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BMJ Open Industry funding of patient organisations in the UK: a retrospective study of commercial determinants, funding concentration and disease prevalence

Arianna Gentilini 💿 . Iva Parvanova

To cite: Gentilini A. Parvanova I. ABSTRACT

Objectives To assess the relationship between UK-based patient organisation funding and companies' commercial interests in rare and non-rare diseases in 2020. **Design** Retrospective analysis of the value and volume of payments from pharmaceutical companies to patient organisations in the UK matched with data on the conditions supported by patient organisations and drugs in companies' approved portfolios and research and development pipelines.

Setting UK.

Participants 74 pharmaceutical companies making payments to 341 UK-based patient organisations. Main outcome measures Alignment between the commercial interests of pharmaceutical companies and the disease area focus of patient organisations; difference in the volume and value of payments to patient organisations broken down by prevalence of conditions; industry funding concentration, measured as the number of companies funding each patient organisation, the share of overall industry funding coming from each contributing company and the share of industry funding of each organisation comprised by the single highest payments. Results 1422 payments were made by 74 companies to 341 patient organisations. Almost all funds (90%) from pharmaceutical companies were directed to patient organisations that are aligned with companies' approved drug portfolios and research and development pipelines. Despite rare diseases affecting less than 5% of the UK population, more than 20% of all payments were directed to patient organisations which target such conditions. Patient organisations focusing on rare diseases relied on payments from fewer companies (p value=0.0031) compared to organisations focusing on non-rare diseases.

Conclusions Companies predominantly funded patient organisations operating in therapeutic areas relevant to companies' portfolio or drug development pipeline. Patient organisations focusing on rare diseases received more funding relative to the number of patients affected by these conditions and relied more heavily on payments from fewer companies compared to organisations targeting non-rare diseases. Increased independence of patient organisations could help avoid conflicts of interest.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- \Rightarrow We develop a methodology to determine the concordance between commercial interests of pharmaceutical companies and disease areas supported by patient organisations.
- \Rightarrow We present a comparative analysis of industry funding to patient organisations depending on the prevalence of the disease(s) they support.
- \Rightarrow Our analysis focuses on a recent time period which might differ from historical trends.

INTRODUCTION

Patient organisations-not-for-profit organisations mainly composed of patients and/ or caregivers that represent and support the needs of patients or caregivers^{1 2}—play an important role in the development, regulatory review and adoption of new drugs.

development, During research and patient organisations effectively advocate for resources to be directed to conditions where unmet need is highest.^{3 4} Patient organisations support research design and planning, helping to identify patient-relevant study endpoints.⁴ Patient organisations also represent patient views and preferences at the time of regulatory review and health technology assessment of new drugs.⁵ ⁶ For example, during technology appraisals conducted by the National Institute for Health and Care Excellence (NICE), which makes funding recommendations for the English National Health Service, patients and organisations representing the interests of patients, provide testimonies of their first-hand experiences on how the disease affects them and those around them.⁷ Finally, when drugs are launched, patient organisations contribute to dissemination of research results to patient

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London School of Economics and Political Science, London, UK

Correspondence to Arianna Gentilini; a.gentilini@lse.ac.uk community and clinicians, and offer support and information on therapies available.⁴⁸

Given the increasingly important role of patient organisations it is vital to understand their financial ties with pharmaceutical companies. Previous studies documented the large number and high value of payments from pharmaceutical companies to patient organisations,²⁸⁻¹⁰ the uneven distribution between and within therapeutic areas,²¹⁰ and the concentration of payments coming from a small number of pharmaceutical firms across multiple jurisdictions.²⁸⁻¹⁶

What remains unknown is the alignment between the commercial interests of pharmaceutical companies and UK patient organisations' activities. Prior research has demonstrated that industry tends to prioritise commercially attractive conditions, and there is evidence to suggest that the marketing of a drug for a particular disease is associated with increased industry funding to patient organisations operating in that area.²¹⁰ However, such studies have typically been conducted in different geographical settings and have focused solely on marketed drugs, rather than examining the entire research and development pipeline of pharmaceutical companies. This is especially important given the lengthy timeline for drugs to reach the market,¹⁷ as failure to consider drugs currently undergoing clinical trials may result in an incomplete picture.

Another gap in the literature relates to the dynamics between the pharmaceutical industry and patient organisations supporting rare versus non-rare conditions. In the UK, diseases are defined rare if they affect up to 5 people in 10 000.¹⁸ ¹⁹ The low prevalence of rare diseases and their different aetiology, coupled with the lack of interest from policymakers and manufacturers, who often prioritise more profitable and prevalent diseases, has necessitated the formation of patient organisations to advocate for the needs of rare disease patients.^{20 21} The National Organisation for Rare Disorders, serves as the umbrella organisation for rare disease patients in the USA and has been instrumental in lobbying for scientific support and economic incentives to stimulate innovation in rare diseases.²² This advocacy ultimately led to the passing of the Orphan Drug Act in 1983 in the USA and the European Union Regulation on Orphan Medicinal Products in Europe in 2000.^{18 23}

Moreover, the limited availability and complexity of medical knowledge regarding rare diseases have also fostered patients and families affected by these conditions to come together to provide each other with support and medical expertise.^{20 24} Patient organisations, which are primarily composed of patients and their caregivers, are in a unique position to share first-hand experiences that can inform research and regulatory decisions.²⁵ While this is true also for non-rare conditions, patient organisations' input in regulatory and health technology appraisals is particularly important in the context of rare diseases due to scarce evidence. For example, the Scottish Medicines Consortium provides opportunities for patient groups

and clinicians to have a stronger voice in the decisionmaking process for drugs used to treat rare and endof-life conditions.²⁶ Similarly, three members of patient organisations sit in the Committee for Orphan Medicinal Products within the European Medicines Agency (EMA), the body responsible for granting orphan designations to drugs. Patient organisation-led registries that collect realworld data on disease progression can de-risk drug development for rare diseases.²⁰ While observational studies are common in non-rare diseases, they usually do not require the support of patient organisations' networks as patients are easier to identify and recruit.³

Finally, there has been limited exploration of the concentration of industry funding for patient organisations. A recent study by Mulinari and colleagues examined the average number of pharmaceutical companies making payments to Danish patient organisations, ¹⁵ while only one study has investigated the share of industry funding and the top drug company donor's share in UK patient organisations' income.¹¹ However, no study has specifically focused on the number of companies funding UK patient organisations, nor have they explored whether organisations' industry funding differs based on disease rarity.

Our paper aims to contribute to and expand on existing literature by examining the concordance between the commercial interests of pharmaceutical companies and patient organisations' activities in the UK. Using publicly available data on 2020 payments, we analysed the volume, value of payments to patient organisations according to their disease area of interest, with the objective of examining whether there are differences in funding patterns between rare and non-rare diseases. Lastly, we examined the concentration of industry funding, namely how many companies funded each patient organisation and the extent to which organisations might have been reliant on funding from a single company. Based on the reviewed literature, we formulated the following hypotheses:

Hypothesis 1: Regarding the concordance between the commercial interests of pharmaceutical companies and patient organisations' activities, we expect no difference between rare and non-rare patient organisations, under the assumption that companies are unlikely to fund organisations out of altruistic motives.

Hypothesis 2: Furthermore, we hypothesise that patient organisations targeting rare diseases would receive less overall funding due to their low prevalence. However, the existing incentives, high costs and consequent profitability of some orphan-designated drugs might affect the proportion of funding directed towards these organisations.^{27 28}

Hypothesis 3: Considering the limited availability of drugs for rare diseases from a handful of manufacturers, we expect organisations focusing on these conditions to rely on payments of higher value and from fewer companies compared to those targeting more prevalent conditions.

METHODS

Data on industry payments

Disclosure reports on pharmaceutical companies' websites were our primary data source on payments from the pharmaceutical industry to UK patient organisations in 2020.²⁹ Disclosing payments to patient organisations is a requirement of Clause 29 of the Association of British Pharmaceutical Industry (ABPI) Code of Practice.³⁰ Specifically, the ABPI requires companies to keep a public record of any payment made to patient organisations on their website for a minimum of 3 years following the payment.³⁰ Companies that sign up to abide by the ABPI Code accept the jurisdiction of the Prescription Medicines Code of Practice Authority (PMCPA, code regulator), which also affects non-ABPI members operating in the UK.³⁰ Companies may be sanctioned by the PMCPA if they do not disclose their payments.³⁰ In an effort to increase transparency, Disclosure UK, an industry-led platform showing payments from pharmaceutical companies to healthcare professionals and organisations, launched a gateway in 2020 that collects hyperlinks to companies' disclosures of payments to patient organisations.³¹

First, we screened the websites of all pharmaceutical companies abiding by the ABPI Code, aided by the Disclosure UK patient organisations gateway. We retrieved payments information from the companies' websites to ensure that all payments were captured. Second, in light of a recent study unveiling that payments to patient organisations were misreported in the Disclosure UK database of payments to healthcare organisations (HCOs),¹⁶ we screened the 2020 Disclosure UK HCOs database for payments to patient organisations.

If payments were not disclosed in the company's website nor in the Disclosure UK HCOs database, we assumed that the company did not make any payments to patient organisations in 2020, as commonly assumed in the literature.²

One investigator (AG) extracted payment disclosures from the companies' websites. These comprised the name of the patient organisation, the year when the payment was made, the reason for the payment and its value in the currency reported by the disclosing company. The 2020 Disclosure UK HCOs database was also screened, and recipients were matched to standardised patient organisations names. To ensure the data's accuracy, the final database was scanned for duplicates, but no such instances were found. When reported in different currencies, such as United States dollars, Swiss franc, Swedish krona, Norwegian krone and Danish krone, the value of the payment was converted to Great British pounds (GBP), using the Office of National Statistics historical yearly conversion rates.^{32 33} All payments are reported in 2020 GBP. Two in-kind payments with a monetary value of zero were excluded from the analysis. Further details on variables' cleaning and coding can be found in the online supplemental material.

