

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Healthcare Research and Quality	Grant / Contract	Other - Institution	\$400,000.00
<div><div><b>Recipient Name:</b> University of Minnesota and Center for Veterans Research and Education <b>Grant / Contract Description:</b> Contracts from AHRQ through their EPC program to conduct evidence reports <b>Grant / Contract Valuation Date:</b> 04/16/2021 <b>Additional Information:</b> I provide approx. 10% effort as co-director of our MN-EPC on the oversight and operations of our center, contribution to AHRQ-EPC methods workgroups and leadership on topic contracts awarded to our EPC through a competitive bidding process.</div><div><b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Amount:</b> \$400,000.00 <b>Contract Start Date:</b> 01/01/2020 <b>Contract End Date:</b></div></div>			
American College of Physicians	Other	Other - Minneapolis VA CVRE	-
<div><div><b>Category:</b> Other <b>Compensation Type:</b> Other <b>Annual Compensation:</b></div><div><b>Start Date:</b> 01/01/2018 <b>Other Compensation:</b> 100,000 <b>Additional Information:</b> Support for our research group to conduct reviews</div><div><b>End Date:</b></div></div>			
American Urological Association Foundation	Other	Other - Minneapolis VA CVRE	-
<div><div><b>Category:</b> Other <b>Compensation Type:</b> Unpaid <b>Additional Information:</b> I receive support (approximately \$30,000) for our research group to conduct reviews under contract with the AUA for their clinical guideline development. I receive no personal financial support</div><div><b>Start Date:</b> 01/01/2018 <b>Annual Compensation:</b></div><div><b>End Date:</b> 05/01/2021</div></div>			
Merck	Grant / Contract	Other - Subcontract to UM	\$263,892.00
<div><div><b>Recipient Name:</b> Kristine Ensrud <b>Grant / Contract Description:</b> Subcontract to UM from Pacific Medical University. FUNds to UM are NOT directly from Merck. <b>Grant / Contract Valuation Date:</b> 01/08/2021 <b>Additional Information:</b> Funding for research team. FUNds are provided by PAcific Medical not Merck. No salary support to Dr. Ensrud</div><div><b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Amount:</b> \$263,892.00 <b>Contract Start Date:</b> 09/07/2017 <b>Contract End Date:</b> 02/29/2020</div></div>			
Midwest CEPAC-ICER	Other	Self	-
<div><div><b>Category:</b> Other <b>Compensation Type:</b> Unpaid <b>Additional Information:</b></div><div><b>Start Date:</b> 01/01/2018 <b>Annual Compensation:</b></div><div><b>End Date:</b></div></div>			
U.S. Department of Veterans Affairs	Employment <span>Current Employment</span>	Self	-
<div><div><b>Title:</b> Professor <b>Start Date:</b> 06/15/2018 <b>End Date:</b></div><div><b>Position Description:</b> Staff Physician <b>Additional Information:</b></div></div>			
VA Preventive Medical Advisory Committee	Consultant	Self	-
<div><div><b>Category:</b> Consultant <b>Compensation Type:</b> Unpaid <b>Additional Information:</b></div><div><b>Start Date:</b> 01/01/2018 <b>Annual Compensation:</b></div><div><b>End Date:</b></div></div>			

Intellectual Property

Type	Is Licensed	Interest Held By	Value												
Other Intellectual Property - Research grants/contracts from VA, AHRQ, and ACP ...	-	Self	\$210,000.00												
<div><div><b>Description:</b> Research grants/contracts from VA, AHRQ, and ACP to conduct evidence synthesis reports. <b>Yearly Income:</b><table><tr><th>Amount</th><th>Type</th><th>Year</th><th>Payment Receipt</th></tr><tr><td>\$10,000.00</td><td>Estimated</td><td>2020</td><td>Direct Payment</td></tr><tr><td>\$200,000.00</td><td>Estimated</td><td>2019</td><td>Payment through home institution</td></tr></table></div><div><b>Income Source:</b> Funds paid to my institution to support work of our evidence review team. AHRQ contracts can support my salary. Others do not. <b>Additional Information:</b> The funds of payment through home institution are research support for programs NOT personal salary. I receive approximately 5-10000 annually as additional salary beyond my VA salary for grant support through AHRQ for Evidence-based Practice Center reports as part of my role as co-director of the MN-EPC</div></div>				Amount	Type	Year	Payment Receipt	\$10,000.00	Estimated	2020	Direct Payment	\$200,000.00	Estimated	2019	Payment through home institution
Amount	Type	Year	Payment Receipt												
\$10,000.00	Estimated	2020	Direct Payment												
\$200,000.00	Estimated	2019	Payment through home institution												
Other Intellectual Property - Evidence reports and manuscripts written on oste ...	-	Self	-												

**Description:** Evidence reports and manuscripts written on osteoporosis based on AHRQ-funded research  
**Yearly Income:**

**Income Source:** AHRQ-EPC program

**Additional Information:** Director of AHRQ-EPC site that was awarded contract. Wife was a collaborating investigator on this project and received salary support from AHRQ. I was not the PI of this project but rather overall EPC director and project collaborator

## Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

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**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** depression, osteoporosis

Within the last 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☒ I have interests to report (please list in space below).

☐ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

My wife, Kristine Ensrud, is a member of the Osteoporosis TEP and has published paper related to osteoporosis.

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**Acknowledgements and Attestations**

*By signing this form,*

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

**Timothy J. Wilt**

Print Name

**TIMOTHY J. WILT 445612**

Digitally signed by TIMOTHY J. WILT  
445612  
Date: 2021.12.17 15:20:52 -06'00'

Signature

Date



Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American Society for Bone and Mineral Research	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:	Start Date: 01/01/2017 Annual Compensation:	End Date:	
David Geffen School of Medicine, University of California, Los Angeles	Employment    Current Employment	Self	-
Title: Professor of Medicine Start Date: 07/01/2017      End Date:	Position Description: Professor in the Dept. Of Internal Medicine Additional Information:		
David Geffen School of Medicine, University of California, Los Angeles	Employment	Spouse/Partner	-
Title: Professor Start Date: 01/01/2017      End Date:	Position Description: Professor on Faculty Additional Information:		
Dr. Miriam and Sheldon G. Adelson Medical Research Foundation	Grant / Contract	Spouse/Partner	\$350,000.00
Recipient Name: Harley Kornblum Grant / Contract Description: Neural repair and brain cancer Grant / Contract Amount: \$350,000.00 Contract Start Date: 01/01/2017      Contract End Date:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 12/23/2019 Additional Information:		
International Society for Clinical Densitometry	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information:	Start Date: 01/01/2019 Annual Compensation:	End Date:	
National Institutes of Health	Grant / Contract	Spouse/Partner	\$200,000.00
Recipient Name: Harley Kornblum Grant / Contract Description: Research on brain cancer Grant / Contract Amount: \$200,000.00 Contract Start Date: 01/01/2017      Contract End Date:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 12/23/2019 Additional Information: Brain cancer research		
National Institutes of Health	Grant / Contract	Self	\$25,000.00
Recipient Name: Carolyn J. Crandall Grant / Contract Description: Contract from Western Regional Center for NHLBI-funded Women's Health Initiative Study Grant / Contract Valuation Date: 12/23/2019 Additional Information:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$25,000.00 Contract Start Date: 01/01/2019      Contract End Date:		
North American Menopause Society	Fiduciary Officer	Self	-
Official Title: member Board of Trustees Compensation Type: Unpaid Annual Compensation: Additional Information:	Position Description: Board of Trustees member Start Date: 10/13/2017      End Date:		

Certification

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- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



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**Please enter your name: (You will need to sign on the second page)**

**Name:**

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas: depression, osteoporosis**

Within the past 3 years, have you or any household members published on any of the areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the areas above?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**Research articles**

1. Crandall, C.J., Vasan, S., LaCroix, A., LeBoff, M.S., Cauley, J.A., Robbins, J.A., Jackson, R.D., Bauer, D.C. Bone Turnover Markers are not Associated with Hip Fracture Risk: A Case-Control Study in the Women's Health Initiative, *Journal of Bone and Mineral Research*, *J Bone Miner Res.* 2018 2018 Jul;33(7):1199-1208. PMID: 29923225 PMCID: PMC7060935
2. Crandall, C.J., Larson, J., LaCroix, A., Cauley, J.A., LeBoff, M.S., Li, W., LeBlanc, E.S., Edwards, B.J., Manson, J.E., Ensrud, K. Predicting Fracture Risk in Younger Postmenopausal Women: Comparison of the Garvan and FRAX Risk Calculators in the Women's Health Initiative Study, *J Gen Intern Med.* 2019 Feb;34(2):235-242. PMID: 30334182. PMCID: PMC6374270.

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3. Beavers, K.M., Neiberg, R.H., Johnson, K.C., Davis, C.H., Casanova, R., Schwartz, A.V., Crandall, C.J., Lewis, C.E., Pi-Sunyer, X., Kritchevsky, S.B. Impact of body weight dynamics following intentional weight loss on fracture risk: Results from The Action for Health in Diabetes Study, *JBMR Plus*. 2018 Oct 25;3(5):e10086. PMID: 31131339 PMCID: PMC6524677
4. Cauley, J.A., Hovey, K.M., Stone, K.L., Andrews, C.A., Barbour, K.E., Hale, L., Jackson, R.D., Johnson, K.C., LeBlanc, E.S., Li, W., Zaslavsky, O., Ochs-Balcom, H., Wactawski-Wende, J., Crandall, C.J. Characteristics of self-reported sleep and the risk of falls and fractures: The Women's Health Initiative (WHI), *J Bone Miner Res*. 2019 Mar;34(3):464-474. PMID: 30461066. PMCID: PMC6563041
5. Crandall, C.J., Larson, J., Manson, J.E., Cauley, J.A., LaCroix, A., Wactawski-Wende, J., Datta, M., Sattari, M., Schousboe, J.T., Leslie, W.D., Ensrud, K.E. A Comparison of U.S. and Canadian Osteoporosis Screening and Treatment Strategies in Postmenopausal Women, *Journal of Bone and Mineral Research*, 2019 Apr;34(4):607-615. PMID: 30536628 PMCID: PMC7354844
6. Crandall, CJ, Schousboe, JT, Morin S, Lix, LM, Leslie, W. Performance of FRAX and FRAX-Based Treatment Thresholds in Women Aged 40 and Older: The Manitoba BMD Registry, *Journal of Bone and Mineral Research*, 2019 Aug;34(8):1419-1427. PMID: 30920022
7. Haring, B., Crandall, C.J., Carbone, L., Liu, S., Li, W., Johnson, K., Wactawski-Wende, J., Shadyab, A.H., Gass, M., Kamensky, V., Cauley, J.A., Wassertheil-Smoller, S., Lipoprotein(a) plasma levels, bone mineral density and risk of hip fractures in the Women's Health Initiative, *BMJ Open*, 2019 Apr 24;9(4):e027257. doi: 10.1136/bmjopen-2018-027257. PubMed PMID: 31023762. PMCID: PMC6501983
8. Follis, S., Bea, J., Klimentidis, Y., Hu, C., Crandall, C.J., Garcia, D.O., Shadyab, A.H., Nassir, R., Chen, Z. Psychosocial Stress and Bone Loss among Postmenopausal Women: Results from the Women's Health Initiative, *J Epidemiol Community Health*. 2019 Sep;73(9):888-892 PMID: 31289118.
9. Conley, R.B., Adib, G., Adler, R.A., Akesson, K.E., Alexander, I.M., Amenta, K.C., Blank, R.D., Brox, W.T., Carmody, E.E., Chapman-Novakofski, K., Clarke, B.L., Cody, K.M, Cooper, C., Crandall, C.J., Dirschl, D.R., Eagen, T.J., Elderkin. A.L., Fujita, M., Greenspan, S.L., Halbout, P., Hochberg, M.C., Javaid, M., Jeray, K.J., Kearns, A.E., King, T., Koinis, T.F., Koontz, J.S., Kuzma, M., Lindsey, C., Lorentzon, M., Lyritis, G.P., Michaeud, L.B., Miciano, A., Morin, S.N., Mujahid, N., Napoli, N., Olenginski, T.P., Puzas, J.E., Rizou, S., Rosen, C.J., Saag, K., Thompson, E., Tosi, L.L., Tracer, H., Khosla, S., Kiel, D. Secondary Fracture Prevention: Consensus Clinical Recommendations from a Multistakeholder Coalition. *J Bone Miner Res*. 2020 Jan;35(1):36-52, PMID: 31538675
10. Shieh, A., Greendale, G.A., Cauley, J.A., Karvonen-Gutierrez, C., Crandall, CJ, Karlamangla, A.S. Estradiol and follicle stimulating hormone as predictors of onset of menopause transition-related bone loss in pre- and perimenopausal women, *J Bone Miner Res*. 2019 Dec;34(12):2246-2253. PMID: 31442329
11. Kremer, P., Laughlin, G., Shadyab, A., Crandall, C., Masaki, K., Orchard, T., Snetselaar, L., LaCroix, A. Association between soft drink consumption and osteoporotic fractures among postmenopausal women: The Women's Health Initiative, *Menopause*, 2019 26(11): 1234-1241. PMID: 31613830
12. Qaseem, A, Wilt, T., Crandall, C., Hicks, L., Mustafa, R. Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians, *Ann Intern Med*. 2019 Nov 5;171(9):643-654. PMID: 31683290
13. Mori, T., Crandall, C.J., Ganz, D.A. Cost-Effectiveness of Sequential Teriparatide/Alendronate versus Alendronate-only Strategies in High-risk Osteoporotic Women in the U.S.: Analyzing the Impact of

