

## Carolyn Crandall

**Disclosure Purpose:** Annual Governance Disclosure 2023-24 (Expiration Date: 12/17/2024), Internal Medicine Meeting 2024 faculty (Expiration Date: 12/17/2024), Forums (Expiration Date: 12/17/2024)

**Employment Information:** Currently Employed

## Summary of Interests

## Company or Organization

Entity	Type	Interest Held By	Value
American Cancer Society	Grant / Contract	Spouse/Partner	\$1200000.00
<b>Recipient Name:</b> Harley Kornblum <b>Grant / Contract Description:</b> regarding glioma stem cells <b>Contract Start Date:</b> 07/21/2023 <b>Grant / Contract Amount:</b> \$1,200,000.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/16/2023 <b>Contract End Date:</b> 06/30/2028			
David Geffen School of Medicine, University of California, Los Angeles	Employment	Spouse/Partner	-
<b>Title:</b> Professor <b>Start Date:</b> 01/01/2017 <b>Additional Information:</b>			
<b>Position Description:</b> Professor on Faculty <b>End Date:</b>			
David Geffen School of Medicine, University of California, Los Angeles	Employment	Self	-
<b>Title:</b> Professor of Medicine <b>Start Date:</b> 07/01/2017 <b>Additional Information:</b>			
<b>Position Description:</b> Professor in the Dept. Of Internal Medicine <b>End Date:</b>			
Dr. Miriam and Sheldon G. Adelson Medical Research Foundation	Grant / Contract	Spouse/Partner	\$1111812.00
<b>Recipient Name:</b> Harley Kornblum <b>Grant / Contract Description:</b> Neural repair and brain cancer <b>Contract Start Date:</b> 01/01/2017 <b>Grant / Contract Amount:</b> \$1,111,812.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/16/2023 <b>Contract End Date:</b> 09/09/2025			
Eunice Kennedy Shriver National Institute of Child Health and Human Development	Grant / Contract	Spouse/Partner	\$6207759.00
<b>Recipient Name:</b> Harley Kornblum <b>Grant / Contract Description:</b> research into the causes, mechanisms, and treatments of intellectual and developmental disorders. <b>Contract Start Date:</b> 08/01/2020 <b>Grant / Contract Amount:</b> \$6,207,759.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 07/28/2022 <b>Contract End Date:</b> 05/31/2025			
National Cancer Institute	Grant / Contract	Spouse/Partner	\$2313255.00
<b>Recipient Name:</b> Harley Kornblum <b>Grant / Contract Description:</b> This project will study novel combination therapies against glioblastoma <b>Contract Start Date:</b> 01/01/2022 <b>Grant / Contract Amount:</b> \$2,313,255.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/16/2023 <b>Contract End Date:</b> 12/30/2026			
National Institutes of Health	Grant / Contract	Self	\$25000.00