Data on patient organisations

We retrieved data on patient organisations from their websites. Details on the therapeutic area they advocated for-proxied by International Classification of Diseases V.11 (ICD-11) codes—and whether the condition(s) was rare or non-rare were also extracted. Conditions were considered rare if they appeared in the Orphanet database of rare diseases,³⁴ which is the platform and repository of data on rare diseases and orphan drugs. Patient organisations that did not match the European Federation of Pharmaceutical Industries and Associations (EFPIA) definition of what constitutes a patient organisation were excluded from the analysis. We chose the EFPIA's definition for the following reasons. First, this corresponds the definition used in the wider peerreviewed literature.^{2 35} Second, other commonly used definitions, such as the one from the EMA, refer to the structure of patient organisations' governing bodies, which have to consist of over 50% patients.³⁶ Considering the high number of patient organisations included in our analysis, this requirement was challenging-if not impossible-to verify. Second, EFPIA's definition indicates what the pharmaceutical industry considers to be a patient organisation. Therefore, it helped us minimise selection bias issues as it includes a wide range of organisations. We excluded 66 payments to patient organisations that did not match EFPIA's definition. Subgroup analyses on excluded organisations can be found in the Online supplemental material.

Determining commercial interests

We assessed whether-and the extent to which-a pharmaceutical company holds an interest in the disease supported by a patient organisation. We adapted the definition of 'interest' provided by NICE.37 An interest is when there is, or could be perceived to be, an opportunity for a pharmaceutical company to benefit in the disease area where the patient organisation operates. This could include cases where the pharmaceutical company has a drug developed or in development for a condition targeted by the patient organisation, or where a drug in the company's portfolio or pipeline is restricted to a specific population affected by the disease supported by the patient organisation. We define portfolio as a group of drugs that a pharmaceutical company has already developed, gained regulatory approval for and is actively marketing or selling. Conversely, pipeline refers to the collection of drug candidates being developed by a pharmaceutical company, at various stages of development, from preclinical research to clinical trials.

To establish whether an interest existed or not, we first classified the conditions targeted by patient organisations to ICD-11 codes using the online ICD-11 database.³⁸ ICD-11 codes are mutually exclusive, exhaustive and are arranged as a single hierarchical tree, from level one (most general eg, *neoplasms*) to five (most specific eg, *plasma cell myeloma*). This means that specific diseases are nested within broader classifications. Although some



Does the company hold an interest* in the condition

patient organisations, such as hospital charities, carers organisations and hospices, could not be matched to specific ICD-11 codes, they were included in the analysis to provide a comprehensive overview. As a result, the analysis presented results for both disease-specific and non-disease-specific organisations.

We then searched companies' annual reports, websites and the ClinicalTrials.gov registry to determine whether each company had an interest in the condition targeted by the patient organisation receiving the payment. Figure 1 schematically illustrates the approach taken to understand whether-and the degree to which-a company has an interest in the conditions (*definitely yes*, probably yes, no). For example, if Company X declares in its annual report having a drug in development for multiple myeloma and made a payment to Blood Cancer UK, this would be coded as *probably yes*, as the company has a product in its pipeline or portfolio nested within a broader class of conditions targeted by the patient organisation. Conversely, should Company X have made a payment to Myeloma UK, this would have been coded as *definitely yes*, as there is perfect alignment between the condition targeted by the patient organisation and by Company X's drug. Cases in which a company's interest in a certain condition could not be identified were coded as no. However, these instances might be due to limitations in data availability and therefore do not necessarily indicate that there was no company interest. Data on pharmaceutical companies' portfolio and pipeline were retrieved from their latest annual reports, company websites and ClinicalTrials.gov.³⁹

One investigator (AG) initially coded all data, while the other (IP) blindly re-coded a 30% random sample of payments to validate the data collection process and minimise the risk of reporting errors. We followed this process when validating all data sources described above. Any disagreement was discussed until consensus was reached.

Analysis of industry funding concentration

We assessed the concentration of industry funding received by patient organisations. In a prior study, Ozieranski and colleagues examined funding disparities among HCOs in the UK in 2015, using the Gini coefficient to assess the distribution of funding.⁴⁰ However, the authors acknowledged that the data preparation process presented challenges, limiting the analysis to payments from a single year. While this methodology has its advantages, we found that the time-consuming process of reshaping the data outweighed the benefits over using descriptive statistics. In particular, we calculated (1) the number of companies funding each patient organisation, (2) the share of overall industry funding to each patient organisation coming from each contributing company and (3) the share of industry funding of each organisation comprised by the single highest payment.

The Online supplemental fmateraial provides further details on the data collection and how the outcomes were constructed. Descriptive statistics and tests, such as ranges and Mann-Whitney U tests, were presented in the analysis. These statistics were preferred over the mean due to the skewed distribution of the data analysed. All analyses

and data visualisations were performed using Stata V.17 and RStudio (ggplot2 package), respectively.

Patient and public involvement

Patients were not involved in this study as our analyses focused on patient organisations as institutional actors rather than single patients with specific conditions. We plan to disseminate key findings from our analysis to patients and members of the public.

RESULTS

In 2020, 74 companies made 1422 payments to 341 patient organisations, amounting to £22.6 million. Out of the total of 1422 payments made by pharmaceutical companies to patient organisations in 2020, 82% (1168 payments) with a value of £18 million were accurately disclosed on the companies' websites. The remaining 18% (254 payments) with a value of £4.6 million were reported in the Disclosure UK HCOs database. Among the companies, 24 out of 74 reported payments only on their websites, while 14 reported payments only in the Disclosure UK HCOs database and 36 reported payments in both.

Overall, diseases of the nervous system (\pounds 4.3 million) was the most funded therapeutic area over time, followed by *neoplasms* (\pounds 3.2 million) and *endocrine, nutritional* or metabolic diseases (\pounds 3.4 million). The conditions that received more funding in 2020 were multiple sclerosis (\pounds 1.7 million), followed by obesity (\pounds 1.4 million) and epilepsy (\pounds 1 million). Pfizer, Novo Nordisk, UCB, Novartis and Roche were the top five funders over the study period (figure 2). These companies contributed to more than one-third (36%) of all payments.

 Table 1 summarises the number and value of payments to patient organisations.

Companies' interest in payments to patient organisations

In 2020, 85% of all payments were directed to patient organisations that were judged to be aligned with their portfolio or pipeline. Only 15% of payments were made to organisations that focused on conditions that could not be linked to a product in the funder's portfolio or pipeline. Table 2 shows the volume and value of payments, broken down by the company's interest variable, overall and whether patient organisations targeted a rare or non-rare disease. Payments to patient organisations targeting a disease for which the company has a product developed or in development (*definitely yes*) made up 56% and 54% for patient organisations targeting rare and non-rare conditions, respectively. However, this difference was not statistically significant as anticipated in *Hypothesis 1* ($\chi^2 = 1.049$, p value=0.592).

The monetary value of payments coded as definitely yes accounted for 55% of the overall payment value. However, this was as high as 67% for patient organisations targeting rare diseases, versus 59% for organisations focusing on non-rare conditions. This difference was found to be statistically significant (χ^2 =370.163, p value=0.058). When payments coded as probably yes were included, the share increased to 90% and 97% for all patient organisations and disease-specific organisations only, respectively.

Industry funding of patient organisations focusing on rare versus non-rare conditions

Of the £22.6 million in payments from industry to patient organisations, £4.6 million (21%; n=286) were directed to organisations focusing on rare diseases while £15.9 million (70%; n=952) to organisations supporting non-rare conditions. The remaining 9% was directed to non-disease-specific patient organisations, which were excluded from this analysis. Linking these results to *Hypothesis 2*, we observe that patient organisations supporting rare diseases received less but still substantial funding.

The most funded patient organisation overall in 2020 was the European Association for the Study of Obesity, receiving almost £1.5 million, followed by Epilepsy Society (£955 600) and Shift.MS (£588 451). Among the top 10 recipients overall in 2020, only one focused on rare diseases (Cystic Fibrosis Trust). However, it is worth noting that Blood Cancer UK, which focuses on malignant haematological malignancies including rare cancers, ranked seventh on the list.⁴¹ The Cystic Fibrosis Trust (£445 229), The Society for Mucopolysaccharide Diseases (£358 037) and the International Patient Organisation for Primary Immunodeficiencies (£345 914) were the top three recipients focusing on rare diseases, followed by Myeloma UK with a slightly lower amount (£340 604).

Figure 3 shows therapeutic areas in order from most to least funded, broken down by rarity of disease targeted. In the case of organisations focusing on rare diseases, endocrine, nutritional or metabolic disease, neoplasms and diseases of the nervous system received most funds. Together, the top three most funded disease areas represented about half of overall funding (57%). When looking at the non-rare conditions that attracted most funding, multiple sclerosis was first (£1.7 million), followed by diabetes (£1.4 million) and epilepsy (£1 million). Cystic fibrosis, primary immunodeficiencies and lysosomal storage diseases, which include rare metabolic disorders such as Fabry and Gaucher diseases, received the highest funding overall, attracting £445 229, £363 998 and £358 037, respectively.