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Generic or Biosimilar Teriparatide, JBMR Plus 2019 November 13; 3(11): e10233. PMID: 31768491  
PMCID: PMC6874180

14. Crandall, C.J., Larson, J., Cauley, J.A., Schousboe, J.T., LaCroix, A.Z., Robbins, J.A., Watts, N.B., Ensrud, K.E. Do additional clinical risk factors improve the performance of Fracture Risk Assessment Tool (FRAX) Among Postmenopausal Women? Findings from the Women's Health Initiative Observational Study and Clinical Trials, JBMR Plus, 2019 Nov 30;3(12):e10239. doi: 10.1002/jbm4.10239. eCollection 2019 Dec. PMID: 31844827. PMCID: PMC6894725

15. Crandall, C.J., Larson, J., Wright, N.C., Laddu, D., Stefanick, M., Kaunitz, A.M., Watts, N.B., Wactawski-Wende, J., Womack, C.R., Johnson, K.C., Carbone, L.D., Jackson, R.D., Ensrud, K.E. Does serial bone density measurement meaningfully improve incident fracture risk prediction in postmenopausal women? Results from the Women's Health Initiative Observational Study and Clinical Trials, JAMA Intern Med. 2020; 180 (9): 1232-1240, PMID: 32730575 PMCID: PMC7385675

16. Conley RB, Adib G, Adler RA, Akesson, KE, Alexander, IM, Amenta, KC, Blank, RD, Brox, WT, Carmody, EE, Chapman-Novakofski, KC, Clarke, BL, Cody, KM, Cooper, C, Crandall, CJ, Dirschi, DR, Eagen, TJ, Elderkin, AL, Fujita, M, Greenspan, SL, Halbout, P, Hochberg, MC, Javaid, M., Jeray, KJ, Kearns, AE, King, T, Koinis, TF, Koontz, JS, Kuzma, M, Lindsey, C, Lorentzon, M, Lyritis, GP, Michaud, LB, Miciano, A, Morin, SN, Mujahid, N, Napoli, N, Olingenski, TP, Puzas, JE, Rizou, S, Rosen, CJ, Saag, K, Thompson, E., Tosi, L, Tracer, H, Khosla, S, Kiel, DP. Secondary Fracture Prevention: Consensus Clinical Recommendations From a Multistakeholder Coalition. Orthop Nurs. 2020;39(3):145-161. PMID: 32443087

17. Conley RB, Adib G, Adler RA, Akesson, KE, Alexander, IM, Amenta, KC, Blank, RD, Brox, WT, Carmody, EE, Chapman-Novakofski, KC, Clarke, BL, Cody, KM, Cooper, C, Crandall, CJ, Dirschi, DR, Eagen, TJ, Elderkin, AL, Fujita, M, Greenspan, SL, Halbout, P, Hochberg, MC, Javaid, M., Jeray, KJ, Kearns, AE, King, T, Koinis, TF, Koontz, JS, Kuzma, M, Lindsey, C, Lorentzon, M, Lyritis, GP, Michaud, LB, Miciano, A, Morin, SN, Mujahid, N, Napoli, N, Olingenski, TP, Puzas, JE, Rizou, S, Rosen, CJ, Saag, K, Thompson, E., Tosi, L, Tracer, H, Khosla, S, Kiel, DP Secondary Fracture Prevention: Consensus Clinical Recommendations from a Multistakeholder Coalition. J Orthop Trauma. 2020;34(4):e125-e141. PMID: 32195892

18. Northuis CA, Crandall CJ, Margolis KL, Diem SJ, Ensrud KE, Lakshminarayan K. Association between post-stroke disability and 5-year hip-fracture risk: The Women's Health Initiative. J Stroke Cerebrovasc Dis. 2020;29(8):104976. PMID: 32689623 PMCID: PMC7394038

19. Carbone, L., Vasan, S., Elam, R., Gupta, S., Tolaymat, O., Crandall, C., Wactawski-Wende, J., Johnson, K.C. The Association of Methotrexate, Sulfasalazine and Hydroxychloroquine Use with Fracture in Postmenopausal Women with Rheumatoid Arthritis: Findings from The Women's Health Initiative, JBMR Plus, Vol. 4, No. 10, October 2020, e10393.

20. Harvey NC, Kanis JA, Liu E, Cooper C, Lorentzon M, Bea JW, Carbone L, Cespedes Feliciano EM, Laddu DR, Schnatz PF, Shadyab AH, Stefanick ML, Wactawski-Wende J, Crandall CJ, Johansson H, McCloskey E. Predictive Value of DXA Appendicular Lean Mass for Incident Fractures, Falls, and Mortality, Independent of Prior Falls, FRAX, and BMD: Findings from the Women's Health Initiative (WHI). J Bone Miner Res. 2021 Apr;36(4):654-661. doi: 10.1002/jbmr.4239. Epub 2021 Jan 28. PMID: 33450071; PMCID: PMC7610603.

21. Mori, T., Crandall, C.J., Fujii, T., Ganz, D.A. Cost-effectiveness of sequential daily teriparatide/weekly alendronate compared with alendronate monotherapy for older osteoporotic

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women with prior vertebral fracture in Japan, *Archives of Osteoporosis*, 2021 Apr 17;16(1):72. PMID: 33866457

22. Crandall CJ, Larson JC, LaCroix AZ, Robbins JA, Wactawski-Wende J, Johnson KC, Sattari M, Stone KL, Weitlauf JC, Gure TR, Cauley JA. Risk of Subsequent Fractures in Postmenopausal Women After Nontraumatic vs Traumatic Fractures. *JAMA Intern Med*. 2021 Aug 1;181(8):1055-1063. doi: 10.1001/jamainternmed.2021.2617. PMID: 34096979; PMCID: PMC8185628

23. Crandall, C.J., Hunt, R.P., LaCroix, A.Z., Robbins, J.A., Wactawski-Wende, J., Johnson, K.C., Sattari, M., Stone, K.L., Weitlauf, J.C., Gure, T.R., Cauley, J.A. After the Initial Fracture in Postmenopausal Women, Where do Subsequent Fractures Occur?, *EClinicalMedicine*, published May 5, 2021, [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00106-1/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00106-1/fulltext)

24. Mori, T., Crandall, C.J., Fujii, T., Ganz, D.A. Cost-effectiveness of zoledronic acid compared with sequential denosumab/alendronate for older osteoporotic women in Japan, *Arch Osteoporos*. 2021 Jul 15;16(1):113. PMID: 34264429. PMCID: PMC8282566

25. Crandall CJ, Chen LY, Rodriguez TD, Elashoff D, Faubion SS, Kling JM, Shifren J, Skinner L, Bauer DC. Knowledge and Needs of Resident Physicians Regarding Osteoporosis: A Nationwide Survey of Residents. *JBMR Plus*. 2021 Jul 1;5(8):e10524. doi: 10.1002/jbm4.10524. PMID: 34368610; PMCID: PMC8328797.

#### Book Chapters

26. Karlamangla, A.S., Binkley, N., Crandall, C.J. Psychosocial Life Histories and Biological Pathways to Bone Health. *Oxford Handbooks Online*, Oxford University Press, Eds. C.D. Ryff and R.F. Kreuger. Online Publication Date: Oct 2018 DOI: 10.1093/oxfordhb/9780190676384.013.17. Print Publication Date: Nov 2018

27. Crandall, C.J., Ensrud, K.E. Who should be screened for osteoporosis? Page 1501-1510. Marcus And Feldman's Osteoporosis, 5th Edition, Eds David Dempster, Jane Cauley, Mary Bouxsein, Felicia Cosman, Elsevier Inc., 125 London Wall, London EC2Y 5AS, United Kingdom 2021

#### Reviews

28. Karlamangla AS, Burnett-Bowie SM, Crandall CJ. Bone Health During the Menopause Transition and Beyond. *Obstet Gynecol Clin North Am*. 2018 Dec;45(4):695-708. doi: 10.1016/j.ogc.2018.07.012. Epub 2018 Oct 25. Review. PubMed PMID: 30401551; PubMed Central PMCID: PMC6226267.

29. Crandall, C.J., Strong Bones, Strong Body, Women's Preventive Health Care, *Obstet Gynecol Clin N Am* 46 (2019) 541-552. PMID: 31378294

30. Ensrud, K.E., Crandall, C.J., Bisphosphonates for Postmenopausal Osteoporosis, *JAMA*, 2019 Oct 17. [Epub ahead of print] PubMed PMID: 31621799

31. Leslie, W.D., Crandall, C.J., Population-Based Osteoporosis Primary Prevention and Screening, *Curr Osteoporos Rep*, 2019 Dec;17(6):483-490. PubMed PMID: 31673933.