Entity	Type	Interest Held By	Value
<b>Recipient Name:</b> Carolyn J. Crandall <b>Grant / Contract Description:</b> Contract from Western Regional Center for NHLBI-funded Women's Health Initiative Study <b>Contract Start Date:</b> 01/01/2019 <b>Grant / Contract Amount:</b> \$25,000.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 12/23/2019 <b>Contract End Date:</b> Ongoing / No Known End Date			
National Institutes of Health	Grant / Contract	Spouse/Partner	\$1660734.00
<b>Recipient Name:</b> Harley Kornblum <b>Grant / Contract Description:</b> Texas University-NIH-NCI research on glioblastoma invasion <b>Contract Start Date:</b> 02/01/2022 <b>Grant / Contract Amount:</b> \$1,660,734.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/16/2023 <b>Contract End Date:</b> 01/31/2025			
National Institutes of Health	Grant / Contract	Spouse/Partner	\$11018165.00
<b>Recipient Name:</b> Linda Liao <b>Grant / Contract Description:</b> NIH-NCI UCLA SPORE in brain cancer <b>Contract Start Date:</b> 08/01/2022 <b>Grant / Contract Amount:</b> \$11,018,165.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/16/2023 <b>Contract End Date:</b> 07/31/2027			
National Institutes of Health	Grant / Contract	Spouse/Partner	\$2348720.00
<b>Recipient Name:</b> Harley Kornblum <b>Grant / Contract Description:</b> NIH-NINDS grant for research on glioblastoma <b>Contract Start Date:</b> 12/15/2021 <b>Grant / Contract Amount:</b> \$2,348,720.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/16/2023 <b>Contract End Date:</b> 11/30/2026			
National Institutes of Health	Grant / Contract	Self	\$2711621.00
<b>Recipient Name:</b> Carolyn Crandall <b>Grant / Contract Description:</b> R01 Grant PI R01AG071611 The COcoa SSupplement and Multivitamins Outcomes Study (COSMOS).... <b>Contract Start Date:</b> 05/05/2021 <b>Grant / Contract Amount:</b> \$2,711,621.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/18/2021 <b>Contract End Date:</b> 02/28/2025			
National Institutes of Health	Grant / Contract	Self	\$140988.00
<b>Recipient Name:</b> Carolyn Crandall <b>Grant / Contract Description:</b> R21 grant R21AR078905 regarding osteoporosis risk prediction <b>Contract Start Date:</b> 09/21/2022 <b>Grant / Contract Amount:</b> \$140,988.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/16/2023 <b>Contract End Date:</b> 08/31/2024			
National Institutes of Health	Grant / Contract	Self	\$2527938.00
<b>Recipient Name:</b> Carolyn Crandall <b>Grant / Contract Description:</b> NIH R01 grant AG071592-01 Sleep, Falls and Fractures in men and women: Role of Nocturnal Hypoxia <b>Contract Start Date:</b> 09/15/2021 <b>Grant / Contract Amount:</b> \$2,527,938.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/16/2023 <b>Contract End Date:</b> 05/31/2026			
U.S. Department of Defense	Grant / Contract	Spouse/Partner	\$665075.00
<b>Recipient Name:</b> Harley Kornblum <b>Grant / Contract Description:</b> brain tumor research <b>Contract Start Date:</b> 09/01/2021 <b>Grant / Contract Amount:</b> \$665,075.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 07/28/2022 <b>Contract End Date:</b> 08/31/2023			

## 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



## Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

## Clinical Guidelines Committee: Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	See <b>MyBibliography</b> : <a href="http://www.ncbi.nlm.nih.gov/sites/myncbi/carolyn.crandall.1/bibliography/40835218/public/?sort=date&amp;direction=descending">http://www.ncbi.nlm.nih.gov/sites/myncbi/carolyn.crandall.1/bibliography/40835218/public/?sort=date&amp;direction=descending</a>
Migraine	None
Obesity	None
Osteoporosis	See <b>MyBibliography</b> : <a href="http://www.ncbi.nlm.nih.gov/sites/myncbi/carolyn.crandall.1/bibliography/40835218/public/?sort=date&amp;direction=descending">http://www.ncbi.nlm.nih.gov/sites/myncbi/carolyn.crandall.1/bibliography/40835218/public/?sort=date&amp;direction=descending</a>
Type 2 Diabetes	none

## 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 above topic areas and that my disclosures are up to date.

Carolyn J. Crandall



12/18/2023

Signature

Date

Lauri Hicks

**Discloser Identifier:** 01189285**Disclosure Purpose:** Annual Governance Disclosure 2023-24**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Centers for Disease Control and Prevention	Employment Current Employment	Self	-
<b>Title:</b> Branch Chief, Medical Product Safety, Director, Office of Antibiotic Stewardship <b>Start Date:</b> 07/15/2007 <b>Additional Information:</b> <b>Position Description:</b> I lead CDC's public health efforts related to medical product safety, including improving antibiotic use, medication safety and blood, organ, and tissue safety. I am also leading efforts related to the COVID-19 pandemic response. <b>End Date:</b> Ongoing / No Known End Date			
GI Specialists of Georgia	Employment	Spouse/Partner	-
<b>Title:</b> Physician <b>Start Date:</b> 09/01/2010 <b>Additional Information:</b> <b>Position Description:</b> Patient care <b>End Date:</b>			
Society for Healthcare Epidemiology of America	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 01/01/2023 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Board Member, Councilor <b>Start Date:</b> 01/01/2021			

## Additional Questions

1. Please specify any additional information which you consider relevant to this disclosure.

I signed a separate NDA agreed upon by CDC and ACP.

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."