Industry funding concentration

Each patient organisation received payments from a median of approximately one unique company, with 1 (IQR: 1–2) and 2 (IQR: 1–3) companies funding patient organisations targeting rare and non-rare diseases, respectively. However, this difference was not statistically significant (z=1.582, p value=0.114). Overall, the range of unique companies making payments to a unique patient organisation spanned from a minimum of 1 to a maximum of 13. The latter was recorded for Genetic Alliance UK, a national charity and an alliance of over 200



Table 1Number and value of payments from thepharmaceutical industry to UK patient organisations brokendown by year and rarity of diseases

Payment statistics

1422
£7943 (£1200–£15 000)
£8775 (£2500–£15 965)
£9060 (£1520–£16 850)
£22577314
£4629779
£15875662
74
341

Notes: All payments are expressed in 2020 Great British pounds. The supplemental materials detail the conversion rates used, which were retrieved from the Office of National Statistics website. Further details on how patient organisation data were cleaned and coded, please see the online supplemental materials . Please note that the number of pharmaceutical companies and patient organisations making and receiving payments across the study period refers to companies and organisations that made or received at least one payment, respectively.

patient organisations, supporting those affected by rare genetic conditions.

In our sample, the median yearly payment of a company to a patient organisation comprised 24% of its overall industry payments (IQR: 9.5%-74%). When looking at patient organisations focusing on rare diseases, the median company contribution was as high as 30% (IQR: 11.6%-93%) versus 23% (IQR: 9.4%-65.8%) for nonrare conditions (z=-2.164, p value=0.031).

Finally, the share of industry funding comprised of the single highest payment per organisation amounted to an average of 67.5% (SD: 0.30) for all years, ranging from a minimum of 8.5% to a maximum of 100%. The highest value payment in the case of patient organisations targeting rare diseases made up a larger share of the overall industry funding (median: 71%, IQR: 43.5%-100%), despite not significant, compared with those focusing on more prevalent conditions (median: 62.5%, IQR: 34.7%-100%). While there was not a significant difference in the number of funding companies between patient organisations supporting rare and non-rare diseases (z=-1.087, p value=0.277) as stated in *Hypothesis* 3, the former relied on larger payments. Histograms illustrating the distribution of the statistics explored in this analysis can be found in the online supplemental materials.

DISCUSSION

In this study, we evaluated the financial links between the pharmaceutical industry and patient organisations in the UK in 2020. This is the first study to document the almost-perfect concordance of pharmaceutical company .

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 Table 2
 Volume and value of payments by company interests in 2020

PO type	Company's interest	Volume; n (%)	Value: £
Overall*	Definitely yes	678 (48)	£12529514 (56%)
	Probably yes	525 (37)	£7700069 (34%)
	No†	219 (15)	£2347732 (10%)
Rare	Definitely yes	161 (56)	£3119217 (67%)
	Probably yes	115 (40)	£1388545 (30%)
	No†	10 (4)	£122017 (3%)
Non-rare	Definitely yes	517 (54)	£9410297 (59%)
	Probably yes	389 (41)	£6056915 (38%)
	No†	46 (5)	£408449 (3%)

Notes: *Definitely yes* indicates payments directed to patient organisations that operated in a disease area (ICD-11 level 4 or higher) for which the company has a product in its portfolio or pipeline. *Probably yes* indicates directed to patient organisations that operated in a disease area (ICD-11 level 3 or lower) for which the company has a product in its portfolio or pipeline. *No* refers to directed to patient organisations that operated in a disease area for which no link could be found to the company's portfolio or pipeline. The higher the ICD-11, the more specific the condition. For example, if the ICD-11 level 4 is *plasma cell neoplasms*, level 2 would be *neoplasms of haematopoietic or lymphoid tissues*. Further details on how this variable was constructed can be found in the online supplemental material

*Please note that the *overall* results are not a sum of the *rare* and *non-rare* results, as they also include patient organisations that could not be classified in either group and are non-disease-specific.

†Please note that the *no* category of interest conservatively includes also interests that were considered as unclear. ICD-11, International Classification of Diseases V.11; PO, patient organisations.

interests and patient organisation funding in the UK. Almost all industry payments during our study period in terms of both volume (85%) and value (90%)—were to patient organisations aligned with pharmaceutical companies' portfolios and pipelines. This share was even higher when considering only disease-specific patient organisations (97%). Despite rare diseases affecting less than 5% of the UK population, more than 20% of industry funding to patient organisations in 2020 was directed towards organisations focusing on such conditions (\pounds 4.6 million/ \pounds 22.6 million). Finally, we found that patient organisations targeting rare diseases relied on payments from fewer companies but of higher value compared with organisations focusing on non-rare diseases.

The almost-perfect concordance between industry interests and patient organisation activities likely reflect the commercial attractiveness of conditions targeted by pharmaceutical companies.² ⁴² Such close alignment between the interests of companies and patient organisations might undermine the credibility of patient organisations as perceived by the general public and might raise questions about patient organisations' inputs in regulatory



and health technology appraisals.^{9 43 44} Similarly, a study found that during NICE appraisal meetings fewer than 25% of all relevant financial ties between patient organisations and pharmaceutical companies were disclosed.45 As discussed by the Mandeville and colleagues, this lack of transparency increases the risk of conflicts of interest not being properly detected and managed.

Our findings make an important contribution to the existing body of literature on industry funding of patient organisations. Ozieranski et al found that industry donated over £57 million to UK patient organisations from 2012 to 2016, an average of £11.5 million per year.² The authors also observed that payments were concentrated in commercially attractive therapeutic areas, with organisations focusing on cancer receiving more than 36% of overall payments.² However, the study did not examine whether companies were more likely to fund organisations that target diseases for which they have already developed or are currently developing products. Another earlier study examined payments to Swedish patient organisations and found an association between drug commercialisation and industry funding.¹⁰ The authors did not take into account products in the companies' pipelines nor drugs that might have not yet launched in Sweden. Considering that patient organisations have an important role not only in the post-commercialisation phase but also in the R&D and approval stages. We therefore developed a replicable classification model to determine whether payments from companies were directed at organisations that were aligned with their portfolios and pipelines.

Patient organisations focusing on rare diseases can drive both supply of and demand for medicinal products due to their research, advocacy and education role.^{4 46} As a result of their close ties with patients, these organisations

have the credibility and power to educate patient communities, advocate for access to available therapies and raise awareness on the unmet need of certain conditions.^{4 20 47} Although a large share of both the value and number of payments were directed to patient organisations focusing on rare diseases, most funds targeted commercially attractive rare conditions, such as multiple myeloma and cystic fibrosis, where the unmet need is relatively low compared with other rare conditions. These are diseases that have relatively high prevalence and for which 10 and 29 treatments, respectively, are currently approved for use in Europe.^{34 48} Furthermore, rare diseases have proved a lucrative asset for pharmaceutical companies.⁴² The additional market protection granted to orphandesignated product and the often higher willingness to pay from payers has led companies to increasingly focus on these medicines, which can offer a high return on investment.^{27 28} This poses the risk of widening already existing health inequities, where severe and debilitating rare conditions that affect a small number of patients do not receive the resources they need and have to rely on limited public grants.⁴⁹

Finally, our analysis showed that patient organisations focusing on rare diseases are funded by very few companies, relying on a single payment for over 70% of their industry-reported income. Despite the share of industry contributions among the overall patient organisation's income was found to be low in the literature,¹¹ this increases the risk of pursuing the company's commercial interests rather than objectively representing a patient body.¹² In this study we find that patient organisation received payments from a median of approximately one unique company (IQR: 1-3), ranging from 1 to a maximum of 13. This corresponds to an average of 2.6 (SD: 2.3) funding companies per patient organisation. This is consistent with findings from a recent study investigating the distribution of payments from industry to Danish patient organisations, which found that on average, most organisations were funded by 2.6 (SD: 2.1) on average.¹⁵

These findings have important implications for policy and practice. To minimise conflicts of interests and maintain the integrity of patient organisations, particular attention should be paid to funding from companies in the period before or after a patient organisation has endorsed this company's product.⁴⁵ However, the duration of this period should be carefully evaluated to avoid overlooking more historical commercial ties.⁵⁰ One way of avoiding potential conflicts of interest is through increased transparency. Despite considerable progress on this front, especially in terms of reporting the monetary value of industry payments, there are still gaps in reporting.⁵¹

As highlighted in this and other studies, several companies misreport their payments to patient organisations.¹⁶ Our study found that only 32% of companies disclose all of their payments correctly (ie, on their website), while the rest report them on both their websites and the Disclosure UK HCOs database (49%) or solely on the latter (19%). This duplication of reporting efforts makes it harder to achieve transparency and obtain a comprehensive overview of the financial relationships between companies and patient organisations. Therefore, efforts should be made to establish a unique repository for payments to patient organisations, similar to the one currently in place for physicians and HCOs.

Furthermore, the financial independence of patient organisations is fundamental to ensure that patients' interests are at the forefront of the organisations' agenda.⁵² Compromising this independence can have a detrimental effect and distort public health priorities. For example, AbbVie-sponsored patient organisations were found to strongly oppose switching to biosimilars for HUMIRA, the company's blockbuster drug, in various countries.¹⁵ Similarly, a recent investigation uncovered strong financial connections between Novo Nordisk and UK-based patient organisations that supported the approval of the company's latest obesity drug. This, alongside other ongoing investigations, culminated in the suspension of the company from ABPI.⁵³ The strong financial ties between Novo Nordisk and patient organisations, contributing to the NICE appraisal of the company's drug, raises serious concerns about these groups' independence and might ultimately harm patients.⁵⁰ Notably, our analysis found Novo Nordisk to be the second highest funder of patient organisations in term of value in 2020 for an amount of more than £1.8 million. In the long-term, policymakers should make sure that patient organisations receive adequate public funding regardless of whether they focus on conditions that are profitable for the industry. Such public funding is particularly important for patient organisations supporting rare diseases, as relatively few companies have financial links with patient organisations

focusing on rare diseases, potentially creating high reliance on few high-value payments.