32. Crandall, C.J., Ensrud, Osteoporosis Screening in Younger Postmenopausal Women. *JAMA* 2020;323(4):367-368. PMID 31917384

33. Cauley, J.A., Crandall, C.J., The Women's Health Initiative: A landmark resource for skeletal research since 1992, *J Bone Miner Res*. 2020 Apr 14. [Epub ahead of print] PMID: 32286708.

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Disclosure of Interests: Supplemental Questions and Attestation**

34. Leslie WD, Crandall CJ. Serial Bone Density Measurement for Osteoporosis Screening. JAMA. 2021 Oct 26;326(16):1622-1623. doi: 10.1001/jama.2021.9858. PMID: 34698797.

**Editorials**

35. Crandall, C.J. Can We Pave the Pathway to Fracture Prevention?, editorial regarding the NIH Pathways to Prevention Workshop on appropriate use of drug therapies for osteoporotic fracture prevention, published online April 23, 2019, Annals of Internal Medicine, PMID:31009937

36. Ensrud, K.E., Crandall, C.J. In older postmenopausal women with osteopenia, zoledronate reduced fragility fractures at 6 years. Invited commentary, Ann Intern Med. 2019 Apr 16;170(8):JC42. doi: 10.7326/ACPJ201904160-042. PubMed PMID: 30986832

**Acknowledgements and Attestations**

*By signing this form,*

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Carolyn J. Crandall

---

Print Name



---

Signature

12/21/2021

---

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
<div>Official Title: Chair-elect, Board of Regents      Position Description: As above Compensation Type: Cash      Start Date: 04/22/2020      End Date: 04/19/2021 Annual Compensation: Additional Information:</div>			
U.S. Department of Veterans Affairs	Employment      Current Employment	Self	-
<div>Title: Staff Physician      Position Description: Attending physician, supervising residents and medical students Start Date: 08/08/1979      End Date:      Additional Information:</div>			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and  
Performance Measurement Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**Description:** Evidence reports and manuscripts written on osteoporosis based on AHRQ-funded research  
**Yearly Income:**

**Income Source:** AHRQ-EPC program

**Additional Information:** Director of AHRQ-EPC site that was awarded contract. Wife was a collaborating investigator on this project and received salary support from AHRQ. I was not the PI of this project but rather overall EPC director and project collaborator

## Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No                                  |  |

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No                                  |  |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

*By signing this form,*

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**Thomas G Cooney**

Print Name

Thomas G Cooney MD

Digitally signed by Thomas G Cooney MD  
Date: 2022.01.11 16:25:48 -08'00'

**01/10/2022**

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Jacob Cross	Employment <span>Current Employment</span>	Self	-
<div>Title: President Start Date: 01/01/2012 End Date: Position Description: President and CEO Additional Information:</div>			
Ochsner Health System	Consultant <span>Current Employment</span>	Self	-
<div>Category: Consultant Compensation Type: Cash Additional Information: Start Date: 04/01/2020 Annual Compensation: End Date:</div>			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No                                  |  |

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No                                  |  |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

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**Jacob Cross**

Print Name

**Jacob Cross**

Digitally signed by Jacob Cross  
Date: 2021.12.30 21:05:21 -07'00'

**12/30/2021**

Signature

Date



Disclosure Purpose: Internal Medicine Meeting 2022 faculty, Annual Governance Disclosure 2021-2022, CME Contributor

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
nick fitterman	Employment Current Employment	Self	-
Title: executive director Huntington Hospital Start Date: 10/03/2018		Position Description: executive director Additional Information:	
End Date: Ongoing / No Known End Date			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

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**Nick Fitterman**

Print Name

Signature

Date

12/17/2021

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Centers for Disease Control and Prevention	Employment <div>Current Employment</div>	Self	-
Title: Director, Office of Antibiotic Stewardship		Position Description: I lead CDC's public health efforts related to improving antibiotic use. I am also leading efforts related to the COVID-19 pandemic response.	
Start Date: 07/15/2007	End Date:	Additional Information:	
GI Specialists of Georgia	Employment	Spouse/Partner	-
Title: Physician		Position Description: Patient care	
Start Date: 09/01/2010	End Date:	Additional Information:	
Society for Healthcare Epidemiology of America	Other	Self	-
Category: Other		Start Date: 01/01/2021	
Compensation Type: Unpaid		End Date:	
Additional Information: Board Member, Councilor		Annual Compensation:	

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** depression, osteoporosis

Within the last 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

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**Lauri Hicks**

Print Name

**Lauri Hicks -S7** Digitally signed by Lauri Hicks -S7  
Date: 2022.01.03 17:03:38 -05'00' **1/3/22**

Signature

Date

**Disclosure Purpose:** Internal Medicine Meeting 2022 faculty, Annual Governance Disclosure 2021-2022

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Kaiser Permanente	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Primary Care Physician and Senior Investigator <b>Start Date:</b> 11/28/2005 <b>End Date:</b> Ongoing / No Known End Date		<b>Position Description:</b> Primary Care Physician, Northwest Permanente; Senior Investigator, Kaiser Permanente Center for Health Research <b>Additional Information:</b> Center for Health Research since 2005, NW Permanente since 2011	
Kaiser Permanente School of Medicine	Other	Self	-
<b>Category:</b> Other <b>Compensation Type:</b> <b>Additional Information:</b>		<b>Start Date:</b> 01/01/2020 <b>Compensation:</b> No	<b>End Date:</b> Ongoing / No Known End Date
Kaiser Permanente Evidence Based Practice Center	Employment	Self	-
<b>Title:</b> Director <b>Start Date:</b> 01/01/2016 <b>End Date:</b> Ongoing / No Known End Date		<b>Position Description:</b> <b>Additional Information:</b>	
Kaiser Permanente National Guideline Committee	Consultant	Self	-
<b>Category:</b> Consultant <b>Compensation Type:</b> <b>Additional Information:</b>		<b>Start Date:</b> 01/01/2016 <b>Compensation:</b>	<b>End Date:</b> Ongoing / No Known End Date

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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**Topic Areas:** depression, osteoporosis

Within the last 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☒ I have interests to report (please list in space below).

☐ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

I am director of an EPC who conducts reviews on depression. My participation on these reviews is limited to obtaining funding (writing proposals) for these systematic reviews and for quality control of any/all products authored by our EPC.

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

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**Jennifer S. Lin**

Print Name

**linjes**

Signature



Digitally signed by linjes  
Date: 2021.12.20 14:28:45 -08'00'

**12/20/2021**

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
The Maroto Law Group, PC	Employment <b>Current Employment</b>	Self	-
Title: Managing Partner Start Date: 12/01/1994		Position Description: Attorney Additional Information:	
End Date:			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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**Topic Areas:** depression, osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

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**Michael Maroto**

Print Name

**Michael Maroto**

Digitally signed by Michael Maroto  
Date: 2021.08.23 13:46:56 -04'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Rheumatology	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date: Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:	
American Gastroenterological Association	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date: Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:	
American Society of Hematology	Grant / Contract	Self	-
Recipient Name: Reem Mustafa Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: Additional Information:	
Boehringer Ingelheim	Grant / Contract	Other - This is funding that is received by the University and I do not receive any of it and it does not support my salary	-
Recipient Name: The Kidney Institute at KUMC Grant / Contract Description: KUMC is one of the sites for an international RCTs Grant / Contract Amount: Contract Start Date: 01/01/2019		Contract End Date: Ongoing / No Known End Date Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: Additional Information:	
ICER	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date: Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:	
Infectious Diseases Society of America	Grant / Contract	Self	-
Recipient Name: Reem Mustafa Grant / Contract Description: Methodological support for the COVID-19 guidelines Grant / Contract Amount: Contract Start Date:		Contract End Date: Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 01/11/2021 Additional Information:	
Pan American Health Organization	Grant / Contract	Self	-
Recipient Name: Reem Mustafa Grant / Contract Description: Grant / Contract Amount: Contract Start Date: 06/01/2020		Contract End Date: 03/31/2021 Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 04/16/2021 Additional Information:	
University of Kansas Medical Center	Employment Current Employment	Self	-
Title: Associate Professor of Internal Medicine Start Date: 02/28/2017		End Date: Ongoing / No Known End Date Position Description: Additional Information:	
World Health Organization	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 07/28/2020 Additional Information:	

## Certification

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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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**Topic Areas:** depression, osteoporosis

Within the last 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

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☒ I have no interests to report.

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Clinical Guidelines Committee  
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**Reem Mustafa**

Print Name

**Reem Mustafa**

Digitally signed by Reem Mustafa  
Date: 2022.01.18 10:54:06 -06'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Rheumatology	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date:	Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:
American Gastroenterological Association	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date:	Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:
American Society of Hematology	Grant / Contract	Self	-
Recipient Name: Reem Mustafa Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: Additional Information:
Boehringer Ingelheim	Grant / Contract	Other - This is funding that is received by the University and I do not receive any of it and it does not support my salary	-
Recipient Name: The Kidney Institute at KUMC Grant / Contract Description: KUMC is one of the sites for an international RCTs Grant / Contract Amount: Contract Start Date: 01/01/2019		Contract End Date: Ongoing / No Known End Date	Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: Additional Information:
ICER	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date:	Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:
Infectious Diseases Society of America	Grant / Contract	Self	-
Recipient Name: Reem Mustafa Grant / Contract Description: Methodological support for the COVID-19 guidelines Grant / Contract Amount: Contract Start Date:		Contract End Date:	Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 01/11/2021 Additional Information:
Pan American Health Organization	Grant / Contract	Self	-
Recipient Name: Reem Mustafa Grant / Contract Description: Grant / Contract Amount: Contract Start Date: 06/01/2020		Contract End Date: 03/31/2021	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 04/16/2021 Additional Information:
University of Kansas Medical Center	Employment Current Employment	Self	-
Title: Associate Professor of Internal Medicine Start Date: 02/28/2017		End Date: Ongoing / No Known End Date	Position Description: Additional Information:
World Health Organization	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:		Contract End Date:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 07/28/2020 Additional Information:

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**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions**

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**Topic Areas:** depression, osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

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☐ I have interests to report (please list in space below).