No

- 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

## 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

## Relevant Publications and Other Intellectual Interests for Ongoing Projects

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.
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### Clinical Guidelines Committee: Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	
Hypertension	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Type 2 Diabetes	

### 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 above topic areas and that my disclosures are up to date.

Lauri Hicks

Name

**Lauri Hicks -S9**

Digitally signed by Lauri Hicks -S9  
Date: 2023.12.26 14:01:18 -05'00'

12/26/2023

Signature

Date

## Timothy Wilt

**Disclosure Purpose:** Annual Governance Disclosure 2023-24 (Expiration Date: 12/14/2024), DM drug review (Expiration Date: 12/14/2024), Internal Medicine Meeting 2024 faculty (Expiration Date: 12/14/2024), Faculty and Planning Committee (Expiration Date: 12/14/2024), Contractor/Guest Annual Disclosure 2023 - 24 (Expiration Date: 12/14/2024), Population Health Committee (Expiration Date: 12/14/2024)

**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	\$2000000.00
<p><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>Contract Start Date:</b> 01/01/2022 <b>Grant / Contract Amount:</b>\$2,000,000.00 <b>Additional Information:</b> I provide approx. 25% 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. The above amount represents currently funded projects in our EPC</p> <p><b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 04/06/2023 <b>Contract End Date:</b> 09/01/2024</p>			
American College of Physicians	Other	Other - Minneapolis VA CVRE	-
<p><b>Category:</b> Other <b>End Date:</b> 09/01/2023 <b>Compensation Type:</b> Other <b>Compensation:</b> No <b>Additional Information:</b> Support for our research group to ACP Center for Evidence Reviews, conducting evidence report on "Newer Anti-Diabetes Medications"</p> <p><b>Start Date:</b> 01/01/2022 <b>Other Compensation:</b> 170,000</p>			
American Urological Association Foundation	Other	Other - Minneapolis VA CVRE	-
<p><b>Category:</b> Other <b>End Date:</b> 08/01/2023 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Our research organization receives funding (approximately \$40,000) for our Minnesota Evidence Review Team research group to conduct reviews under contract with the AUA for their BPH clinical guideline development. I receive no personal financial support</p> <p><b>Start Date:</b> 08/01/2022</p>			
Midwest CEPAC-ICER	Other	Self	-
<p><b>Category:</b> Other <b>End Date:</b> <b>Compensation Type:</b> Unpaid <b>Compensation:</b> <b>Additional Information:</b></p> <p><b>Start Date:</b> 01/01/2018</p>			
U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
<p><b>Title:</b> Professor <b>Start Date:</b> 06/15/2018 <b>Additional Information:</b> Current projects include:Screening for Hepatocellular Cancer among increased-risk adults</p> <p><b>Position Description:</b> Staff Physician <b>End Date:</b> Ongoing / No Known End Date</p>			
U.S. Department of Veterans Affairs	Grant / Contract	Other - Research funds from VA-HSRD are sent to our VA Research Office	\$330000.00

Entity	Type	Interest Held By	Value
<p><b>Recipient Name:</b> Timothy Wilt  <b>Grant / Contract Description:</b> Grant  <b>Contract Start Date:</b> 10/01/2022  <b>Grant / Contract Amount:</b> \$330,000.00  <b>Additional Information:</b> Funding from VA-HSRD supports our VA Evidence Synthesis Program Center (which i direct) to conduct evidence reports to inform VA practice and policy. I receive no salary</p> <p><b>Recipient Type:</b> Individual  <b>Grant / Contract Purpose:</b> Research  <b>Grant / Contract Valuation Date:</b> 04/07/2023  <b>Contract End Date:</b> 09/30/2023</p>			
VA Preventive Medical Advisory Committee	Consultant	Self	-
<p><b>Category:</b> Consultant  <b>End Date:</b>  <b>Compensation Type:</b> Unpaid  <b>Compensation:</b>  <b>Additional Information:</b></p> <p><b>Start Date:</b> 01/01/2018</p>			

## Intellectual Property

Type	Is Licensed	Interest Held By	Value								
Other Intellectual Property - Evidence report written on Genito-urinary Syndrom	-	Self	-								
<p><b>Description:</b> Evidence report written on Genito-urinary Syndrome of Menopause: AHRQ-EPC  <b>Additional Information:</b> 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 EPC Director and subcontract PI. I did not receive salary support  <b>Income:</b> No  <b>Additional Information:</b> 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 EPC Director and subcontract PI. I did not receive salary support</p> <p><b>Income Source:</b> AHRQ-EPC program</p>											
Other Intellectual Property - Research grants/contracts from VA, AHRQ, and ACP	-	Self	-								
<p><b>Description:</b> Research grants/contracts from VA, AHRQ, and ACP to conduct evidence synthesis reports.  <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  <b>Income:</b> Yes</p> <p><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.</p> <table border="1"> <thead> <tr> <th>Amount</th> <th>Type</th> <th>Year</th> <th>Payment Receipt</th> </tr> </thead> <tbody> <tr> <td>\$0.00</td> <td>Estimated</td> <td>2020</td> <td>Direct Payment</td> </tr> </tbody> </table> <p><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</p>				Amount	Type	Year	Payment Receipt	\$0.00	Estimated	2020	Direct Payment
Amount	Type	Year	Payment Receipt								
\$0.00	Estimated	2020	Direct Payment								