This study had limitations. First, the lack of mandatory reporting of payments to patient organisations by companies that do not comply with the ABPI Code is a major limitation of our analysis.⁵⁴ For example, our data set does not include payments by Vertex, a company with a rare-focused portfolio and a strong presence in cystic fibrosis.⁵⁵ Even for companies that are signatories of the ABPI Code, under-reporting of payments to patient organisations and removal of disclosure reports from the public domain has been observed.^{13 56 57} Second, in our assessment of company interests, we made a conservative assumption that only patient organisations which target relatively narrow conditions were eligible to be coded as *definitely yes.* Despite this assumption, we concluded that more than half of payments were in therapeutic areas in which companies had a clear interest. Finally, our analysis focused on a recent though limited time period. While previous publications show similar trends in terms of the most funded diseases and absolute value of payments,²¹⁰ lending credibility to our analysis and underlying data, it is still unclear whether these trends hold over time and their generalisability to other periods.

There are several avenues which can be explored further to build on this analysis. While some of the previous literature on the topic has focused on the financial dependency of patient organisations' budgets from pharmaceutical funding,¹¹ whether this differs depending on the rarity of the disease targeted has not been explored. Due to the small number of patients affected by rare conditions, patient organisations that target such conditions may be less well-equipped to finance their activities via charitable events and may rely more heavily on contributions from pharmaceutical companies. Lastly, while our analysis did not evaluate the effect of COVID-19 on the financial dynamics between pharmaceutical companies and patient organisations, we expect that the pandemic had a substantial effect on the type, value and distribution of payments. Future research should examine the impact of COVID-19 on industry funding of patient organisations.

CONCLUSIONS

Almost all industry funding of UK patient organisations in 2020 was in areas that were aligned with companies' approved drug portfolios and research and development pipelines. Pharmaceutical companies spent a larger amount on patient organisations focusing on rare diseases and these organisations relied on a small of companies for their funding.

Twitter Arianna Gentilini @agentilini_

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ORCID iD

Arianna Gentilini http://orcid.org/0000-0002-6943-6158

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1 Supplemental Material

2 Data collection

3 Payments

4 We retrieved data on 2020 payments from pharmaceutical companies to patient organisations

5 from the following sources:

- Companies' websites. Disclosing payments to patient organisations is a requirement of Clause 29 of the Association of British Pharmaceutical Industry (ABPI) Code of Practice.¹ Specifically, the ABPI requires companies to keep a public record of any payment made to patient organisations on their website for a minimum of three years following the payment.¹ Therefore, companies' website were our primary data source on payments to patient organisations.
- Disclosure UK HCOs database. In light of a recent study unveiling that payments to patient organisations were misreported in the Disclosure UK database of payments to healthcare organisations (HCOs),² we also screened the 2020 Disclosure UK HCOs database for payments to patient organisations.

16 If payments were not disclosed in the company's website nor in the Disclosure UK HCOs

database, we assumed that the company did not make any payments to patient organisations in
 2020, as commonly assumed in the literature.³

19 One investigator (AG) extracted payment disclosures from the companies' websites. These comprised the name of the patient organisation, the year when the payment was made, the 20 21 reason for the payment and its value in the currency reported by the disclosing company. The 22 2020 Disclosure UK HCOs database was also screened, and recipients were matched to 23 standardised patient organisations names. To ensure the data's accuracy, the final database was 24 scanned for duplicates, but no such instances were found. When reported in different 25 currencies, such as United States Dollars (USD), Swiss Franc (CHF), Swedish Krona (SEK), Norwegian Krone (NKK) and Danish Krone (DKK), the value of the payment was converted 26 to Great British Pounds (GBP), using the ONS historical yearly conversion rates. ⁴⁵ Two in-27 kind payments with a monetary value of zero were excluded from the analysis. Further details 28 29 on variables' cleaning and coding can be found in the Supplemental Material.

30 **Therapeutic areas**

31 Patient organisations' websites were also screened to understand the condition(s) they focused

32 on. For example, in the case of *Blood Cancer UK*, their mission is to "beat blood cancer",

therefore, the condition supported was coded as blood cancer.

After being identified as described above, conditions were further classified into rare and nonrare.

Conditions were considered rare if they appeared in the Orphanet database of rare diseases 1 2 regardless of their classification level (group of disorders, disorders or subtypes of disorders).⁶ 3 For example, multiple myeloma appears in the Orphanet database of rare diseases, therefore a 4 patient organisation focusing this condition would be categorised as rare-focused. When 5 condition sub-types appeared in the Orphanet database, the patient organisation's website was 6 screened to check whether its focus was on rare conditions. For example, Metabolic Support 7 UK's motto is "Your rare condition. Our common fight" and was therefore assumed to be rare 8 disease-focused. Conversely, should a patient organisation focus on a broader condition such 9 as blood cancer with no sole focus on rare conditions, the organisation would be conservatively 10 considered non-rare. While this approach was preferred as it did not require further assumptions, it entails that only more specialised patient organisation are considered as rare. 11 Such approach might have led to the number and overall value of payments from 12 13 pharmaceutical companies to rare diseases-focused patient organisations being underestimated, 14 as these organisations are expected to get less payments than more generalist ones (e.g. multiple 15 myeloma vs blood cancer).

A third category (*unclear*) was created for non-disease-specific patient organisations, such as coalition of charities or organisations focused on palliative care for terminally ill patients. This category was excluded from the main analyses, but sub-group analyses are reported at the end of the Supplemental Material.

20 Companies' interest

We developed a methodology to assess the extent to which a pharmaceutical company holds an interest in the disease supported by a patient organisation. For the purpose of this analysis, we adapted the definition of interest provided by NICE.⁷ An interest is when there is, or could be perceived to be, an opportunity for a pharmaceutical company to benefit in the disease area where the patient organisation operates. This could include situations where the pharmaceutical

company has a drug developed or in development for a condition supported by the patient

27 organisation, or where a drug in the company's portfolio or pipeline is restricted to a specific

28 population affected by the disease supported by the patient organisation.

As first step, the conditions supported by patient organisations were translated into ICD-11 codes using the online ICD-11 database.⁸

31 ICD-11 codes are mutually exclusive, exhaustive and are arranged as a single hierarchical tree.

32 This means that specific diseases are nested within broader classifications. An example for

- 33 multiple myeloma is shown in Table 1 below.
- 34

35 Table 1. Example of ICD-11 classification, Multiple myeloma

Hierarchy level	Condition	ICD-11 code
Level 1	Neoplasms	2
Level 2	Neoplasms of haematopoietic or lymphoid tissues	2A
Level 3	Mature B-cell neoplasms	2A8
Level 4	Plasma cell neoplasms	2A83
Level 5	Plasma cell myeloma	2A83.1

In this example, multiple myeloma is nested within *Plasma cell myeloma*, who is in its turn
nested within *Plasma cell neoplasms* and so on up to *Neoplasms*.

Subsequently, companies' annual reports, website and the ClinicalTrials.gov database were searched to assess whether the each company had an interest in the condition supported by the patient organisation receiving the payment. The diagram in the main document (Figure 1) schematically illustrates the approach taken to understand whether the company definitely, probably or did not have an interest in the condition. Figure 1 below illustrates the source of companies' interests.

- 10 For example, if *Company X* reports in its annual report having a drug in development for 11multiple myeloma and transferred a sum of money to *Blood Cancer UK*, this would be coded 12 as *probably yes*, as the company has a product in its pipeline or portfolio associated with a 13 condition supported by the patient organisation. In this case, the ICD-11 level would be 2, 14 Neoplasms of haematopoietic or lymphoid tissue, under which multiple myeloma is nested. 15 Conversely, should *Company X* have made a payment to *Myeloma UK*, this would have been 16 coded as *definitely yes*, as there is perfect alignment between the condition supported by the 17 patient organisation and by Company X's drug.
- 18 Situations where a company's interest in a certain condition could not be identified indicate an
- 19 impossibility of identifying such link, rather than the lack thereof.
- 20

21 Figure 1. Source of companies interests



1 Variables cleaning and coding

2 Table 2. Description of key variables in payment database

Variables name	Description	Details
Company	Standardised company name	Company name as reported on company website and/or on HCOs database. Two mergers involving companies included in our analysis—BMS and Celgene, and Takeda and Shire—were completed prior to 2020. Although these companies had merged, we treated them as separate entities because their disclosures were reported separately even after the acquisition.
ABPI member	ABPI membership of company; source: <u>ABPI full members list</u>	0 = not ABPI member, 1 = ABPI member
Company_condition	Concatenation of company name and disease area targeted by the patient organisation	Concatenation used for coding and analysis purposes
Company interest	Whether the company hold an interest* in the condition targeted by the patient organsiation	 Definitely yes: the company's annual report or website list a product for the condition targeted by the patient organisation in its portfolio/pipeline (ICD-11 level 4 or above) Probably yes: the company's annual report or website list a product for the condition targeted by the patient organisation in its portfolio/pipeline OR a clinical trial for which the company is sponsor is listed for the disease targeted by the patient organisation OR a drug in the company's pipeline/portfolio is restricted to a specific population affected by the disease targeted by the patient organisation (ICD-11 level 3 or below) No : None of the above
Source	Source of company interest variable	Annual report, company website, ClinicalTrials.gov, none
Name of PO	Name of patient organization as reported by companies in disclosure report	-
Standardised PO name	Standardised name of patient organization to avoid duplicates and inconsistencies	 For coding purposes, names of patient organisations were standardised. The following steps were taken: 1. Patient organisations' names for typos, abbreviations, spelling mistakes and duplicated within the companies' disclosures (e.g. Crohn's & Colitis UK and CCUK would both be standardized to Crohn's and Colitis UK); 2. If the patient organisation changed name over time, the latest name on record was used;