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Clinical Guidelines Committee  
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**Reem Mustafa**

Print Name

**Reem Mustafa**

Digitally signed by Reem Mustafa  
Date: 2021.08.16 14:45:31 -05'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Adventist Health Portland	Other	Self	\$2,500.00
Category: Other Compensation Type: Cash		Start Date: 09/26/2018 Annual Compensation:End Date: 09/26/2018	
		Year	AmountType
		2018	\$2,500.00Actual
Additional Information: Speaking honorarium			
Center for Evidence-based Policy	EmploymentCurrent Employment	Self	-
Title: Clinical Epidemiologist		Position Description: CEbP supported 0.5 FTE until August 2020 CEbP supports 0.05 FTE since August 2020	
Start Date: 08/01/2014End Date:		Additional Information:	
Medical Society of Metropolitan Portland	Fiduciary Officer	Self	-
Official Title: Trustee Compensation Type: Unpaid Annual Compensation: Additional Information:		Position Description: Trustee Start Date: 08/01/2015End Date: 01/01/2021	
Milbank Memorial Fund	Travel	Self	\$10,000.00
Location(s): Various meetings and state workshops (as faculty) Estimated Value: \$10,000.00 Purpose: Faculty for Evidence-informed Health Policy Workshops		Travel Start Date: 01/01/2015 Valuation Date: 12/26/2019 Travel End Date: 06/01/2019 Additional Information:	
National Conference of State Legislatures	Travel	Self	\$2,000.00
Location(s): Nashville, TN; New York, NY Estimated Value: \$2,000.00 Purpose: Faculty for Evidence-informed Health Policy Workshop May 2018 and March 2020		Travel Start Date: 05/05/2018 Valuation Date: 04/02/2021 Travel End Date: 03/01/2020 Additional Information:	
Oregon Medical Association	Fiduciary Officer	Self	-
Official Title: Trustee at-large Compensation Type: Unpaid Annual Compensation: Additional Information:		Position Description: Trustee Start Date: 01/01/2021End Date:	
Portland VA Medical Center	EmploymentCurrent Employment	Self	-
Title: Associate Chief of Staff for Community Care and Staff Physician		Position Description: ACOS for Community Care, Chief of Staff Office Staff Physician, Division of General Medicine, Department of Hospital and Specialty Medicine	
Start Date: 07/01/2013End Date:		Additional Information:	
School of Medicine, Oregon Health and Science University	Employment	Self	-
Title: Associate Professor of Medicine Start Date: 07/01/2013End Date:		Position Description: Faculty appointment, not compensated Additional Information:	

Certification

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**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions**

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**Topic Areas:** depression, osteoporosis

Within the last 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

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**Adam J Obley, MD**

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Print Name

**Adam J. Obley 564252** Digitally signed by Adam J. Obley 564252  
Date: 2022.01.10 15:08:39 -08'00'

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Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Centers for Disease Control and Prevention	Grant / Contract	Self	\$960,000.00
<div>Recipient Name: Stanford University Grant / Contract Description: The goals are to conduct health and economic modeling to inform decision-making on HIV, HCV, STDs Grant / Contract Valuation Date: 04/26/2021 Additional Information:</div> <div>Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$960,000.00 Contract Start Date: 09/30/2019 Contract End Date:</div>			
NIH	Grant / Contract	Self	\$4,000,000.00
<div>Recipient Name: Stanford University Grant / Contract Description: Grant to study opioid use, HIV, HCV. Grant / Contract Amount: \$4,000,000.00 Contract Start Date: 11/01/2019 Contract End Date:</div> <div>Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 04/26/2021 Additional Information:</div>			
NIH	Grant / Contract	Self	\$1,000,000.00
<div>Recipient Name: Stanford University Grant / Contract Description: Grant to study implicit bias in diagnostic decision making Grant / Contract Amount: \$1,000,000.00 Contract Start Date: 01/01/2020 Contract End Date:</div> <div>Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 04/26/2021 Additional Information: Co-investigator on NIH grant, i don't know full amount, I get salary support</div>			
School of Medicine, Stanford University	Employment <span>Current Employment</span>	Self	-
<div>Title: Professor Start Date: 07/01/1991 End Date:</div> <div>Position Description: Professor Additional Information:</div>			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$321,000.00
<div>Recipient Name: VA Palo Alto Health Care System Grant / Contract Description: Grant to study the cost effectiveness of treatment for opioid use disorder Grant / Contract Valuation Date: 04/26/2021 Additional Information:</div> <div>Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$321,000.00 Contract Start Date: 04/01/2018 Contract End Date: 12/31/2021</div>			

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - USPSTF	-	Self	-
<div>Description: USPSTF Yearly Income:</div> <div>Income Source: NONE Additional Information: Guideline development</div>			

Certification

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**American College of Physicians  
Clinical Guidelines Committee  
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**Disclosures of Interests: Supplemental Questions**

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**Topic Areas:** depression, osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☒ I have publications to report (please list in space below).

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If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

US Preventive Services Task Force, Curry SJ, Krist AH, Owens DK, Barry MJ, Caughey AB, Davidson KW, Doubeni CA, Epling JW Jr., Grossman DC, Kemper AR, Kubik M, Landefeld CS, Mangione CM, Silverstein M, Simon MA, Tseng CW, Wong JB. Interventions to prevent perinatal depression: US Preventive Services Task Force Recommendation Statement. JAMA. 2019 Feb 12;321(6):580-587. doi: 10.1001/jama.2019.0007. PMID: 30747971.

US Preventive Services Task Force, Curry SJ, Krist AH, Owens DK, Barry MJ, Caughey AB, Davidson KW, Doubeni CA, Epling JW Jr., Kemper AR, Kubik M, Landefeld CS, Mangione CM, Phipps MG, Pignone M, Silverstein M, Simon MA, Tseng CW, Wong JB. Screening for osteoporosis to prevent fractures: US Preventive Services Task Force Recommendation Statement. JAMA. 2018 Jun 26;319(24):2521-2531. doi: 10.1001/jama.2018.7498. PMID: 29946735.

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**Douglas K Owens**

---

Print Name

Douglas Kent Owens  
2021.09.02 09:30:17 -07'00'

Signature

**9-2-21**

---

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value						
Division of Cancer Epidemiology and Genetics, National Cancer Institute	Grant / Contract	Self	\$4,000,000.00						
Recipient Name: UCSF Grant / Contract Description: P01: The future of breast cancer screening in community practice: Advanced technologies performance, Grant / Contract Valuation Date: 05/22/2019 Additional Information: Co-investigator	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$4,000,000.00 Contract Start Date: 09/27/2011Contract End Date: 05/31/2022								
institute for clinical and economic review	Grant / Contract	Self	\$495,000.00						
Recipient Name: UCSF Grant / Contract Description: Produce comparative effectiveness reviews in support of ICER Grant / Contract Amount: \$495,000.00 Contract Start Date: 01/01/2018Contract End Date:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 05/22/2019 Additional Information:								
Irving Street Pet Hospital	Other	Dependent Child	-						
Category: Other Compensation Type: Cash Additional Information:	Start Date: 08/01/2018 Annual Compensation:		End Date: 06/14/2020						
National MS Society	Other	Self	-						
Category: Other Compensation Type: Unpaid Additional Information:	Start Date: 01/01/2012 Annual Compensation:		End Date:						
Patient-Centered Outcomes Research Institute	Grant / Contract	Self	\$10,000,000.00						
Recipient Name: UCSF Grant / Contract Description: Enabling a Paradigm Shift: A Preference-Tolerant RCT of Personalized vs. Annual Screening for Breast Grant / Contract Valuation Date: 05/22/2019 Additional Information: Co-investigator	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$10,000,000.00 Contract Start Date: 09/15/2015Contract End Date:								
Society of General Internal Medicine	Other	Self	-						
Category: Other Compensation Type: Unpaid Additional Information:	Start Date: 01/01/2017 Annual Compensation:		End Date:						
University of California San Francisco	Employment <span>Current Employment</span>	Self	-						
Title: Professor of Medicine Start Date: 07/01/1999End Date:	Position Description: Faculty Additional Information: Primary job								
University of California San Francisco	Other	Self	\$1,000.00						
Category: Other Compensation Type: Cash	Start Date: 07/01/1999 Annual Compensation:								
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$1,000.00</td><td>Estimated</td></tr></table>				Year	Amount	Type	2019	\$1,000.00	Estimated
Year	Amount	Type							
2019	\$1,000.00	Estimated							
Additional Information:									

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Clinical Guidelines Committee  
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**Please enter your name: (You will need to sign on the second page)**

**Name:**

**Disclosures of Interests: Supplemental Questions**

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**Topic Areas: depression, osteoporosis**

Within the past 3 years, have you or any household members published on any of the areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the areas above?

☒ I have interests to report (please list in space below).

☐ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

I periodically give CME talks on screening and treatment of osteoporosis.

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Jeffrey A. Tice, MD

---

Print Name



---

Signature

January 2, 2022

---

Date



Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Academy Health	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information: Developing Guidance with Learning Health System Stakeholders for Evaluation of COVID19 projects for national Foundations future funding of projects		Start Date: 03/30/2020 End Date: Compensation:	
AcademyHealth	Travel	Self	\$5,000.00
Location(s): Seattle to DC Estimated Value: \$5,000.00 Purpose: Meetings & Conferences		Travel Start Date: 02/06/2018 Travel End Date: 02/24/2020 Valuation Date: 01/23/2020 Additional Information: Attended Health Data Palooza, Annual Research Meeting and Project Paradigm co sponsored and 2xs listed as RWJ conferences and Meetings	
Acumen LLC	Travel	Self	\$380.00
Location(s): Seattle to DC Estimated Value: \$380.00 Purpose: PCMP CMS Measures		Travel Start Date: 02/05/2020 Travel End Date: 02/08/2020 Valuation Date: 01/23/2020 Additional Information: Physician Cost Measure Patient Relationship Code TEP Patient Panel member	
AHRQ	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information: https://digital.ahrq.gov/acts ACTS AHRQ evidence based care transforming supports stakeholder		Start Date: 04/05/2020 End Date: Ongoing / No Known End Date Compensation: No	
Boston Medical Center	Other	Self	\$500.00
Category: Other Compensation Type: Cash		Start Date: 09/18/2018 End Date: 12/19/2019 Compensation: Yes	
		Year	Amount
		2018	\$500.00
Additional Information: \$500 stipend Open Notes BIDMC presenting PFCC conference and \$750 total for Patient Advisory Position stipends		Type Estimated	
Camden Coalition	Other	Self	\$6,300.00
Category: Other Compensation Type: Cash		Start Date: 01/01/2018 End Date: Ongoing / No Known End Date Compensation: Yes	
		Year	Amount
		2021	\$4,000.00
		2020	\$1,800.00
		2019	\$500.00
Additional Information: Consumer Scholar work / Amplify Speakers Bureau/ Measurement Presentation/ Core Competencies/ and Travel for Putting Care at the Center conference		Type Estimated Estimated Actual	
Camden Coalition	Consultant	Self	-
Category: Consultant Compensation Type: Cash Additional Information: Presenryed with CHCS on a 8 31 2021 national webinar on Complex Care and Social Needs PROM Measurement		Start Date: 08/10/2021 End Date: 08/31/2021 Compensation: No	
Cochrane Consumers	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information: Reviewing guidance materials for consumer involvement in reviews for crisis management		Start Date: 04/11/2020 End Date: Compensation:	

