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Diagnosis and Management of Cough: ACCP Evidence-Based Clinical Practice Guidelines

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Disclosure of Faculty Conflict of Interest

Diagnosis and Management of Cough: ACCP Evidence-Based Clinical Practice Guidelines

The ACCP remains strongly committed to providing the best available evidence-based clinical practice guidelines with an open disclosure of any potential conflict of interest identified by our panelists. It is not the intent of the ACCP to eliminate all situations of potential conflict of interest, but rather to enable those who are working with the ACCP to recognize situations that may be subject to question by others. All disclosed conflicts of interest are reviewed by the guideline chair, the Health and Science Policy (HSP) Committee, or the Conflict of Interest Review Committee to ensure that such situations are properly evaluated and, if necessary, resolved. The ACCP standards pertaining to conflict of interest are intended to maintain the professional autonomy of the clinical experts inherent in promoting a balanced presentation of science. Through our review process, all ACCP guideline development activities are ensured of independent, objective, scientifically balanced presentations of information.

The following panelists have indicated to the ACCP that no potential conflict of interest exists with any respective company/organization, and this is to be communicated to the readers of this guideline:

Dr. Irwin reveals no real or potential conflicts of interest or commitment.
Dr. Bolser reveals no real or potential conflicts of interest or commitment.
Dr. Canning reveals no real or potential conflicts of interest or commitment.
Professor Eccles reveals no real or potential conflicts of interest or commitment.
Dr. Clomb reveals no real or potential conflicts of interest or commitment.
Dr. Hargreave reveals no real or potential conflicts of interest or commitment.
Dr. Hammond reveals no real or potential conflicts of interest or commitment.
Dr. Kvale reveals no real or potential conflicts of interest or commitment.
Dr. Lewis reveals no real or potential conflicts of interest or commitment.
Dr. McCool reveals no real or potential conflicts of interest or commitment.
Dr. McCrory reveals no real or potential conflicts of interest or commitment.
Dr. Prakash reveals no real or potential conflicts of interest or commitment.

Dr. Shannon reveals no real or potential conflicts of interest or commitment.

The following panelists have disclosed to the ACCP that a relationship does exist with the identified companies/organizations, although these may not necessarily involve the topic of this guideline:

Dr. Baumann discloses that he is a shareholder of stock in Pfizer and Merck. He receives a consultant fee and serves on both speaker bureaus and advisory committees for Pfizer, Merck, Glaxo, and Boehringer.

Dr. Boulet discloses university grant monies from Altana Pharma research program in collaboration with the University Laval for $225,000 over 2 years. Other grant monies have been received from the Canadian Institute of Health research (CIHR), Institut de Recherche en Santé du Québec (IRSP), Fonds de Recherche en Santé du Québec (FRSQ), Réseau en Santé Respiratoire (RSR-FRSQ), and Canadian Network of Centers of Excellence Allergen. Industry grants were received from 3M, AstraZeneca, Altana Pharma, Aventis, GlaxoSmithKline, Merck Frosst, Novartis, Schering, Genetech, Dynavax, and Roche. Dr. Boulet received consultant fees from AstraZeneca, Altana Pharma, Aventis, Boehringer-Ingelheim, GlaxoSmithKline, Merck Frosst, Novartis, Schering, Lung Associations, Canadian Provincial and Federal Governments and has served on advisory committees to AstraZeneca, Altana Pharma, GlaxoSmithKline, Merck Frosst, and Novartis.

Dr. Braman discloses that he has received grant monies from AstraZeneca for clinical trials. He has received consultant fees and serves on both speaker bureaus and advisory committees for GlaxoSmithKline and Pfizer/Altana.

Dr. Brightling discloses grant income from MRC, Asthma UK, GSK, Schering-Plough, and CAT. He serves on a speaker bureau for AstraZeneca and GSK and has received consulting fees from AstraZeneca.

Dr. Brown discloses grant monies from NIH, NIEHS, NHLBI, Wyeth, Fibrogen, Genzyme, and Actelion and he has served on advisory committees for Wyeth, Fibrogen, Actelion, Encysive, Intermune, Genzyme, and Arizeke.

Dr. Chang discloses $2000 for an educational grant from Glaxo SKB.
**Dr. Dicpinigaitis** discloses consultant fees from Elan and Adams Respiratory Therapeutics, speaker bureau participation for Boehringer-Ingelheim and Pfizer, and membership in an advisory committee for Schering-Plough.

**Dr. Goldstein** has received research grants from NIH, Veterans Administration, CDC and UNC – Chapel Hill. He has served as the PI or on steering committees for clinical trials funded by Boehringer-Ingelheim, AGA Corp and Pfizer-Panke-Davis. Speaker honoraria were received from Bayer and Pfizer-Panke-Davis. Dr. Goldstein has participated in consultant or advisory boards for AstraZeneca, BMS/Sanofi, CuraGen Corp, DPharma, GlaxoSmithKline, Johnson & Johnson, Merck Research labs, Pfizer-Panke-Davis, and Proneuron Biotechnologies.

**Dr. Graham** has received grant monies from GlaxoSmithKline, AstraZeneca, and Sepracor. Consultant fees were paid to him by Merck and GlaxoSmithKline. He served on speaker bureaus for Merck, GlaxoSmithKline, AstraZeneca, and Sepracor and on advisory committees for Merck and GlaxoSmithKline.

**Dr. Pratter** received an unrestricted educational grant from Genentech and served on the speaker bureau for Boeringer-Ingelheim.

**Dr. Rosen** served on the speaker bureaus for Glaxo, Boehringer, Pfizer, and Schering.

**Dr. Schulman** has received grant monies from Boehringer-Ingelheim, Pfizer, Novartis, Genentech, CV Therapeutics, Sepracor, and GlaxoSmithKline. Consultant fees were received from Novartis and Genentech. Dr. Schulman serves on speaker bureaus for Merck, Novartis, and Genentech.

**Dr. Tarlo** has received consulting fees from Dow Chemical and Health Canada. She serves on an advisory committee for the Alberta University EPC for the AHRQ-funded review on occupational asthma.
Prior to submission for publication, the guideline review process of the ACCP is thorough and lengthy with multiple bodies charged with assessment including the Executive Committee of the panel, full guideline panel, Health and Science Policy Committee, appropriate NetWork(s) steering committee(s) members or designated reviewers, and the Executive Committee Board of Regents. This list of bodies included 39 individual reviewers whose exhaustive efforts helped to improve the resulting product. Although Dr. Irwin is the current Editor in Chief of CHEST as well as the chair of this guideline panel, the final manuscript, after review by the 39 individuals listed above, was submitted to CHEST in May 2005 and approved for publication by then Editor in Chief, Jay Block, MD, Master FCCP.