		 If the two patient organisations merged over the study period, the name of the merged entity was used (e.g. the British Lung Foundation and Asthma UK merged into Asthma + Lung UK); Separate entries were made for patient organsiations under the same umbrella but focusing on different geographical entities (e.g. Alzheimer UK vs Alzheimer Scotland) Not UK organisation (not aligned with geographical scope e.g. Irish, US-based); For profit company (not aligned with definition of patient organization used in
Reason for exclusion	Reason why the organisation was excluded from the analysis	 Missing information (organisations for whose nature is unclear i.e. patient organisation website could not be identified)
ICD-11	Classification of disease targeted by the patient organisation according to the WHO ICD-11; <i>source:</i> <u>ICD WHO website</u>	General classification (ICD-11 chapters) See Excel file, Inputs tab
Condition	Condition targeted by patient organisation as reported on website	e.g. Blood Cancer UK would fall under ICD- 11 code 02 Neoplasms, with <i>blood cancer</i> being the condition
Charity number (if any)	Charity number as reported in the organization website or as reported in the England and Wales Charity Commission website	When both England/Wales and Scotland or Northern Ireland charity numbers were provided, the former was chosen. Scotland and Northern Ireland charity numbers were reported only when those for England/Wales were missing
Company number (if charity number missing)	Company number as reported in the organization website or as reported in the <u>Government</u> <u>Company Information Service</u> <u>wesbite</u> if the patient organization cannot be found in the charity commission database (e.g. limited by guarantee company)	When both England/Wales and Scotland or Northern Ireland charity numbers were provided, the former was chosen. Scotland and Northern Ireland charity numbers were reported only when those for England/Wales were missing
Link	website	-
Rare disease	Whether the condition or one of the conditions targeted by the patient organisation is considered as rare	 A condition was considered as rare if it under at least one of the following criteria: 1. The condition is listed in <u>Orphanet list of</u> <u>rare diseases</u> regardless of its ICD-11 level classification; 2. In their website, the patient organisation explicitly describe the disease they target as rare (e.g. <i>Metabolic Support UK's</i> motto is "<i>Your rare condition. Our</i> <i>common fight</i>" and was therefore assumed to be rare disease-focused)

Details of payment	Details of payment as reported by companies in disclosure report	-
Country	Country of payment	The country considered for the entire database is the UK
Year	Year of payment	2020
Currency	Currency of payment	Currency the payment is reported in the disclosure reports (i.e. EUR, GBP, USD, CHF, SEK, NKK)
Currency_year	Concatenation of currency and year of payment for conversion purposes	-
Value of payment	Value of payment in original currency as reported by companies in disclosure report	In-kind payments were removed from the analysis as no monetary value could be associated to such payments
Value in 2020 pounds	GBP converted value of payment	See details in <i>Inputs</i> sheet

1 *An interest is when there is, or could be perceived to be, an opportunity for a pharmaceutical company to

2 benefit in the disease area where the patient organisation operates.

1 Disclosure details

2 Table 3. Reporting of payments to patient organizations by pharmaceutical companies:

3 comparison of company websites and Disclosure UK HCOs database

Company	Company website only	HCOs database only	Both
Abbvie	X		
Alexion	Х		
Almirall	Х		
Alnylam			Х
Amgen			Х
Amryt	Х		
Astellas			Х
AstraZeneca			Х
BMS			Х
Bayer			Х
Bial		Х	
BioMarin			Х
Biogen	Х		
BlueBird	Х		
Boehringer Ingelheim			Х
Britannia			Х
CSL Behring	Х		
Camurus			Х
Celgene			Х
Chiesi			Х
Chugai	Х		
Clinuvel	Х		
Daiichi Sankyo			Х
Diurnal	Х		
Eisai			Х
Eli Lilly			Х
Ever			Х
Ferring		Х	
Flynn		Х	
GSK			Х
GW			Х
Gilead		Х	
Grünenthal			Х
Guerbet		Х	
HRA		Х	
Immedica	Х		
Indivior	Х		
Intercept	Х		
Ipsen		Х	
Janssen			Х

LEO	X		
Lundbeck			X
Lupin	Х		
MSD			Х
Merck			Х
Merz			X
Napp			X
Norgine		Х	
Novartis			X
Novo Nordisk			X
Octapharma		Х	
РТС	Х		
Pfizer			X
Pharmasure		Х	
Pierre Fabre			X
Recordati	Х		
Roche			X
Rosemont			X
Sandoz		Х	
Sanofi			X
Santen	Х		
Seqirus	Х		
Servier	Х		
Shionogi		Х	
Shire			Х
Sobi	Х		
Takeda			Х
Teva		Х	
Tillotts	Х		
UCB			X
Valneva	Х		
Veriton		X	
Vifor			X
Zogenix	Х		
Total (n;%)	24; 32%	14; 19%	36; 49%

2 Table 4. Reporting of payments to patient organizations by pharmaceutical companies:

3 payments disclosed on company websites and Disclosure UK HCOs database

Company	Payn com	nents reported on pany website (£)	Payn HC	nents reported on Os database (£)	Total			
Abbvie	£	371,503	£	-	£	371,503		
Alexion	£	168,925	£	-	£	168,925		
Almirall	£	9,775	£	-	£	9,775		
Alnylam	£	51,559	£	14,050	£	65,609		
Amgen	£	347,757	£	68,845	£	416,602		

Amryt	£	45,413	£	-	£	45,413	
Astellas	£	94,583	£	13,071	£	107,654	
AstraZeneca	£	326,201	£	88,175	£	414,376	
BMS	£	517,082	£	17,750	£	534,832	
Bayer	£	171,758	£	9,098	£	180,856	
Bial	£		£	5,500	£	5,500	
BioMarin	£	411,912	£	310,455	£	722,367	
Biogen	£	663,142	£		£	663,142	
BlueBird	£	94,000	£	-	£	94,000	
Boehringer							
Ingelheim	£	79,762	£	30,000	£	109,762	
Britannia	£	35,000	£	2,030	£	37,030	
CSL Behring	£	152,192	£	-	£	152,192	
Camurus	£	13,168	£	6,500	£	19,668	
Celgene	£	310,329	£	640	£	310,969	
Chiesi	£	602,259	£	60,000	£	662,259	
Chugai	£	62,092	£	-	£	62,092	
Clinuvel	£	1,000	£	-	£	1,000	
Daiichi Sankyo	£	57,879	£	329,385	£	387,264	
Diurnal	£	6,000	£	_	£	6,000	
Eisai	£	476,271	£	183,207	£	659,478	
Eli Lilly	£	874,288	£	62,690	£	936,978	
Ever	£	18,934	£	18,934	£	37,867	
Ferring	£	_	£	38,000	£	38,000	
Flynn	£	-	£	8,002	£	8,002	
GSK	£	325,410	£	159,064	£	484,474	
GW	£	98,788	£	303	£	99,091	
Gilead	£	_	£	417,448	£	417,448	
Grünenthal	£	4,200	£	1,000	£	5,200	
Guerbet	£	-	£	17,000	£	17,000	
HRA	£	-	£	10,000	£	10,000	
Immedica	£	19,954	£	-	£	19,954	
Indivior	£	1,200	£	-	£	1,200	
Intercept	£	71,712	£	-	£	71,712	
Ipsen	£	-	£	50,050	£	50,050	
Janssen	£	1,170,768	£	10,000	£	1,180,768	
LEO	£	78,633	£	-	£	78,633	
Lundbeck	£	89,400	£	40,309	£	129,709	
Lupin	£	24,000	£	-	£	24,000	
MSD	£	537,632	£	225,287	£	762,919	
Merck	£	763,885	£	1,000	£	764,885	
Merz	£	31,114	£	5,789	£	36,903	
Napp	£	8,000	£	18,020	£	26,020	
Norgine	£		£	1,240	£	1,240	
Novartis	£	1,442,037	£	46,812	£	1,488,849	
Novo Nordisk	£	452,113	£	1,411,598	£	1,863,711	

Octapharma	£	-	£	2,995	£	2,995	
РТС	£	151,433	£	£ -		151,433	
Pfizer	£	1,360,510	£	509,793	£	1,870,303	
Pharmasure	£	-	£	6,000	£	6,000	
Pierre Fabre	£	50,010	£	34,096	£	84,106	
Recordati	£	14,500	£	-	£	14,500	
Roche	£	1,169,578	£	101,395	£	1,270,973	
Rosemont	£	200	£	200	£	400	
Sandoz	£	-	£	20,000	£	20,000	
Sanofi	£	1,262,802	£	3,825	£	1,266,627	
Santen	£	38,170	£	-	£	38,170	
Seqirus	£	105,000	£	-	£	105,000	
Servier	£	17,163	£	-	£	17,163	
Shionogi	£	-	£	17,000	£	17,000	
Shire	£	555,244	£	53,980	£	609,224	
Sobi	£	132,988	£	-	£	132,988	
Takeda	£	420,549	£	17,270	£	437,819	
Teva	£	-	£	51,410	£	51,410	
Tillotts	£	830	£	-	£	830	
UCB	£	1,493,896	£	35,378	£	1,529,274	
Valneva	£	59,512	£	-	£	59,512	
Veriton	£	-	£	15,000	£	15,000	
Vifor	£	58,083	£	12,000	£	70,083	
Zogenix	£	43,625	£		£	43,625	
Total (£;%)	£	18,015,722; 80%	f	24,561,593; 20%	£22,577,314; 100%		

	ICD-11																		
Company	01	02	03	04	05	06	08	09	11	12	13	14	15	16	18	19	20	22	Other
Abbvie	1	1	0	0	0	0	1	0	0	0	1	1	1	0	0	0	0	0	0
Alexion	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Almirall	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Alnylam	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amgen	0	1	1	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0
Amryt	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Astellas	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AstraZeneca	0	1	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
BMS	0	1	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0
Bayer	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Bial	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
BioMarin	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Biogen	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0
BlueBird	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Boehringer Ingelheim	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Britannia	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
CSL Behring	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Camurus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Celgene	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chiesi	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Chugai	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Clinuvel	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Daiichi Sankyo	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Diurnal	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 5. Companies' commercial interests by ICD-11 codes according to 2020 payments