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You may also share a list of publications via a link to list of your published works (such as ORCHID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	Authored CGC guideline
Hypertension	None
Menopausal Therapy	CER Director for review
Migraine	Authored CGC guideline
Obesity	None
Osteoporosis	Recused: wife is a member of TEP
Type 2 Diabetes	CER director for review
COVID-19	Conducted reviews on COVID-19 including for ACP
Cannabis	None

## 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 above topic areas and that my disclosures are up to date.

Timothy J. Wilt

Timothy J. Wilt (e-signed)

12/18/23

Signature

Date

Disclosure Purpose:	Annual Governance Disclosure 2023-24, Contractor/Guest Annual Disclosure 2023 - 24	Employment Information:	Currently Employed
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Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value						
Agency for Healthcare Research and Quality	Grant / Contract	Self	\$2000000.00						
<div><div><b>Recipient Name:</b> Brown University <b>Grant / Contract Description:</b> Multi year contract providing opportunity to apply for project contracts <b>Contract Start Date:</b> 03/29/2019 <b>Grant / Contract Amount:</b>\$2,000,000.00 <b>Additional Information:</b></div><div><b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 12/01/2023 <b>Contract End Date:</b> 12/22/2025</div></div>									
American Society of Hematology	Grant / Contract	Self	\$450000.00						
<div><div><b>Recipient Name:</b> Brown University <b>Grant / Contract Description:</b> Systematic review on acute lymphocytic leukemia <b>Contract Start Date:</b> 06/01/2022 <b>Grant / Contract Amount:</b>\$450,000.00 <b>Additional Information:</b> Lead</div><div><b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 12/15/2023 <b>Contract End Date:</b> 11/30/2023</div></div>									
Brown University	Employment Current Employment	Self	-						
<div><div><b>Title:</b> Professor <b>Start Date:</b> 07/01/2014 <b>Additional Information:</b></div><div><b>Position Description:</b> Center Co-Director <b>End Date:</b></div></div>									
Centers for Disease Control and Prevention	Consultant	Self	\$6000.00						
<div><div><b>Category:</b> Consultant <b>End Date:</b> 06/30/2024 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes</div><div><b>Start Date:</b> 11/15/2023</div></div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2024</td><td>\$6,000.00</td><td>Estimated</td></tr></table> <div><b>Additional Information:</b> Training workshop for CDC sta</div>				Year	Amount	Type	2024	\$6,000.00	Estimated
Year	Amount	Type							
2024	\$6,000.00	Estimated							
Kidney disease improving clinical outcomes	Grant / Contract	Self	\$450000.00						
<div><div><b>Recipient Name:</b> Brown University <b>Grant / Contract Description:</b> Systematic review and guideline development (ADPKD) <b>Contract Start Date:</b> 09/01/2021 <b>Grant / Contract Amount:</b>\$450,000.00 <b>Additional Information:</b> Lead</div><div><b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 12/15/2023 <b>Contract End Date:</b> 06/30/2024</div></div>									
Kidney disease improving clinical outcomes	Consultant	Self	\$15000.00						



Entity	Type	Interest Held By	Value
<b>Category:</b> Consultant <b>Start Date:</b> 11/01/2020 <b>End Date:</b> 06/30/2024 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2023	\$15,000.00	Actual	
<b>Additional Information:</b> Conduct systematic reviews for guideline update			
Society of gynecologic surgeons	Consultant	Self	\$18000.00
<b>Category:</b> Consultant <b>Start Date:</b> 01/01/2007 <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2023	\$18,000.00	Actual	
<b>Additional Information:</b> Methodological consultation to the society's systematic review group			
Wolters Kluwer Health, Inc.	Other	Self	\$1200.00
<b>Category:</b> Other <b>Start Date:</b> 06/01/2016 <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2023	\$1,200.00	Estimated	
<b>Additional Information:</b> Chapter author			