COKA BioMedical Knowledge	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:	Start Date: 03/01/2021 Compensation: No	End Date:	
Hassanah Consulting	Consultant	Self	\$17,000.00
Category: Consultant Compensation Type: Cash	Start Date: 01/01/2018 Compensation: Yes	End Date: Ongoing / No Known End Date	
	Year	Amount	Type
	2019	\$9,000.00	Actual
	2018	\$8,000.00	Estimated
Additional Information: This is total income, and includes compensation such as stipends listed on CVM, Muslim Resource Guides, Islamic Civic Engagement, general consulting 1099s https://janicetufte.com/cvm-patient-partner			
Healthcare for the Homeless Seattle King County	Consultant	Self	-
Category: Consultant Compensation Type: Cash, Other Compensation:	Start Date: 01/01/2021 Other Compensation: 1000. Additional Information: Honorariums work with HCHN	End Date: 06/01/2021	
Healthcare for the Homeless Seattle King County	Other	Self	\$4,700.00
Category: Other Compensation Type: Cash	Start Date: 01/01/2018 Compensation: Yes	End Date:	
	Year	Amount	Type
	2020	\$2,500.00	Estimated
	2019	\$2,200.00	Estimated
Additional Information: Consumer Representative advisor			
Humana Foundation	Travel	Self	\$500.00
Location(s): Seattle to DC Estimated Value: \$500.00 Purpose: Food Insecurity Brochure development	Travel Start Date: 08/01/2019 Valuation Date: 01/23/2020 Additional Information: Patient Partner informing on food insecurity for a brochure to accompany measures	Travel End Date: 08/03/2019	
IDSA	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:	Start Date: 02/01/2021 Compensation:	End Date: Ongoing / No Known End Date	
IHI	Travel	Self	\$1,050.00
Location(s): Seattle-Florida Estimated Value: \$1,050.00 Purpose: IHI Forum Scholarship as a Patient Advisor	Travel Start Date: 12/05/2019 Valuation Date: 01/23/2020 Additional Information: IHI Forum Scholarship as a Patient Advisor	Travel End Date: 12/09/2019	
Infectious Disease Society of America	Consultant	Self	\$0.00
Category: Consultant Compensation Type: Unpaid	Start Date: 09/24/2021 Compensation: Yes	End Date:	
	Year	Amount	Type
	2020	\$0.00	Actual
Additional Information: The Guideline TEP had not been initiated when expected to			
ITHS University of Washington	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information: COVID 19 Research Prioritization Public Reviewer https://www.iths.org/iths-covid-19-research-resources/covid-19-research-portal/	Start Date: 03/20/2020 Compensation:	End Date: Ongoing / No Known End Date	
Ludwig Boltzmann Institut für Experimentelle und Klinische Traumatologie	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information:	Start Date: 06/01/2020 Compensation:	End Date: Ongoing / No Known End Date	
Mathematica	Other	Self	\$200.00
Category: Other Compensation Type: Cash	Start Date: 01/01/2016 Compensation: Yes	End Date: 12/31/2018	
	Year	Amount	Type

	2018	\$200.00	Actual									
Additional Information:												
McMaster University	Other	Self	-									
Category: Other Compensation Type: Cash Additional Information: Honorarium	Start Date: 02/01/2021 Compensation: No	End Date: 12/31/2021										
McMaster University	Consultant	Self	-									
Category: Consultant Compensation Type: Unpaid Additional Information: Public stakeholder on COVID-END Horizon Scan panel looking at Emerging Issues and Long Covid 19 https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/horizon-scans-for-emerging-issues	Start Date: 10/15/2020 Compensation:	End Date:										
Minnesota Evidence Practice Center	Other	Self	-									
Category: Other Compensation Type: Unpaid Additional Information: CLPC TEP MN-EPC Public perspective Prostrate Cancer Systematic Review/ Protocol	Start Date: 01/01/2019 Compensation:	End Date: Ongoing / No Known End Date										
National Institute on Aging	Other	Self	\$750.00									
Category: Other Compensation Type: Cash	Start Date: 06/01/2019 Compensation: Yes	End Date:										
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$500.00</td><td>Actual</td></tr><tr><td>2019</td><td>\$250.00</td><td>Actual</td></tr></table>				Year	Amount	Type	2020	\$500.00	Actual	2019	\$250.00	Actual
Year	Amount	Type										
2020	\$500.00	Actual										
2019	\$250.00	Actual										
Additional Information: Aging Initiative Advisor												
National Quality Forum	Other	Self	-									
Category: Other Compensation Type: Other Compensation:	Start Date: 08/30/2020 Other Compensation: Stipend Additional Information:	End Date: Ongoing / No Known End Date										
National Quality Forum	Consultant Current Employment	Self	-									
Category: Consultant Compensation Type: Unpaid Additional Information: NQF Risk Adjustment Guidance Committee https://www.qualityforum.org/Risk_Adjustment_Guidance.aspx	Start Date: 11/10/2020 Compensation:	End Date:										
National Quality Forum	Consultant	Self	-									
Category: Consultant Compensation Type: Cash Additional Information: 2,000 for serving on MAP CC and Risk Adjustment	Start Date: 01/01/2021 Compensation:	End Date: 12/31/2021										
National Quality Forum	Consultant Current Employment	Self	-									
Category: Consultant Compensation Type: Unpaid Additional Information: Serving on NQF MAP CC Measurement http://www.qualityforum.org/Project_Pages/MAP_Coordinating_Committee.aspx	Start Date: 09/15/2020 Compensation:	End Date:										
National Quality Forum	Travel	Self	\$1,000.00									
Location(s): Seattle to DC to Seattle Estimated Value: \$1,000.00 Purpose: LTSS work group and Core Set MAP	Travel Start Date: 01/01/2017 Valuation Date: 01/29/2020 Additional Information: See CVM	Travel End Date: 12/31/2018										
Patient CenteredResearch Institute	Travel	Self	\$3,000.00									
Location(s): Seattle to DC Estimated Value: \$3,000.00 Purpose: Conference Attendance	Travel Start Date: 01/01/2017 Valuation Date: 01/23/2020 Additional Information: PCORI paid for multiple conference scholarships and prioritization projects	Travel End Date: 09/20/2019										
Robert Wood Johnson Foundation	Consultant	Self	\$1,000.00									
Category: Consultant Compensation Type: Cash	Start Date: 02/01/2021 Compensation: Yes	End Date: 09/30/2021										
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2021</td><td>\$1,000.00</td><td>Actual</td></tr></table>				Year	Amount	Type	2021	\$1,000.00	Actual			
Year	Amount	Type										
2021	\$1,000.00	Actual										
Additional Information: Convening project with Dana Lewis and John Harlow												

Robert Wood Johnson Foundation	Travel	Self	\$1,000.00												
Location(s): Seattle to DC Estimated Value: \$1,000.00 Purpose: Paradigm Project HSR	Travel Start Date: 06/14/2019 Valuation Date: 01/23/2020 Travel End Date: 06/28/2021 Additional Information: Travel only, no stipends, Health Services Research project ( also listed under Academy Health)														
Society for Participatory Medicine	Travel	Self	\$650.00												
Location(s): Seattle to Boston Estimated Value: \$650.00 Purpose: Panel Organizer and presenter SDoH	Travel Start Date: 09/07/2019 Valuation Date: 01/23/2020 Travel End Date: 09/10/2019 Additional Information: Travel to Boston as a SPM Planning Committee member and panel presenter														
University of Washington Instituite for Translational Health Sciences	Consultant	Self	-												
Category: Consultant Compensation Type: Unpaid Additional Information: A professional review committee for COVID19 studies for possible work done at University of Washington	Start Date: 03/22/2020 End Date: Compensation:														
University of Washington SORCE	Other	Self	\$2,475.00												
Category: Other Compensation Type: Cash	Start Date: 01/01/2017 End Date: Ongoing / No Known End Date Compensation: Yes														
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$900.00</td><td>Estimated</td></tr><tr><td>2019</td><td>\$1,225.00</td><td>Actual</td></tr><tr><td>2018</td><td>\$350.00</td><td>Actual</td></tr></table>				Year	Amount	Type	2020	\$900.00	Estimated	2019	\$1,225.00	Actual	2018	\$350.00	Actual
Year	Amount	Type													
2020	\$900.00	Estimated													
2019	\$1,225.00	Actual													
2018	\$350.00	Actual													
Additional Information: Patient Advisor on the COSMID project started 2019 on going and Patient Advisor on CERTAIN Patient Advisory Group https://www.becertain.org/projects/diverticulitis-care/cosmid-study (2018 and 2019 has general advising \$\$ included)															
University of Washington SORCE	Consultant	Self	-												
Category: Consultant Compensation Type: Cash Additional Information: COSMID Study Patient Advisory Co Chair Executive and Cliuiual Committee	Start Date: 01/01/2021 End Date: 12/31/2021 Compensation:														

## Intellectual Property

Type	Is Licensed	Interest Held By	Value
<b>Other Intellectual Property - Restoring the Story and Creating a Valuable Clin ...</b>	-	Self	-
<b>Description:</b> Restoring the Story and Creating a Valuable Clinical Note <b>Yearly Income:</b>			
<b>Income Source:</b> 0 <b>Additional Information:</b> <a href="https://www.acpjournals.org/doi/10.7326/M20-0934">https://www.acpjournals.org/doi/10.7326/M20-0934</a>			
<b>Other Intellectual Property - Paradigm Project RWJ Academy Health</b>	-	Self	-
<b>Description:</b> Paradigm Project RWJ Academy Health <b>Yearly Income:</b>			
<b>Income Source:</b> Academy Health for travel <b>Additional Information:</b> <a href="https://www.academyhealth.org/ParadigmProject">https://www.academyhealth.org/ParadigmProject</a> I am serving on Design Team 3 B			
<b>Other Intellectual Property - Low Value Research Work Group AA/Latinx Donaghue ...</b>	-	Self	-
<b>Description:</b> Low Value Research Work Group AA/Latinx Donaghue Foundation <b>Yearly Income:</b>			
<b>Income Source:</b> Travel for meeting <b>Additional Information:</b> <a href="https://www.academyhealth.org/blog/2019-12/focus-patients-key-reducing-low-value-care">https://www.academyhealth.org/blog/2019-12/focus-patients-key-reducing-low-value-care</a> Continuation of this work			
<b>Other Intellectual Property - IHI Institute for Health Improvement Developed ...</b>	-	Self	-
<b>Description:</b> IHI Institute for Health Improvement Developed out webinars for Goals Driven Care / Patient Safety <b>Yearly Income:</b>			
<b>Income Source:</b> 1000 <b>Additional Information:</b> Honorarium though MEF Doha, Qatar conference was cancelled			
<b>Other Intellectual Property - Building out Core Competencies for Complex Care ...</b>	-	Self	-
<b>Description:</b> Building out Core Competencies for Complex Care meetings and build out of documents <b>Yearly Income:</b>			
<b>Income Source:</b> Camden Coalition Travel <b>Additional Information:</b> <a href="https://www.nationalcomplex.care/our-work/blueprint-for-complex-care/core-competencies-working-group/">https://www.nationalcomplex.care/our-work/blueprint-for-complex-care/core-competencies-working-group/</a> A member			
<b>Other Intellectual Property - Peer Reviewer of Cochrane Protocol Musculoskelet ...</b>	-	Self	-
<b>Description:</b> Peer Reviewer of Cochrane Protocol Musculoskeletal Group for Systematic Review <b>Yearly Income:</b>			
<b>Income Source:</b> none <b>Additional Information:</b>			
<b>Other Intellectual Property - Development of Communication Resource Guide for ...</b>	-	Self	-
<b>Description:</b> Development of Communication Resource Guide for Low income Individuals, Internet and Phone services <b>Yearly Income:</b>			
<b>Income Source:</b> none			

**Additional Information:** Development of communication resources available for low income individuals compiled for COVID19 telehealth and more for WA State Health Care Authority and other organizations