Eisai	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Eli Lilly	0	1	0	0	1	0	1	0	0	0	0	1	1	0	0	0	0	0	0
Ever	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Ferring	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Flynn	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
GSK	1	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
GW	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gilead	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Grünenthal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guerbet	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
HRA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Immedica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Indivior	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Intercept	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Ipsen	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Janssen	1	1	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0
LEO	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
Lundbeck	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Lupin	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
MSD	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Merck	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
Merz	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Napp	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Norgine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Novartis	0	1	1	0	0	0	1	1	1	0	0	1	1	0	0	0	0	0	0
Novo Nordisk	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Octapharma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
РТС	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Pfizer	1	1	1	0	1	0	1	0	1	0	1	0	1	0	0	0	1	0	0
Pharmasure	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0

Pierre Fabre	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Recordati	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Roche	0	1	0	0	0	0	1	0	0	1	1	0	0	0	1	0	0	0	0
Rosemont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sandoz	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sanofi	1	1	1	1	1	0	1	0	1	0	0	1	1	1	0	0	0	0	0
Santen	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Seqirus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Servier	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shionogi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shire	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Sobi	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Takeda	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Teva	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tillotts	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
UCB	0	0	1	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0
Valneva	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veriton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vifor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Zogenix	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0

Notes: This table reflects whether companies had a definite or probable interest in the ICD-11 code based on their pipeline or portfolio (1 = yes, 0 = no). Please note that companies' interests were opportunistically screened only in disease areas where they made a payment to a specific patient organisation, and therefore this table should not be considered exhaustive. The table refers payments made in 2020 only.

Legend: 01 Certain infectious or parasitic diseases; 02 Neoplasms; 03 Diseases of the blood or blood-forming organs; 04 Diseases of the immune system; 05 Endocrine, nutritional or metabolic diseases; 06 Mental, behavioural or neurodevelopmental disorders; 08 Diseases of the nervous system; 09 Diseases of the visual system; 11 Diseases of the circulatory system; 12 Diseases of the respiratory system; 13 Diseases of the digestive system; 14 Diseases of the skin; 15 Diseases of the musculoskeletal system or connective tissue; 16 Diseases of the genitourinary system; 18 Pregnancy, childbirth or the puerperium; 19 Certain conditions originating in the perinatal period; 20 Developmental anomalies; 22 Injury, poisoning or certain other consequences of external causes; Other. Other indicates disease areas where patient organisations operate that could not be classified as any ICD-11 codes.

Table 6. List of patient organisations receiving payments in 2020

Standardised name	Charity number	Link
Acacia Mews Care Home	1174346	https://www.nhs.uk/services/Careproviders
Action Bladder Cancer UK	1164374	https://actionbladdercanceruk.org/
Action for Pulmonary Fibrosis	1152399	https://www.actionpf.org/
Action On Pre-Eclampsia	1013557	https://action_on_pre_eclampsia.org.uk/
Action on Smoking and Health	1013337	https://action-on-pre-celampsia.org.uk/
- Wales	1120834	https://ash.wales/
Action Duchenne	1101971	https://www.actionduchenne.org/
Adfam	1067428	https://adfam.org.uk/
Africa Advocacy Foundation	1164778	https://www.africadvocacy.org/
African-Caribbean Leukaemia Trust	1119516	https://aclt.org/
Age UK	1128267	https://www.ageuk.org.uk/
Alex - The Leukodystrophy	1106008	https://www.alextlc.org/
ALK Positive Lung Cancer	1181171	https://www.alkpositive.org.uk/
Alkaptonuria Society	1101052	https://akusociety.org/
Allergy LIK	1094231	https://www.allergyuk.org/
Alliance for Heart Failure	N/A	https://allianceforheartfailure.org/
Alzheimer Scotland	SC022315	https://amaneeromeartrandic.org/
Alzheimer's Support	10/831/	https://www.alzbeimerswiltshire.org.uk/
Alzheimer's Besserch UK	1040314	https://www.alzheimerswittsmite.org.uk/
Alzheimer's Seciety	206645	https://www.alzheimers.org.uk/
Alzneimer's Society	290043	https://www.aizneimers.org.uk/
Amyloidosis Patients	1183624	charities charitycommission goy uk/charity
Association	1105021	-details/?regid=1183624&subid=0
Anthony Nolan	803716	https://www.anthonynolan.org/
		https://register-of-
Anticoagulation UK	1090250	charities.charitycommission.gov.uk/charity
		-details/?regid=1090250&subid=0
AOFAC Foundation	1162155	https://aofacfoundation.org/
Aplastic Anaemia Trust	1107539	https://www.theaat.org.uk/
APS Support UK	1138116	https://aps-support.org.uk/
Arthritis and Musculoskeletal Alliance	1108851	http://arma.uk.net/
Aspens	1171446	https://www.aspens.org.uk/
Association for Glycogen Storage Disease	1132271	https://agsd.org.uk/
Asthma + Lung UK	326730	https://www.asthma.org.uk/
Astriid	1176645	https://astriid.org/
Atrial Fibrillation Association	1122442	Supporting children terminally ill
Axial Spondylitis International	1173902	https://asif.info/
Baby Lifeline	1006457	https://www.babylifeline.org.uk/
Bath Institute for Rheumatic	1000737	https://www.oubymenne.org.uk/
Diseases	1040650	https://www.birdbath.org.uk/

Batten Disease Family	1084908	http://www.bdfa-uk.org.uk/
Association	100.500	
Bipolar UK	293340	https://www.bipolaruk.org/
Bladder Health UK	1149973	https://bladderhealthuk.org/
Bliss	1002973	https://www.bliss.org.uk/
Blood Cancer Alliance	N/A	https://www.bloodcanceralliance.org/
Blood Cancer UK	216032	https://bloodcancer.org.uk/
BME Cancer Communities	1182806	https://www.bmecancer.com/
Bowel Cancer UK	1071038	https://www.bowelcanceruk.org.uk/
Brains Trust	1114634	https://brainstrust.org.uk/
Breast Cancer Haven (The Haven)	3291851	https://www.breastcancerhaven.org.uk/
Breast Cancer Now	1160558	https://breastcancernow.org/
British Association of the Study of the Liver	1106320	https://www.basl.org.uk/
British Heart Foundation	225971	https://www.bhf.org.uk/
British Inherited Metabolic	1194024	https://www.bimdg.org.uk/sita/indox.osp
Disease Group	1104024	https://www.bhildg.org.uk/site/index.asp
British Liver Trust	298858	https://britishlivertrust.org.uk/
British Paediatric Neurology Association	1159115	https://bpna.org.uk/
British Porphyria Association	1089609	http://porphyria.org.uk/
British Skin Foundation	1171373	https://www.britishskinfoundation.org.uk/
British Society for Heart Failure	1075720	https://www.bsh.org.uk/
British Society of Echocardiography	1093808	https://www.bsecho.org/
British Thyroid Foundation	1006391	https://www.btf-thyroid.org/
Cambridge Rare Disease	1166365	https://www.camraredisease.org/
Cancer 52	7994413	https://www.cancer52.org.uk/
Cancer Black Care	1086465	https://www.cancerblackcare.org.uk/
Cancer Focus Northern Ireland	101307	https://cancerfocusni.org/
Cancer Research UK	1089464	https://www.cancerresearchuk.org/
Cancer Support Scotland	SC012867	https://www.cancersupportscotland.org/
Cancer Support UK	1105703	https://cancersupportseonale.org/
CancerCare	1120048	https://cancercare.org.uk/
Cara Trust	328124	https://www.madtrust.org.uk/project/the- cara-trust/
Cardiomyopathy UK	1164263	https://www.cardiomyopathy.org/
Carers UK	N/A	https://www.carersuk.org/
Changing Faces	1011222	https://www.changingfaces.org.uk/
Child Growth Foundation	1172807	https://childgrowthfoundation.org/
Childhood Trust	1154032	https://www.childhoodtrust.org.uk/
Children's Cancer and	1157052	https://www.ennanooutrust.org.uk/
Leukaemia Group	1182637	https://www.cclg.org.uk/
Children's HIV Association	1122356	https://www.chiva.org.uk/
Children's Trust	288018	https://www.thechildrenstrust.org.uk/
Children's Burns Trust	1082084	https://www.cbtrust.org.uk/

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Cholangiocarcinoma Charity	1091915	https://ammf.org.uk/
Chronic Lymphocytic Leukaemia Support	1178482	https://www.cllsupport.org.uk/
Association		
Coalition for Life-Course	1182662	https://www.cl-ci.org/
Confederation of Meningitis	1091105	https://www.comomeningitis.org/
Contact a Family	284912	https://contact.org.uk/
Crohn's and Colitis LIK	11171/18	https://www.crohpsandcolitis.org.uk/
Custic Fibrosis Trust	1070040	https://www.eveticfibrosis.org.uk/
Demontia LIK	1079049	https://www.dementiouk.org/
Dementia Club UK	1168307	https://dementiaclubuk.org.uk/
Dishetes UK	215100	https://dementiacidouk.org.uk/
Diana Award	1117200	https://www.dlabetes.org.uk/
Diana Awaru	111/200	https://diana-award.org.uk/
DMD Pathfinders	1155884	https://www.pathfindersalliance.org.uk/
Down Syndrome International	1091843	https://www.ds-int.org/
Downs Syndrome Association	1061474	https://www.downs-syndrome.org.uk/
Dravet Syndrome UK	1128289	https://www.dravet.org.uk/
DrugFAM	1123316	https://www.drugfam.co.uk/#
Duchenne UK	1147094	https://www.duchenneuk.org/
Dystonia UK	1062595	https://www.dystonia.org.uk/
East North Hertfordshire NHS Trust	1053338	https://www.enherts-tr.nhs.uk/
East Sussex Healthcare NHS Trust	1058599	https://www.esht.nhs.uk/
Ecancer	1176307	https://ecancer.org/en/
Eczema Outreach Support	SC042392	https://www.eos.org.uk/
Encephalitis Society	1087843	https://www.encephalitis.info/
Epilepsy Action	234343	https://www.epilepsy.org.uk/?gclid=CjwK CAiAsNKQBhAPEiwAB- I5zXsMWEMg1x_J-blYzK3HQGZujp- zoejjkEA_sYpKqYxct5LuE_sV6hoC1t8Q AvD_BwE
Epilepsy Consortium Scotland	N/A	http://www.epilepsyconsortiumscotland.co. uk/
Epilepsy Research UK	1100394	https://epilepsyresearch.org.uk/
Epilepsy Scotland	SC000067	https://www.epilepsyscotland.org.uk/
Epilepsy Society	206186	https://epilepsysociety.org.uk/
Errol Mckellar Foundation	1181574	https://www.theerrolmckellarfoundation.co m/
European Parkinson's Disease Association	1163211	https://www.epda.eu.com/
Eve Appeal	1091708	https://eveappeal.org.uk/
Familial Hypercholesterolaemia Network	1170731	https://fheurope.org/
FareShare	1100051	https://fareshare.org.uk/
Favor UK	N/A	https://www.facesandvoicesofrecoveryuk.o rg/

