36% less than 60, 64% 60 and above for US; 30% less than 60, 69% 60 and above for Canada • Education: US (51% some college or university degree, 30% graduate or professional degree); Canadians (51% some college or university degree, 20% 	<p>Awareness of the interactions of surgeons in general:</p> <ul style="list-style-type: none"> - 54% and 35% respectively of U.S. and Canadian patients were aware that: surgeons could have financial relationships with device manufacturers <p>Attitudes towards the interactions:</p> <ul style="list-style-type: none"> - Percentages of U.S and Canadian patients, respectively, who were worried about possible financial relationships between: their surgeon and industry (6% versus 6%); their surgeon and manufacturers (17% versus 22%). - U.S. patients and Canadian patients, respectively, who thought it was appropriate for their surgeon to: receive royalties for a patent on a product that the surgeon had designed (69% versus 66%); receive payments for offering advice to the company in their area of expertise (48% versus 53%); receive payments to give lectures on the company's products (46% versus 53%); receive gifts from industry worth more than \$100 (11% versus 13%); receive gifts from industry worth less \$100 from a company (20% versus 18%); own shares in company that supplied their prosthesis (21% versus 22%) <p>Beliefs about their effects on quality of care:</p> <ul style="list-style-type: none"> -76% of U.S. patients and 74% of Canadian patients felt their surgeon would make the best choices for their health, regardless of

	graduate or professional degree)	<p>financial relationships with device manufacturers.</p> <p>Attitudes towards possible ways to manage the interactions:</p> <ul style="list-style-type: none"> - 47% and 42% of patients in the U.S. and in Canada respectively wanted their surgeon to verbally disclose financial relationships with manufacturers. 42% and 38% of patients in the U.S. and in Canada respectively wanted this disclosure in the form of a pamphlet. - 38% of U.S. patients and 30% of Canadian patients agreed that surgeons should place their financial relationships on a publicly accessible web site. - US patients and Canadian patients, respectively, who wanted financial relationships to be regulated by: their surgeon's professional organization (83% versus 83%); their surgeon (81% versus 78%); a new committee at their surgeon's hospital (60% versus 61%); a government agency (26% versus 35%).
<p>Lieberman, 2013[4]</p> <p>Funding from the NIH Musculoskeletal Transplant Foundation</p>	<ul style="list-style-type: none"> • Patients (18 years old or older) scheduled for primary THA and TKA from the orthopedic practices of two joint arthroplasty specialists • USA; September 2010 to September 2011 • N= 100; 66% female; mean age (SD): 63 (±13.3) • Education: 49% college; 20% Master's or Doctoral degree 	<p>Awareness of the interactions of surgeons in general:</p> <ul style="list-style-type: none"> - 47% were aware of financial conflict of interests related to clinical research. - 13% had already received information regarding financial conflict of interests from a surgeon. <p>Attitudes towards the interactions:</p> <ul style="list-style-type: none"> - Respondents who were either not concerned or minimally concerned about: their surgeon's potential FCOI (81%); institutional FCOI (79%). - 51% indicated that if their surgeon had developed a prosthesis used in their surgery, they would be more willing to have this surgeon perform the operation (43% were neutral). - Respondents who would be less likely to be operated on by surgeons if: they had developed a prosthesis used in their surgery (14%); they received revenue from a company (40%); if he or she has a stock in a company (44%). - 43% of patients were concerned if the surgeon was paid by a company that manufactured a product used in surgery. <p>Beliefs about their effects on trust:</p> <ul style="list-style-type: none"> - 24% indicated they would trust a surgeon less if he or she had FCOI (44% disagreed). <p>Attitudes towards possible ways to manage the interactions:</p> <ul style="list-style-type: none"> - 55% believed that surgeons should make patients aware of FCOI.
<p>Dipaola, 2014[5]</p> <p>Funding not reported</p>	<ul style="list-style-type: none"> • North Americans representing the general public visiting the spineuniverse.com website • USA; 2 weeks (no data) • N= 610; 63.3% females; 42.8% aged 30-49, 31% aged 50-59, 21% aged > 60 • Education: 54.8% technical school college; 24.6% graduate school 	<p>Attitudes towards the interactions:</p> <ul style="list-style-type: none"> - 82% felt it is ethical for surgeons to work with companies as consultants to design/improve health-care products/devices <p>Beliefs about their effects on quality of care:</p> <ul style="list-style-type: none"> - Respondents who believed that their care will be worse if: their surgeon is a consultant to help design/improve a surgical device (19.5%); royalties are paid to the surgeon when he/she uses the product (39.2%); royalties are paid to the surgeon only for devices that other surgeons use (24.6%), <p>Attitudes towards possible ways to manage the interactions:</p> <ul style="list-style-type: none"> - Respondents who felt that their surgeons should disclose consulting relationships: to all patients (61.6%); only to patients receiving the device (91.1%). - 64.3% believe that a combination of entities including government, hospitals, universities, medical company representatives, and medical professional societies should be involved in regulating surgeon-industry consulting relationship, with 34.9% stating that medical professional societies should have the most power in this regulation. - 44.9% think that medical company representatives should not be involved in regulating surgeon-industry consulting relationships (the majority were not sure).

References

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