<b>Other Intellectual Property - I was a Reviewer for Pharmacological therapies f ...</b>	-	Self	-
<b>Description:</b> I was a Reviewer for Pharmacological therapies for the prevention of fractures in men <b>Yearly Income:</b> No	<b>Income Source:</b> 0 <b>Additional Information:</b> Protocol Review <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014707/information#authors">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014707/information#authors</a>		
<b>Other Intellectual Property - Food Insecurity Brochure to accompany NQF measur</b>	-	Self	-
<b>Description:</b> Food Insecurity Brochure to accompany NQF measures <b>Yearly Income:</b>	<b>Income Source:</b> NQF/ Human travel only <b>Additional Information:</b> <a href="https://store.qualityforum.org/products/food-insecurity-and-health-overcoming-food-insecurity-through-healthcare-based-interventions">https://store.qualityforum.org/products/food-insecurity-and-health-overcoming-food-insecurity-through-healthcare-based-interventions</a> document I am included in as a co author		
<b>Other Intellectual Property - Mitre HealthLab</b>	-	Self	-
<b>Description:</b> Mitre HealthLab <b>Yearly Income:</b>	<b>Income Source:</b> <b>Additional Information:</b> Webinar provided to Mitre HealthLab on COVID19 Response and Vulnerable Populations King County WA <a href="https://janicetufte.com/covid19-vulnerable">https://janicetufte.com/covid19-vulnerable</a>		
<b>Other Intellectual Property - MuSE Systematic Review Protocol and Reviews</b>	-	Self	-
<b>Description:</b> MuSE Systematic Review Protocol and Reviews <b>Yearly Income:</b>	<b>Income Source:</b> 0 <b>Additional Information:</b> Under Development		
<b>Other Intellectual Property - <a href="https://nam.edu/patient-and-family-engaged-care-...">https://nam.edu/patient-and-family-engaged-care- ...</a></b>	-	Self	-
<b>Description:</b> <a href="https://nam.edu/patient-and-family-engaged-care-an-essential-element-of-health-equity/">https://nam.edu/patient-and-family-engaged-care-an-essential-element-of-health-equity/</a> paper <b>Yearly Income:</b>	<b>Income Source:</b> 0 <b>Additional Information:</b> <a href="https://nam.edu/patient-and-family-engaged-care-an-essential-element-of-health-equity/">https://nam.edu/patient-and-family-engaged-care-an-essential-element-of-health-equity/</a>		
<b>Other Intellectual Property - MuSE Systematic Review Paper</b>	-	Self	-
<b>Description:</b> MuSE Systematic Review Paper <b>Yearly Income:</b>	<b>Income Source:</b> <b>Additional Information:</b> <a href="https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-020-1272-5">https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-020-1272-5</a>		

## Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** depression, osteoporosis

Within the last 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

They are both no though for some reason I was not able to check the second box. I have updated information in CONVEY also.

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

*By signing this form,*

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Print Name

JANE E TUFTS

Signature

Jane E Tufts

Date

12/27/2021

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Health Care Policy and Research	Grant / Contract	Self	\$4,500.00
Recipient Name: Gillian Sanders Grant / Contract Description: Evidence Based Practice Center, Associate Editor Grant / Contract Amount: \$4,500.00 Contract Start Date: 10/01/2014Contract End Date: 06/30/2020		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information:	
ArcherDx	Other	Spouse/Partner	-
Category: Other Compensation Type: Cash Additional Information:		Start Date: 07/01/2018End Date: 12/31/2018 Annual Compensation:	
Associate for Molecular Pathology	Other	Spouse/Partner	-
Category: Other Compensation Type: Cash Additional Information:		Start Date: 09/01/1995End Date: Annual Compensation:	
Debbie's Dream Foundation	Other	Spouse/Partner	\$500.00
Category: Other Compensation Type: Cash		Start Date: 05/13/2018End Date: 05/13/2018 Annual Compensation:	
		Year	AmountType
		2018	\$500.00Estimated
Additional Information: Honorarium for a scientific presentation			
Duke University	EmploymentCurrent Employment	Self	-
Title: Professor of Medicine and Psychiatry Start Date: 07/01/2001End Date:		Position Description: Faculty Additional Information:	
DurhamVeterans Affairs Medical Center	EmploymentCurrent Employment	Self	-
Title: Staff Physician Start Date: 07/01/2001End Date:		Position Description: Physician and HSR&D Researcher Additional Information:	
General Electric	Stock	Self	\$0.00
Percentage Ownership: 0 Valuation Date: Additional Information:		Estimated Value: \$0.00 Divestment Date: 12/26/2018	
Healthwise	Other	Self	-
Category: Other Compensation Type: Cash Additional Information:		Start Date: 05/25/2017End Date: 06/01/2019 Annual Compensation:	
HSR&D, U.S.Department of Veterans Affairs	Grant / Contract	Self	\$825,000.00
Recipient Name: John W. Williams Jr Grant / Contract Description: Evidence Synthesis Program Grant / Contract Amount: \$825,000.00 Contract Start Date: 10/01/2017Contract End Date: 09/30/2020		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information:	
HSR&D, U.S.Department of Veterans Affairs	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:		Start Date: 07/08/1995End Date: 05/01/2018 Annual Compensation:	
JWW Scientific Consulting,LLC	Other Business Ownership	Self	\$33,375.00
Form of Business Description: Provide Medical/Scientific editing and research methods education Percentage Ownership: 99		Ownership Category: Sole Proprietor Partnership Category: LLC	



Investment Amount Valuation Date:

Annual Compensation:

Year	Amount	Type
2020	\$1,250.00	Actual
2019	\$13,625.00	Actual
2018	\$18,500.00	Actual

Additional Information: Business dissolved 12/2020

National Institutes of Health

Grant / Contract

Self

\$45,000.00

Recipient Name: Duke University

Grant / Contract Description: Clinical Translational Science Award

Grant / Contract Amount: \$45,000.00

Contract Start Date: 10/01/2013

Contract End Date: 09/30/2018

Recipient Type: Institution

Grant / Contract Purpose: Research

Grant / Contract Valuation Date: 03/15/2019

Additional Information: JWW Salary support only

Oak Ridge Associated Universities

Employment

Current Employment

Self

-

Title: Consultant

Start Date: 03/12/2015

End Date:

Position Description: Consultant to CMML for CPC+ Program: Behavioral health integration

Additional Information:

Patient Centered Outcomes Research Institute

Grant / Contract

Self

\$46,899.00

Recipient Name: John W Williams Jr

Grant / Contract Description: Subcontract from Oregon Health Sciences Center; Associate Editor for PCORI

Grant / Contract Valuation Date: 12/26/2019

Additional Information: Total Costs - 2020

Recipient Type: Individual

Grant / Contract Purpose: Research

Grant / Contract Amount: \$46,899.00

Contract Start Date: 06/08/2015

Contract End Date: 12/31/2020

Promega

Other

Spouse/Partner

-

Category: Other

Compensation Type: Cash

Additional Information:

Start Date: 06/01/2018

End Date: 12/31/2018

Annual Compensation:

Siemens

Stock

Self

\$0.00

Percentage Ownership: 0

Valuation Date:

Additional Information:

Estimated Value: \$0.00

Divestment Date: 03/15/2019

SQZ Biotech

Consultant

Spouse/Partner

\$13,000.00

Category: Consultant

Compensation Type: Cash

Start Date: 11/20/2019

End Date: 04/30/2020

Annual Compensation:

Year	Amount	Type
2020	\$13,000.00	Actual

Additional Information:

Tiantan Hospital

Other

Self

\$2,500.00

Category: Other

Compensation Type: Cash

Start Date: 12/12/2019

End Date: 12/12/2019

Annual Compensation:

Year	Amount	Type
2019	\$2,500.00	Actual

Additional Information: Honoraria for teaching a research methods workshop

University of Washington

Data And Safety Monitoring

Self

\$500.00

Category: Data And Safety Monitoring

Compensation Type: Cash

Start Date: 06/22/2016

End Date: 12/01/2020

Annual Compensation:

Year	Amount	Type
2019	\$500.00	Actual

Additional Information:

Viracta Therapeutics, Inc

Consultant

Spouse/Partner

\$3,000.00

Category: Consultant

Compensation Type: Cash

Start Date: 11/10/2020

End Date:

Annual Compensation:

Year	Amount	Type
2021	\$3,000.00	Estimated

Additional Information:

Type	Is Licensed	Interest Held By	Value								
Other Intellectual Property - Chapter in UpToDate (Depression Screening)	-	Self	\$935.00								
<div> <div> <i>Description:</i> Chapter in UpToDate (Depression Screening)  <i>Yearly Income:</i> <table> <tr> <th>Amount</th><th>Type</th><th>Year</th><th>Payment Receipt</th></tr> <tr> <td>\$935.00</td><td>Actual</td><td>2018</td><td>Direct Payment</td></tr> </table> </div> <div> <i>Income Source:</i> Wolters Kluwer  <i>Additional Information:</i> </div> </div>				Amount	Type	Year	Payment Receipt	\$935.00	Actual	2018	Direct Payment
Amount	Type	Year	Payment Receipt								
\$935.00	Actual	2018	Direct Payment								

Certification

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**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions**

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**Topic Areas:** depression, osteoporosis

Within the last 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

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☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

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☐ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

Williams JW Jr, Nieuwsma JA. Screening for Depression, In Fletcher RH (Section Editor), Sokok HN (Senior Deputy Editor) UpToDate, 2013, UpToDate Inc. [Continually updated]

Fish LJ, Chapman JG, Feffreys AS, Bastian LA, Bosworth HB, Williams JW Jr, Calhoun PS, Olsen MK, Falkovic MB, Howard TA, Juntilla KA, Berkowitz TSZ, Gierish JM. What Factors Influence Engagement in a Telephone-delivered Smoking Cessation Intervention Among Smokers with Depression? Society for Behavioral Medicine. Washington, DC; March 2019.

Gierisch JM, Fish LJ, Calhoun PS, Williams JW Jr., Bosworth HB, Olsen, MK, Jeffreys AS, Berkowitz TSZ, Chapman JG, Bastian LA. Impact of Adjunctive Mood Management on Telephone-Based Smoking Cessation Among Veterans with Depression: Results of a Comparative Effectiveness Trial. VA HSR&D National Research Meeting, October

John W Williams Jr

**American College of Physicians  
Clinical Guidelines Committee  
Disclosure of Interests: Supplemental Questions and Attestation**

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**John W Williams Jr**

Print Name

**John W Williams Jr, M.D.**

Digitally signed by John W Williams Jr,  
M.D.  
Date: 2021.12.27 06:18:16 -05'00'

Signature

Date

### **John W. Williams, Jr. Relevant Publications**

Williams JW Jr, Nieuwsma JA. Screening for Depression, In Fletcher RH (Section Editor), Sokok HN (Senior Deputy Editor) UpToDate, 2013, UpToDate Inc. [Continually updated]

Fish LJ, Chapman JG, Feffreys AS, Bastian LA, Bosworth HB, Williams JW Jr, Calhoun PS, Olsen MK, Falkovic MB, Howard TA, Juntilla KA, Berkowitz TSZ, Gierish JM. What Factors Influence Engagement in a Telephone-delivered Smoking Cessation Intervention Among Smokers with Depression? Society for Behavioral Medicine. Washington, DC; March 2019.