Fight Bladder Cancer1157763https://www.fightbladdercancer.co.uk/Fight for Sight UK1111438https://www.fightbladdercancer.co.uk/Findacure1149646https://www.rarebacon.org/about-us/our-Gauchers Association1095657https://www.rarebacon.org/about-us/our-Gene People1141583https://genepeople.org.uk/Gene People1141583https://geneticalliance.org.uk/GertourBellyOut11276246https://genyonthellyout.org.uk/Got Sins1129219https://www.gistancer.org.uk/Global Action on Men's Health1183428https://genyonthellyout.org.uk/Got Girls1179108https://gutschariy.org.uk/Got Girls1137029https://gutschariy.org.uk/Haemophilia ScotlandSC044298https://gutschariy.org.uk/Haemophilia Society288260https://haemophilia.org.uk/Hearburn Cancer UK1136413https://www.heartw.org.uk/Heartur Cancer UK1136413https://www.heartw.org.uk/Heartur Cancer UK1136413https://www.heartw.org.uk/Heartur Cancer UK1136413https://www.heartw.org.uk/Heartur Cancer UK1136413https://www.heartw.org.uk/Heartur Cancer UK1137199https://www.heartw.org.uk/Heartur Cancer UK1136413https://www.heartw.org.uk/Heartur Cancer UK1136413https://www.heartw.org.uk/Heartur Cancer UK1136413https://www.heartw.org.uk/Heartur Cancer UK1136413https://www.heartw.org.uk/Herdit	Fertility Network UK	1099960	https://fertilitynetworkuk.org/
Fight for Sight UK1111438https://www.fightforsight.org.uk/Findacure1149646https://www.rarebeacon.org/about-us/our-journey/Gauchers Association1095657https://www.gaucher.org.uk/Gene People1141583https://geneticalliance.org.uk/Genetic Alliance UK1114195https://geneticalliance.org.uk/Genetic Alliance UK11276246https://geneticalliance.org.uk/Global Action on Men's Health1183428https://gumh.org/GO Girls1179108https://gumh.org/Gorlin Syndrome Group1197282https://gurnh.org/Guts UK1137029https://www.lacucheromatosis.org.uk/Haemachromatosis UK1001307https://www.haemachromatosis.org.uk/Haemophilia ScotlandSC044298https://haemophilia.org.uk/Heart UK1003904https://www.haemachromatosis.org.uk/Heart UK1003904https://www.haemachromatosi.org.uk/Heart UK1003904https://www.haemachromatosi.org.uk/Heart UK1003904https://www.heartburncanceruk.org/Heart UK1003904https://www.heartburncanceruk.org/Heart UK1003904https://www.heartburncanceruk.org/Hepatitis C CoalitionN/Ahttps://www.heartburcanceruk.org/Hereditary Angioedema UK1152591https://www.heartburcanceruk.org/Hivi Abase1081905https://www.heartburcanceruk.org/Hivi Base1081905https://www.haetw.org/Hivi Base1081905https://www.haetw.org/Hivi Base1	Fight Bladder Cancer	1157763	https://www.fightbladdercancer.co.uk/
Findacure1149640https://www.rarebeacon.org/about-us/our-journey/Gauchers Association1095657https://www.gaucher.org.uk/Genetic Alliance UK1141583https://geneticalliance.org.uk/Genetic Alliance UK1114195https://geneticalliance.org.uk/GetYourBellyOut11276246https://getyourbellyout.org.uk/GIST Cancer UK1129219https://getyourbellyout.org.uk/Global Action on Mer's Health1183428https://gath.org/Go Girls1179108https://gath.org/Gotta Syndrome Group1197282https://gottingroup.org/Guts UK1137029https://gutscharity.org.uk/Haemachromatosis UK1001307https://maemophilia.scot/Haemophilia Society288260https://haemophilia.scot/Heart UK1003904https://www.heartuk.org.uk/Heart UK1003904https://www.heartuk.org.uk/Heart UK1003904https://www.heartuk.org.uk/Hepatitis C CoalitionN/Ahttps://www.heartuk.org.uk/Hepatitis C CoalitionN/Ahttps://www.heartuk.org.uk/Hereditary Angioedema UK1152591https://www.heartuk.org/Hiviacenitis Suppurativa Trust1177819https://www.haek.org/Hivistocytosis UK1158789https://www.haek.org/Human Story Theatre1173504https://www.haecbook.com/domus_drus_drus_drus_drus_drus_drus_drus_dr	Fight for Sight UK	1111438	https://www.fightforsight.org.uk/
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	International Longevity Centre UK	1080496	https://ilcuk.org.uk/

International Niemann-Pick Disease Alliance	1150256	https://www.inpda.org/
International Patient		
Organisation for Primary	1058005	https://ipopi.org/
Immunodeficiencies		
Invisible Cafe	N/A	https://theinvisiblecafe.co.uk/
Isabel Hospice Limited	1046826	https://www.isabelhospice.org.uk/
Jo's Cervical Cancer Trust	1133542	https://www.jostrust.org.uk/
Juvenile Diabetes Research	295716	https://idrf.org.uk/
Foundation	255710	intpo://juii.org.uk/
Karen Clifford Skein cancer	1150048	https://www.skcin.org/
Kent Autistic Trust	801965	https://www.kentautistictrust.org/
Kent MS Therapy Centre	801382	https://kentmstc.org.uk/
Kidney Cancer Support	001302	https://kentiliste.org.uk/
Network	1164238	https://actionkidneycancer.org/
Kidney Cancer UK	1120146	https://www.kcuk.org.uk/
Kidney Care UK	270288	https://www.kidneycareuk.org/
Kidney Research UK	252892	https://www.kidneyresearchuk.org/
Leukaemia CARE	1183890	https://www.leukaemiacare.org.uk/
Leukaemia UK	1154856	https://www.leukaemiauk.org.uk/
Liver4Life	1152618	https://www.liver4life.org.uk/
Lupus UK	1051610	https://www.lupusuk.org.uk/
Lymphoma Action	1068395	https://lymphoma-action.org.uk/about-us
Macmillan Cancer Support	261017	https://www.macmillan.org.uk/
Macular Society	2177039	https://www.macularsociety.org/
Maggie's Centres	SC024414	https://www.maggies.org/
Maypole Project	1120163	https://www.themaypoleproject.co.uk/
MDS UK Support Group	1145214	https://mdspatientsupport.org.uk/
Meath Epilepsy Charity	200359	https://www.meath.org.uk/
Medics 4 Rare Diseases	1183996	https://www.m4rd.org/history/
Melanoma Focus	1124716	https://melanomafocus.org/
Melanoma Fund	1085969	https://www.melanoma-fund.co.uk/
Melanoma UK	1157635	https://www.melanomauk.org.uk/
Memorylane Eastbourne	1163541	https://www.memorylaneeastbourne.co.uk/
Meningitis Now	803016	https://www.meningitisnow.org/
Meningitis Research	1001105	https://www.moningitis.org/
Foundation	1091103	https://www.meningitis.org/
Menopause Support	N/A	https://menopausesupport.co.uk/
Mental Health UK	1170815	https://mentalhealth-uk.org/
Mersey Region Epilepsy	504366	https://www.epilepsymersey.org.uk/
Mesothelioma UK	1177039	https://www.mesothelioma.uk.com/
Metabolic Support UK	1089588	https://www.metabolicsupportuk.org/
Migraine Trust	1081300	https://migrainetrust.org/
Motor Neurone Disease	1001300	
Association	294354	https://www.mndassociation.org/
Mouth Cancer Foundation	1109298	https://www.mouthcancerfoundation.org/
MPN Voice	1160316	https://www.mpnvoice.org.uk/