## 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

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Clinical Guidelines Committee: Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	Yes: Peripartum mental health (ongoing SR)
Hypertension	Yes: Peripartum HTN: PMID 37289921 (AHRQ report), PMID 37311173
Menopausal Therapy	None
Migraine	Yes: Primary headaches in pregnancy: PMID 33263968 (AHRQ report), PMID 33433020
Obesity	None (Accepted publication on obesity as a risk factor for GYN surgery)
Osteoporosis	None
Type 2 Diabetes	None

### 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 above topic areas and that my disclosures are up to date.

Ethan Balk



Signature

12/18/2023

Date

Disclosure Purpose:	Annual Governance Disclosure 2023-24, CME Conference, Adam Rodman's podcast	Employment Information:	Currently Employed
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Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
<div>Official Title: Chair, Board of Regents Compensation Type: Cash Start Date: 05/01/2021 Compensation: Yes Additional Information:</div> <div>Position Description: As above End Date: 04/30/2022</div>			
U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
<div>Title: Staff Physician Start Date: 08/08/1979 Additional Information:</div> <div>Position Description: Attending physician, supervising residents and medical students End Date: Ongoing / No Known End Date</div>			

Additional Questions

1. Please specify any additional information which you consider relevant to this disclosure.

1. I am a past member of ACP Board of Regents and was Chair-elect (20-21) and Chair (21-22). I completed those terms April 30, 2023, when I completed my last fiduciary role, which involved chairing the Governance Committee. 2. I am an Associate Editor of the Journal of Graduate Medical Education 3. I am a member of ACP's Clinical Guidelines Committee, reappointed for 2023-24.

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

35

**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

## 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

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Clinical Guidelines Committee: Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).


Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None

### 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 above topic areas and that my disclosures are up to date.

Thomas G. Cooney



12/30/2023

Signature

Date

Jacob Cross

<b>Discloser Identifier:</b>	00084806	<b>Disclosure Purpose:</b>	Annual Governance Disclosure 2023-24	<b>Employment Information:</b>	Currently Employed
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## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Jacob Cross	Employment Current Employment	Self	-
<b>Title:</b> President <b>Start Date:</b> 01/01/2012 <b>Additional Information:</b> <b>Position Description:</b> President and CEO <b>End Date:</b> Ongoing / No Known End Date			
Ochsner Health System	Consultant Current Employment	Self	-
<b>Category:</b> Consultant <b>End Date:</b> <b>Compensation Type:</b> Cash <b>Compensation:</b> <b>Additional Information:</b> <b>Start Date:</b> 04/01/2020			

## 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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## Disclosures of Interests: Supplemental Questions

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## Clinical Guidelines Committee: Topics Currently Under Development

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None

## 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 above topic areas and that my disclosures are up to date.

Jacob T. Cross, Jr. MD  
Name  
  
Signature  
12/18/2023  
Date

**Disclosure Purpose:** Annual Governance Disclosure 2023-24, 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  
**Additional Information:**

**Position Description:** executive director  
**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:

- 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



Relevant Publications and Other Intellectual Interests for Ongoing Projects  
(Type Name Here)

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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- Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topics Currently Under Development**

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write "see attachment" in table).

Clinical Topic Area	Relevant Interests from Last 3 Years If none, write "None"
Depression	None
Hypertension	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Type 2 Diabetes	
Colorectal Cancer	
Colonoscopy	
Pain	
Low Back Pain	
Opioids	
Diverticulitis	

**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 above topic areas and that my disclosures are up to date.

(Type Name Here)

Signature

Date

Jennifer Lin

<b>Discloser Identifier:</b>	01195711	<b>Disclosure Purpose:</b>	Annual Governance Disclosure 2023-24	<b>Employment Information:</b>	Currently Employed
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## Summary of Interests

### Company or Organization

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

## Additional Questions

1. Please specify any additional information which you consider relevant to this disclosure.

I am the PI on several AHRQ contracts to support the USPSTF. I am a non-voting member on Kaiser Permanente's National Guideline Committee primarily in a consultancy role. Please see my CV for publications/presentations and contracts for any DOI.

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

## Certification

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### Disclosures of Interests: Supplemental Questions

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### Clinical Guidelines Committee: Topics Currently Under Development

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	The EPC which I direct has recently completed review related to screening and treatment of depression. I am primary involved in obtaining funding and oversight, rather than the scientific conduct of the reviews/projects.
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	The EPC which I direct has 2 ongoing projects related to obesity. I am primary involved in obtaining funding and oversight, rather than the scientific conduct of the reviews/projects.
Osteoporosis	I have been involved with guidance on evaluating race-aware risk prediction models, which includes US-based FRAX <a href="https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/inlinefiles/assessing-algorithmic-bias-fairness_0.pdf">https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/inlinefiles/assessing-algorithmic-bias-fairness_0.pdf</a>
Type 2 Diabetes	None

### 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 above topic areas and that my disclosures are up to date.

Relevant Publications and Other Intellectual Interests for Ongoing Projects  
Jennifer S. Lin

Jennifer S. Lin

Signature

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a series of loops and a horizontal stroke.