Gierisch JM, Fish LJ, Calhoun PS, Williams JW Jr., Bosworth HB, Olsen, MK, Jeffreys AS, Berkowitz TSZ, Chapman JG, Bastian LA. Impact of Adjunctive Mood Management on Telephone-Based Smoking Cessation Among Veterans with Depression: Results of a Comparative Effectiveness Trial. VA HSR&D National Research Meeting, October 2019; Washington, D.C

Bradley W, Williams JW Jr (Discussant), Boaz J. Behavioral Health Integration Episode 1: Identifying Patients for Behavioral Health Services. Center for Medicare and Medicaid – Comprehensive Primary Care Plus Program. Podcast. November 2020

Williams JW Jr (Discussant), Bradley W, Boaz J. Behavioral Health Integration Episode 2: Care Management for Patients with Mental Health Conditions. Center for Medicare and Medicaid – Comprehensive Primary Care Plus Program. Podcast. December 2020

I receive royalties for the UpToDate chapter “Screening for Depression” listed above. I also receive income from Oak Ridge Associated Universities for providing consultation on Behavioral Health Integration for the Comprehensive Primary Care Initiative (a value based payment program through CMS)

**Disclosure Purpose:** Annual Governance Disclosure 2021-2022, Planning Committee, 2020 Annual Meeting Faculty Disclosures, Faculty List, KsACP Faculty

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Partners in Internal Medicine, PC,PC	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> President <b>Start Date:</b> 11/01/2004 <b>End Date:</b>		<b>Position Description:</b> Physician in independent practice <b>Additional Information:</b> Self and spouse are employees (self-employed)	

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and  
Performance Measurement Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

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**Topic Areas:** n/a; no clinical topics or specific measures under discussion on upcoming agenda

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Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐

Yes (please provide additional details below).

☒

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☐

No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐

Yes (please provide additional details below).

☒

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☐

No

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George M. Abraham, MD, MPH, FACP, FIDSA, FRCP

---

Print Name

George M. Abraham, MD,  
MPH, FACP, FIDSA

Digitally signed by George M. Abraham,  
MD, MPH, FACP, FIDSA  
Date: 2022.01.08 17:31:12 -05'00'

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Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
<div>Official Title: Chair-elect, Board of Regents      Position Description: As above Compensation Type: Cash      Start Date: 04/22/2020      End Date: 04/19/2021 Annual Compensation: Additional Information:</div>			
U.S. Department of Veterans Affairs	Employment      Current Employment	Self	-
<div>Title: Staff Physician      Position Description: Attending physician, supervising residents and medical students Start Date: 08/08/1979      End Date:      Additional Information:</div>			

Certification

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Department of Clinical Policy  
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**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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- |   |  |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No                                  |  |

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No                                  |  |

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Department of Clinical Policy  
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**Thomas G Cooney**

Print Name

Thomas G Cooney MD

Digitally signed by Thomas G Cooney MD  
Date: 2022.01.11 16:25:48 -08'00'

**01/10/2022**

Signature

Date

**Disclosure Purpose:** Annual Staff Disclosure 2021 - 2022      **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<i>Title:</i> Director, Public Relations <i>Start Date:</i> 02/06/2006 <i>End Date:</i>		<i>Position Description:</i> <i>Additional Information:</i>	

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
Title: Chief Operating Officer Start Date: 10/15/1997      End Date:		Position Description: Oversees operations of the organization Additional Information:	
Ewing Cole	Employment	Spouse/Partner	-
Title: Project Manager Start Date: 01/01/1998      End Date:		Position Description: Manages building/renovation of health care facilities Additional Information:	

Certification

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Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

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**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

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☒ I have no interest to report.

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**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

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- |   |  |
|---|--|
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| <input checked="" type="checkbox"/> No                                  |  |

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- |   |  |
|---|--|
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**Wayne H. Bylsma**

Print Name

**Wayne H. Bylsma** Digitally signed by Wayne H. Bylsma  
Date: 2022.01.10 14:13:57 -05'00'

**01.10.2022**

Signature

Date

Disclosure Purpose: CGC/PMC/SMPC, Entry

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Manager, Clinical Policy Start Date: 08/26/2014 End Date:		Position Description: Additional Information:	
The Beasley Firm, LLC	Employment	Spouse/Partner	-
Title: Technology Specialist Start Date: 09/01/2009 End Date:		Position Description: Additional Information:	

Certification

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**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

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**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

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☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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**Kate Carroll**

Print Name

**Kate Carroll**

Signature

 Digitally signed by Kate Carroll  
Date: 2022.01.12 12:11:22 -05'00'

**1/12/2022**

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
Title: Associate-Performance Measurement Start Date: 03/22/2021      End Date:		Position Description: Additional Information:	
Mesirow Financial	Employment	Spouse/Partner	-
Title: Vice President, Quantitative Research Start Date: 03/28/2010      End Date: 09/07/2018		Position Description: Additional Information:	
University of Illinois, Chicago	Employment	Self	-
Title: Associate Director of Clinical Strategy, Analysis, and Practice Start Date: 05/15/2015      End Date: 03/15/2019		Position Description: Assisted in the development and implementation of structured quality improvement program for the ambulatory group. Successfully led the MACRA-MIPS project from inception, avoided CMS penalty and obtained significant incentive for the physician group. Additional Information:	
University of Pennsylvania Health System	Employment	Self	-
Title: Quality Analyst Start Date: 04/01/2019      End Date: 07/12/2019		Position Description: Conducted, studied, and analyzed healthcare data to evaluate providers' performance in quality improvement - Tracked Penn Medicine-Primary Care's internal quality improvement program and provided detailed gap analysis regularly to all 25 PCP clinics Additional Information:	
Vanguard	Employment	Spouse/Partner	-
Title: Investment Risk Manager Start Date: 09/10/2018      End Date:		Position Description: Additional Information:	

Certification

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☐

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☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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**Somosree Dutt**

Print Name

**Somosree Dutt**

Digitally signed by Somosree Dutt  
Date: 2022.01.18 16:40:54 -05'00'

**01/18/2022**

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Consultant <b>Current Employment</b>	Self	-
Category: Consultant Compensation Type: Cash Additional Information:      Start Date: 09/01/2018 Annual Compensation:      End Date:			
Cochrane Response	Consultant	Self	-
Category: Consultant Compensation Type: Cash Additional Information:      Start Date: 07/01/2018 Annual Compensation:      End Date: 02/15/2019			
INSTIT.SALUD PUBLICAY LABORAL NAVARRA	Consultant	Self	-
Category: Consultant Compensation Type: Cash, Unpaid Additional Information:      Start Date: 01/01/2018 Annual Compensation:      End Date: 12/31/2019			
McMaster University MacGRADE Centre	Consultant	Self	-
Category: Consultant Compensation Type: Cash, Unpaid Additional Information:      Start Date: 01/01/2018 Annual Compensation:      End Date: 07/31/2019			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

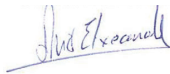
**Acknowledgements and Attestations**

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**Itziar Etxeandia Ikobaltzeta**

Print Name



2022.01.10 15:06:55  
+01'00'

Signature

Date



**Disclosure Purpose:** Annual Staff Disclosure 2020, Annual Staff Disclosure 2021 - 2022, Planners and Faculty

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<i>Title:</i> Vice President, Marketing & PR <i>Start Date:</i> 06/10/1996 <i>End Date:</i>		<i>Position Description:</i> <i>Additional Information:</i>	

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence





**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

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**Allison Ewing**

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Print Name

Allison Ewing

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Signature

**12-17-21**

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Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<div><div>Title: Manager of Media Relations Start Date: 04/27/2020</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description: I manage media relations for the College. Additional Information:</div></div>			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

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American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

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☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).



American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.



American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation

**Acknowledgements and Attestations**

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ANDREW HACHADORIAN  
Print Name

Andrew Hachadorian  
Signature

12-20-21  
Date



Disclosure Purpose: Annual Governance Disclosure 2021-2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
Title: EVP/CEO Start Date: 01/01/2017      End Date:      Position Description: EVP/CEO Additional Information:			
American Medical Association	Other	Self	-
Category: Other Compensation Type: Unpaid      Start Date: 01/01/2017      End Date: Additional Information:      Annual Compensation:			
Council of Medical Subspecialty Societies	Fiduciary Officer	Self	-
Official Title: CMSS Board Member/President Compensation Type: Unpaid      Position Description: CMSS Board member/President Annual Compensation:      Start Date: 10/27/2020      End Date: Additional Information:			
Inspira Health Woodbury	Employment	Spouse/Partner	-
Title: Physician Staff- Inspira Medical Group Start Date: 01/01/2017      End Date:      Position Description: Salaried Pulmonary Critical Care Sleep Physician Additional Information: Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360			
PCPCC	Fiduciary Officer	Self	-
Official Title: PCPCC Board Chair Compensation Type: Unpaid      Position Description: PCPCC Board Chair Annual Compensation:      Start Date: 01/01/2017      End Date: Additional Information:			
Temple University	Fiduciary Officer	Self	-
Official Title: Lewis Katz School of Medicine at Temple University Medical Alumni Board Compensation Type: Unpaid      Position Description: Board member Annual Compensation:      Start Date: 01/01/2017      End Date: Additional Information:			

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Multiple presentations and publications	-	Self	-
Description: Multiple presentations and publications Yearly Income:      Income Source: None Additional Information:			
Other Intellectual Property - Multiple presentations	-	Self	-
Description: Multiple presentations Yearly Income:      Income Source: Board of Regents Additional Information:			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and  
Performance Measurement Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas:** Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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**Topic Areas:** n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

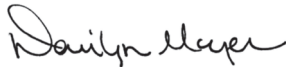
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**Darilyn V. Moyer**

---

Print Name



---

Signature

**1.25.2022**

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Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022,  
Planners and Faculty

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<div>Title: Vice President, Clinical Policy Start Date: 12/07/2003 End Date: Ongoing / No Known End Date Position Description: Additional Information:</div>			
American College of Physicians	Other	Self	-
<div>Category: Other Compensation Type: Additional Information: I regularly represent ACP in external initiatives related to clinical and medical policies (such as meetings, workgroups, committees, governance boards). Start Date: 12/07/2003 Annual Compensation: End Date:</div>			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

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**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and  
Performance Measurement Committee**

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☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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**Topic Areas:** n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐ Yes (please provide additional details below).

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**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

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**Amir Qaseem**

Print Name

**Amir Qaseem**

Digitally signed by Amir Qaseem  
DN: cn=Amir Qaseem, o, ou,  
email=aqaseem@acponline.org, c=US  
Date: 2022.01.19 10:43:51 -05'00'

**1/19/2022**

Signature

Date

**Disclosure Purpose:** Annual Staff Disclosure 2020 - 2021, Annual Staff Disclosure 2021 - 2022

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<i>Title:</i> Senior Research Associate <i>Start Date:</i> 01/13/2021 <i>End Date:</i>		<i>Position Description:</i> Center for Evidence Reviews <i>Additional Information:</i>	

Certification

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**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

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**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

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☐ I have no publications to report.