Multiple Sclerosis International	1105321	https://www.msif.org/
Multiple Sclerosis Society UK	1139257	https://www.mssociety.org.uk/
Multiple Sclerosis Therapy	1001 (00	
Centres	1031690	https://www.msntc.org.uk/
Multiple Sclerosis Trust	1088353	https://mstrust.org.uk/
Muscular Dystrophy UK	205395	https://www.musculardystrophyuk.org/
My Name'5 Doddie	SC047871	https://www.myname5doddie.co.uk/
Foundation	30047871	https://www.inyname5doddie.co.uk/
Myeloma UK	SC026116	https://www.myeloma.org.uk/
National AIDS Map	1011220	https://www.aidsmap.com/
National AIDS Trust	297977	https://www.nat.org.uk/
National Attention Deficit Disorder Information and Support Service	N/A	https://www.nhs.uk/services/service- directory/the-national-attention-deficit- disorder-information-and-support-service- addiss/N10498901
National Axial Spondyloarthritis Society	1183175	https://nass.co.uk/
National Cancer Research Institute	1160609	https://www.ncri.org.uk/
National Eczema Society	1009671	https://eczema.org/
National Federation of Prostate Cancer Support Groups	1163152	https://tackleprostate.org/
National Kidney Federation	1106735	https://www.kidney.org.uk/
National Rheumatoid Arthritis Society	1134859	https://nras.org.uk/
National Voices	1057711	https://www.nationalvoices.org.uk/
NAZ	1014056	https://www.naz.org.uk/
Neuroendocrine Cancer UK	1092386	https://www.neuroendocrinecancer.org.uk/
Neurological Alliance	1039034	https://www.neural.org.uk/
New Life Counselling	NI005568	https://www.amh.org.uk/
NHS Charities Together	1186569	https://nhscharitiestogether.co.uk/
Nicole & Jessica Rich Foundation	N/A	https://thenicolerichfoundation.org.uk/
Niemann-Pick UK	1144406	https://www.npuk.org/
North Bristol NHS Trust	1055900	https://www.nbt.nhs.uk/
Oral Health Foundation	263198	https://www.dentalhealth.org/
Orchid	1080540	https://orchid-cancer.org.uk/
Osteoporosis Dorse	1023507	https://www.osteodorset.org.uk/
Ovacome	1159682	https://www.ovacome.org.uk/
Ovarian Cancer Action	1109743	https://ovarian.org.uk/
Over the Wall	1075361	https://www.otw.org.uk/
Pain Concern	SC023559	https://painconcern.org.uk/
Pancreatic Cancer Action	1137689	https://pancreaticcanceraction.org/
Pancreatic Cancer UK	1112708	https://www.pancreaticcancer.org.uk/
Parathyroid UK	N/A	https://parathyroiduk.org/
Parkinson's UK	258197	https://www.parkinsons.org.uk/
Patient Information Forum	N/A	https://pifonline.org.uk/
Patients Association	1006733	https://www.patients-association.org.uk/

Paula Carr Diabetes Trust801596https://www.paulacarrdiabetestrust.co.uk/PBC Foundation UKSC025619https://www.pbcfoundation.org.uk/Pilgrims Hospice293968https://www.pbcfoundation.org.uk/Pituitary Foundation1058968https://www.pilgrimshospices.org/Pituitary Foundation1058968https://www.piluitary.org.uk/Platelet Society1172202https://plateletsociety.co.uk/Police Community Clubs of Great BritainN/Ahttps://plateletsociety.co.uk/Polycystic Kidney Disease1160970https://pkdcharity.org.uk/Pompe Support Network1186383https://pompe.uk/Positively UK1007685https://positivelyuk.org/Primary Immunodeficiency UK1193166http://www.immunodeficiencyuk.org/	Patients On Intravenous and Nasogastric Nutrition Therapy	1157655	https://pinnt.com/Home.aspx
PBC Foundation UKSC025619https://www.pbcfoundation.org.uk/Pilgrims Hospice293968https://www.pilgrimshospices.org/Pituitary Foundation1058968https://www.pilgrimshospices.org/Pituitary Foundation1058968https://www.pituitary.org.uk/Platelet Society1172202https://plateletsociety.co.uk/Police Community Clubs of Great BritainN/Ahttps://www.policecommunityclubs.org/Polycystic Kidney Disease Charity1160970https://pkdcharity.org.uk/Pompe Support Network1186383https://pompe.uk/Positively UK1007685https://positivelyuk.org/Primary Immunodeficiency UK1193166http://www.immunodeficiencyuk.org/	Paula Carr Diabetes Trust	801596	https://www.paulacarrdiabetestrust.co.uk/
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Pulmonary Hypertension Association UK1120756https://www.phauk.org/	Pulmonary Hypertension Association UK	1120756	https://www.phauk.org/
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Revive Multiple Sclerosis SupportSC022886https://www.revivemssupport.org.uk/	Revive Multiple Sclerosis Support	SC022886	https://www.revivemssupport.org.uk/
Roy Castle Lung Cancer1046854https://roycastle.org/Foundation1046854	Roy Castle Lung Cancer Foundation	1046854	https://roycastle.org/
Royal Free Charity 1165672 https://royalfreecharity.org/	Royal Free Charity	1165672	https://royalfreecharity.org/
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Royal Osteoporosis Society 1102712 https://theros.org.uk/	Royal Osteoporosis Society	1102712	https://theros.org.uk/
Ruth Strauss Foundation1183221https://ruthstraussfoundation.com/	Ruth Strauss Foundation	1183221	https://ruthstraussfoundation.com/
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SANE 296572 https://www.sane.org.uk/	SANE	296572	https://www.sane.org.uk/
Sarcoma UK 1139869 https://sarcoma.org.uk/	Sarcoma UK	1139869	https://sarcoma.org.uk/
Scleroderma and Raynauds UK 1161828 https://www.sruk.co.uk/	Scleroderma and Raynauds UK	1161828	https://www.sruk.co.uk/
Scottish Drugs Forum SC008075 https://www.sdf.org.uk/	Scottish Drugs Forum	SC008075	https://www.sdf.org.uk/

Scottish Families Affected by Alcohol & Drugs	N/A	https://www.sfad.org.uk/
Scottish Huntington's Association	SC010985	https://hdscotland.org/
Shift.MS	1117194	https://shift.ms/
Shine Cancer Support	1146902	https://shinecancersupport.org/
Sickle Cell Society	1046631	https://www.sicklecellsociety.org/
Skin Conditions Campaign Sco	SC030004	https://www.disabilityscot.org.uk/organisat
tland	3C030004	ion/skin-conditions-campaign-scotland/
Society for Mucopolysaccharide Diseases	1143472	https://www.mpssociety.org.uk/
Somerville Foundation	1138088	https://sfhearts.org.uk/
Sophia Forum	1131629	https://sophiaforum.net/
Spinal Muscular Atrophy Support UK	1106815	https://smauk.org.uk/
St Elizabeths Centre	1176777	https://www.stelizabeths.org.uk/
Stroke Association	211015	https://www.stroke.org.uk/
Swallows Head and Neck Cancer Charity	1149794	https://www.theswallows.org.uk/
Target Ovarian Cancer	1125038	https://targetovariancancer.org.uk/
Tenovus Cancer Care	1054015	https://www.tenovuscancercare.org.uk/
Terrence Higgins Trust	288527	https://www.tht.org.uk/
Thrombosis UK	1090540	https://thrombosisuk.org/news/post.php?s= 2021-10-11-thrombosis-uk-winner-of- activity-of-the-year-award-2021
Tiny Tickers	1078114	https://www.tinytickers.org/
Together for Short Lives	1144022	https://www.togetherforshortlives.org.uk/
TRACTion Cancer Support	SCO048145	https://www.tractioncancersupport.org/
Trekstock	1132421	https://www.trekstock.com/
Trevi	1075433	https://trevi.org.uk/
Tuberous Sclerosis Association	1039549	https://tuberous-sclerosis.org/
Turner Syndrome Support Society	1080507	https://tss.org.uk/
Twins Trust	1076478	https://twinstrust.org/
UK Breast Cancer Group	1177296	https://ukbcg.org/
UK Lung Cancer Coalition	N/A	https://www.uklcc.org.uk/
UK Primary Immune- deficiency Patient Support	1148789	https://ukpips.org.uk/
UK Thalassaemia Society	275107	https://ukts.org/
University of Newcastle Institute of Neuroscience	N/A	https://www.ncl.ac.uk/medical- sciences/research/research- themes/neuroscience/
Urology Cancer Research and Education	1120887	http://www.ucare-oxford.org.uk/
Versus Arthritis	207711	https://www.versusarthritis.org/
Waldenstrom's Macroglobulinaemia UK	1187121	https://wmuk.org.uk/
White Chapel Mission	227905	https://whitechapel.org.uk/
Working with Cancer	9092152	https://workingwithcancer.co.uk/
Young Epilepsy	311877	https://www.youngepilepsy.org.uk/

Inclusion/exclusion of patient organisations



¹Not aligned with geographical scope e.g. Irish, US-based ²Not aligned with EFPIA's definition of patient organisation

³Organisations for whose nature is unclear i.e. patient organisation website could not be identified

Additional tables and figures





Figure 3. Histogram of share of overall industry funding to patient organisations coming from each contributing company in 2020, broken down by rarity of disease





Figure 4. Histogram of share of industry funding of each organisation comprised by the single highest payment in 2020, broken down by rarity of disease

1 Sub-group analyses

2 Excluded patient organisations

- 3 66 payments made 28 to patient organisaitons were excluded from the analysis as they did not
- 4 match EFPIA's definition of "not-for-profit organisations, mainly composed of patients and/or
- 5 caregivers, that represent and/or support the needs of patients and/or caregivers".
- 6 Figure 5 illustrates the reasons for patient organisations exclusion. Most of the excluded patient
- 7 organisations were for profit organisations (47%; n=31), followed by not UK-based (42%;
- n=28) and organisations for which no information could be found online (11%; n=7).
- 9 Non-UK patient organisations mostly comprised international alliances of patient
- 10 organisations, European or Irish organisations. We classified organisations as for-profit if they
- appeared in the UK government repository of companies¹ as *private limited companies*. Care
 homes, consultancies and rehabilitation clinics were the most prominent in this category.
- 13 Overall, payments to excluded patient organisations amounted to £869,677, about 4% of the
- 14 included payments (Figure 6).



15 Figure 5. Excluded patient organisations by reason of exclusion

¹ https://find-and-update.company-information.service.gov.uk/



1 Figure 6. Payments to included and excluded patient organisations

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