Goal of the Program

Produce an unbiased, evidence-based assessment of a complex/controversial medical issue that will advance understanding for health professionals and the public.
Disclaimer

• No financial conflicts (no consulting or speaker honoraria, no stocks, no patents or patent applications)

• Paid outside activity: Editor of the Journal of the National Cancer Institute (JNCI)
  • Owned and operated by Oxford University Press
  • Has no connection with NCI or the U.S. government

• Opinions are mine, not official positions of the Federal Government or NIH
Past Conferences Have Included:

- Cesarean Delivery Upon Maternal Request
- Multivitamin/Mineral Supplements and Chronic Disease Prevention
- Total Knee Replacement
- Management of Hepatitis C
- Breast Cancer Screening for Women Aged 40-49
- And many more........
A Consensus Development Conference is NOT simply expert opinion

- Expert speaker testimony
- Systematic evidence review
- Public (audience) input

PANEL

Consensus Statement
## Selection Criteria:
NIH Consensus Development Conference vs. State-of-the-Science Conference

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<thead>
<tr>
<th></th>
<th>State-of-the-Science</th>
<th>Consensus</th>
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<tbody>
<tr>
<td>Public health importance</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Gap between knowledge and practice</td>
<td>X</td>
<td>X</td>
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<td>Amenable to clarification</td>
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<td>X</td>
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<tr>
<td>Strength of available evidence</td>
<td></td>
<td>X</td>
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Weaker Evidence

Stronger Evidence

State-of-the-Science Conference

Consensus Conference

Identical Conference Process

State-of-the-Science Statement
Focused on Research Agenda

Consensus Conference Statement
Focused on Practice Recommendations
NIH Consensus Development Process

1. Topic Proposal from Institute or Center
2. NIH Organizational Meeting
3. Planning Committee (Experts, Institutes, Agencies)
   - Finalize Questions
   - Nominate Speakers
   - Nominate Panelists
4. Panelists Meet Pre-Conference (Panelists are independent, non-DHHS, general expertise, but not doing research on the issues at hand)
5. Public Input (Discussion Periods)
6. Conference
7. AHRQ Evidence Report
The Role of Experts in the Consensus Development Process

- Experts are needed for the following roles:
  1. Planning Committee members (usually 7-9)
  2. Conference speakers/presenters (about 18)
  3. Technical Expert Panel for the evidence report
  4. Peer reviewers for the evidence report

- To avoid undue influence over the conference, experts may serve in no more than 2 of the above roles!
Panelists

- **Who is a panelist?**
  - Has sufficient knowledge/expertise to understand the topic.
  - A U.S. citizen.
  - Not from Department of Health Human Services.
  - Not in a regulatory agency (FDA, EPA, OSHA, etc.)

- **Panelists may not have real or apparent conflicts of interest:**
  - No **intellectual** conflicts:
    - No known opinion on the specific conference topic
    - No current or prior research/publications on the topic
    - No conflicts in “leadership” roles:
      - No participation in statements by professional societies on topic
      - No participation in advocacy groups on topic
  - No **financial** conflicts:
    - Contracts, consulting, patents, etc.

- **Broad range of perspectives**
  - Relevant health specialties, methodologists, public representative
The Panel