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**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

*By signing this form,*

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

**Tatyana Shamliyan**

Print Name

**Tatyana A Shamliyan** Digitally signed by Tatyana A Shamliyan  
Date: 2021.12.17 16:06:44 -05'00'

**12/17/2021**

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Other <b>Current Employment</b>	Self	-
<div>Category: Other      Start Date: 08/17/2021      End Date:</div> <div>Compensation Type: Cash      Annual Compensation: No</div> <div>Additional Information:</div>			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

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Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

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**Yasmine Sust**

Print Name

**Yasmine Sust** Digitally signed by Yasmine Sust  
Date: 2022.01.11 21:45:41 -05'00' **1/11/2022**

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<i>Title:</i> Senior Scientist, Clinical Policy <i>Start Date:</i> 06/15/2020 <i>End Date:</i> Ongoing / No Known End Date <i>Position Description:</i> Leading the performance measurement strategy <i>Additional Information:</i>			
Boehringer Ingelheim	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Cash <i>Additional Information:</i> As a result of my participation at the following stakeholder meeting, my former employer received honoraria: Boehringer Ingelheim, Stakeholder, Advancing Quality for Patients with Type 2 Diabetes and Established Cardiovascular Disease, 2018 <i>Start Date:</i> 01/01/2018 <i>End Date:</i> 12/31/2018 <i>Annual Compensation:</i>			
Discern Health	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Cash <i>Additional Information:</i> As a result of my participation on the following roundtables/stakeholder meetings/work groups, my former employer has received honoraria: Discern Health, interviewee, Understanding Quality Measurement Priorities for Breast Cancer, 2020 Discern Health, Expert Panel Member, Cancer Immunotherapy Quality Measurement, 2019 Discern, Advisor, Telehealth Measurement Gaps, 2018 <i>Start Date:</i> 01/01/2018 <i>End Date:</i> 03/01/2020 <i>Annual Compensation:</i>			
PCPI Foundation	Employment	Self	-
<i>Title:</i> Senior Director, Measurement Science <i>Start Date:</i> 01/01/2017 <i>End Date:</i> 06/12/2020 <i>Position Description:</i> Orchestrate daily activities of the Measurement Science Program, developing and implementing key performance measures, and monitoring performance to uphold market competitiveness. <i>Additional Information:</i> My salary at the PCPI was supported by services provided as a contractor and subcontractor to CMS and non-profit organizations for measure development, specification, testing and endorsement.			
Pharmacy Quality Alliance (PQA)	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Cash <i>Additional Information:</i> As a result of my participation on the following roundtable, my former employer has received honoraria: PQA, roundtable member, Patient Engagement Rubric, 2019 <i>Start Date:</i> 01/01/2019 <i>End Date:</i> 12/31/2019 <i>Annual Compensation:</i>			

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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**Topic Areas:** Depression, Osteoporosis

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☒ I have interests to report (please list in space below).

☐ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

I oversaw a team that worked on a measure related to depression screening and follow up.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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**Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy**

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No                                  |  |

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No                                  |  |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

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**Samantha Tierney**

Print Name

**Samantha Tierney**

Digitally signed by Samantha Tierney  
Date: 2022.01.18 16:59:48 -05'00'

**1/18/2022**

Signature

Date

**Disclosure Purpose:** Contractor/Guest Annual Disclosure 2021 - 22      **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Canadian Institutes of Health Research	Grant / Contract	Self	\$9,310,000.00
<i>Recipient Name:</i> Dr. Michael McGillion <i>Grant / Contract Description:</i> The SMArT VIEW, CoVeRed <i>Grant / Contract Amount:</i> \$9,310,000.00 <i>Contract Start Date:</i> 10/15/2015 <i>Contract End Date:</i> 09/30/2019		<i>Recipient Type:</i> Individual <i>Grant / Contract Purpose:</i> Research <i>Grant / Contract Valuation Date:</i> 10/15/2015 <i>Additional Information:</i>	
COVID-END	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i>		<i>Start Date:</i> 05/01/2020 <i>Annual Compensation:</i> No	<i>End Date:</i> Ongoing / No Known End Date
Evidence Based Research Network	Fiduciary Officer	Self	-
<i>Official Title:</i> Steering Committee Member <i>Compensation Type:</i> Unpaid <i>Annual Compensation:</i> No <i>Additional Information:</i>		<i>Position Description:</i> <i>Start Date:</i> 10/01/2016	<i>End Date:</i> Ongoing / No Known End Date
Evidence Synthesis International	Fiduciary Officer	Self	-
<i>Official Title:</i> Secretariat <i>Compensation Type:</i> Unpaid <i>Annual Compensation:</i> <i>Additional Information:</i>		<i>Position Description:</i> Organize and support activities of the organisation <i>Start Date:</i> 03/01/2018	<i>End Date:</i> Ongoing / No Known End Date
Sigma Theta Tau International	Fiduciary Officer	Self	-
<i>Official Title:</i> President - Alpha Nu Chapter <i>Compensation Type:</i> Unpaid <i>Annual Compensation:</i> No <i>Additional Information:</i>		<i>Position Description:</i> President - Alpha Nu Chapter <i>Start Date:</i> 09/01/2019	<i>End Date:</i> 09/30/2021
Sigma Theta Tau International	Fiduciary Officer	Self	-
<i>Official Title:</i> Immediate Past President <i>Compensation Type:</i> <i>Annual Compensation:</i> No <i>Additional Information:</i>		<i>Position Description:</i> <i>Start Date:</i> 10/01/2021	<i>End Date:</i> 09/30/2022
University of Bologna	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Cash <i>Additional Information:</i> Guest Lecturer		<i>Start Date:</i> 11/16/2019 <i>Annual Compensation:</i> No	<i>End Date:</i> 11/22/2019
Villanova University	Employment <b>Current Employment</b>	Self	-
<i>Title:</i> Associate Professor <i>Start Date:</i> 08/22/2017 <i>End Date:</i> Ongoing / No Known End Date		<i>Position Description:</i> <i>Additional Information:</i>	
Villanova University	Grant / Contract	Self	\$50,000.00
<i>Recipient Name:</i> M. Louise Fitzpatrick College of Nursing <i>Grant / Contract Description:</i> COVID-19 Caring About Health for All Study (CHAMPS) <i>Grant / Contract Amount:</i> \$50,000.00 <i>Contract Start Date:</i> <i>Contract End Date:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research <i>Grant / Contract Valuation Date:</i> 03/31/2020 <i>Additional Information:</i> Principal Investigators: Kaufman, P., Havens, D., Mensinger, J.; Co-Investigators: Bradley, P., Brom, H., Copel, L., Maldonado, L., Smeltzer, S., Yost, J.	

Certification

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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and  
Performance Measurement Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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**Topic Areas:** Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

Within the past 3 years, have you or any household members published on any of the above areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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**Topic Areas:** n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Acknowledgements and Attestations**

*By signing this form,*

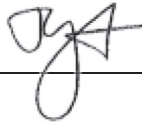
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**Jennifer Yost**

---

Print Name

Signature



**1/19/2022**

---

Date



**Disclosure Purpose:** Contractor/Guest Annual Disclosure 2021 - 22      **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Association of Academic Health Centers	Consultant <b>Current Employment</b>	Self	-
<i>Category:</i> Consultant <i>Compensation Type:</i> Other <i>Compensation:</i>		<i>Start Date:</i> 01/01/2020 <i>Other Compensation:</i> contract <i>Additional Information:</i>	<i>End Date:</i> Ongoing / No Known End Date

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Clinical Guidelines Committee, Performance Measurement Committee,  
& Scientific Medical Policy Committee  
Disclosure of Interests: Attestation and Supplemental Questions**

**Guest Disclosures of Interests: Acknowledgements and Attestations**

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Gerald Gartlehner

Print Name

Gerald Gartlehner

Digital unterschrieben von Gerald  
Gartlehner  
Datum: 2022.01.13 15:28:01 +01'00'

13-01-2022

Signature

Date

## Summary of Financial Interests

### Additional Information:

- Yes.

- Yes

- Yes

- Yes

- Yes

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- 116

- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

American College of Physicians  
Clinical Guidelines Committee, Performance Measurement Committee,  
& Scientific Medical Policy Committee  
Disclosure of Interests: Attestation and Supplemental Questions

**Guest Disclosures of Interests: Acknowledgements and Attestations**

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**Andrea Chapman**

Print Name



Signature

**January 25, 2022**

Date

## Summary of Financial Interests

### Additional Information:

- Yes.

- Yes

- Yes

- Yes

- Yes

## Certification

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

American College of Physicians  
Clinical Guidelines Committee, Performance Measurement Committee,  
& Scientific Medical Policy Committee  
Disclosure of Interests: Attestation and Supplemental Questions


**Guest Disclosures of Interests: Acknowledgements and Attestations**

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**Gernot Wagner**

Print Name



Signature

**January 25, 2022**

Date



**Disclosure Purpose:** Annual Governance Disclosure 2021-2022      **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Grant / Contract	Other - Portland VA Research Foundation	\$174,000.00
<i>Recipient Name:</i> Portland VA Research Foundation <i>Grant / Contract Description:</i> Osteoporosis treatment systematic review for ACP Clinical Guideline Committee <i>Grant / Contract Valuation Date:</i> 12/16/2020 <i>Additional Information:</i> Serving as PI of this project; member of ACP Clinical Guideline Committee		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research <i>Grant / Contract Amount:</i> \$174,000.00 <i>Contract Start Date:</i> 10/01/2020 <i>Contract End Date:</i>	
VA Portland Health Care System	Employment <b>Current Employment</b>	Self	-
<i>Title:</i> VA Portland Health Care System <i>Start Date:</i> 07/01/2005 <i>End Date:</i>		<i>Position Description:</i> Staff physician <i>Additional Information:</i>	

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians  
Clinical Guidelines Committee, Performance Measurement Committee,  
& Scientific Medical Policy Committee  
Disclosure of Interests: Attestation and Supplemental Questions**

**Guest Disclosures of Interests: Acknowledgements and Attestations**

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Print Name

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Signature

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Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

I do not have any interests to disclose at this time.

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

a. Are you submitting your disclosures to ACP as a member of one of the following groups:

ACP board, committee, council, task force, and/or other governance group?

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

Other (meeting guests, contractors, authors, etc.)

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).

Yes

ii. I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).

Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).

Yes
- You are not disclosing any interests to this organization.

Certification

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**Chelsea Ayers**

Print Name

Chelsea K Ayers 1566561

Digitally signed by Chelsea K Ayers  
1566561  
Date: 2022.01.03 11:17:26 -08'00'

**1/3/22**

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Oregon Health & Science University	Employment	Self	-
Title: Research Director Start Date: 11/17/2014		Position Description: I provide oversight on methods and direct supervision to researchers. Additional Information:	

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

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Other (meeting guests, contractors, authors, etc.)

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Yes

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Yes

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Yes

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**American College of Physicians  
Clinical Guidelines Committee, Performance Measurement Committee,  
& Scientific Medical Policy Committee  
Disclosure of Interests: Attestation and Supplemental Questions**

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**Curtis Harrod**

Print Name

**Curtis Harrod** Digitally signed by Curtis Harrod  
Date: 2021.12.17 13:52:35 -08'00'

Signature

Date

**Disclosure Purpose:** Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

I do not have any interests to disclose at this time.

Certification

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**Brittany Lazur**

Print Name

**Brittany Lazur**

Digitally signed by Brittany Lazur  
Date: 2021.12.17 13:31:13 -08'00'

**12-17-21**

Signature

Date



**Disclosure Purpose:** Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

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**Mandi Mizuta**

Print Name

**Mandi Mizuta**

Digitally signed by Mandi Mizuta  
Date: 2022.01.03 11:43:56 -08'00'

Signature

Date