12/20/2023

Date

Discloser Identifier:	03367997	Disclosure Purpose:	Annual Governance Disclosure 2023-24	Employment Information:	Currently Employed
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Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
The Maroto Law Group, PC	Employment Current Employment	Self	-

Title: Managing Partner  
Start Date: 12/01/1994  
Additional Information:

Position Description: Attorney  
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

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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### Clinical Guidelines Committee: Topics Currently Under Development

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None

### 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 above topic areas and that my disclosures are up to date.

Michael Maroto

Name

Michael Maroto

Digitally signed by Michael Maroto  
Date: 2023.12.19 15:26:46 -05'00'

Signature

Date

Discloser Identifier:	00020934	Disclosure Purpose:	Annual Governance Disclosure 2023-24	Employment Information:	Currently Employed
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Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Perelman School of Medicine, University of Pennsylvania	Employment Current Employment	Self	-

Title: Clinical Professor of Medicine

Start Date: 07/01/2001

Additional Information:

Position Description: Physician

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:

- 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



Relevant Publications and Other Intellectual Interests for Ongoing Projects  
Matthew C. Miller, MD

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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**Clinical Guidelines Committee: Topics Currently Under Development**

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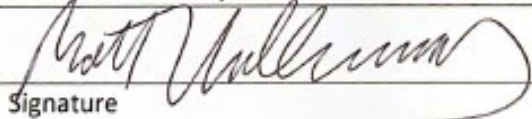
Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write "None"</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None

**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 above topic areas and that my disclosures are up to date.

Matthew C. Miller, MD

  
Signature

1/16/24

Date

Adam Obley

**Disclosure** Annual Governance Disclosure 2023-24 (Expiration Date: 12/21/2024), Internal Medicine Meeting  
**Purpose:** 2024 faculty (Expiration Date: 12/21/2024), Population Health Committee (Expiration Date: 12/21/2024)

**Employment** Currently  
**Information:** Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Center for Evidence-based Policy	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Clinical Epidemiologist <b>Start Date:</b> 08/01/2014 <b>Additional Information:</b>			
<b>Position Description:</b> CEbP supported 0.5 FTE until August 2020 CEbP supports 0.05 FTE since August 2020 <b>End Date:</b> Ongoing / No Known End Date			
Medical Society of Metropolitan Portland	Fiduciary Officer	Self	-
<b>Official Title:</b> Trustee <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 08/01/2015 <b>Compensation:</b> <b>Additional Information:</b>			
<b>Position Description:</b> Trustee <b>End Date:</b> 01/01/2021			
Milbank Memorial Fund	Travel	Self	\$10000.00
<b>Location(s):</b> Various meetings and state workshops (as faculty) <b>Travel End Date:</b> 03/31/2022 <b>Valuation Date:</b> 04/14/2022 <b>Additional Information:</b>			
<b>Travel Start Date:</b> 01/01/2015 <b>Estimated Value:</b> \$10,000.00 <b>Purpose:</b> Faculty for Evidence-informed Health Policy Workshops			
Oregon Medical Association	Fiduciary Officer	Self	-
<b>Official Title:</b> Trustee at-large <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 01/01/2021 <b>Compensation:</b> <b>Additional Information:</b>			
<b>Position Description:</b> Trustee <b>End Date:</b>			
Portland VA Medical Center	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Associate Chief of Staff for Community Care and Staff Physician <b>Start Date:</b> 07/01/2013 <b>Additional Information:</b>			
<b>Position Description:</b> ACOS for Community Care, Chief of Staff Office Staff Physician, Division of General Medicine, Department of Hospital and Specialty Medicine <b>End Date:</b> Ongoing / No Known End Date			
School of Medicine, Oregon Health and Science University	Employment	Self	-
<b>Title:</b> Associate Professor of Medicine <b>Start Date:</b> 07/01/2013 <b>Additional Information:</b>			
<b>Position Description:</b> Faculty appointment, not compensated <b>End Date:</b> 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:

- 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



### Disclosures of Interests: Supplemental Questions

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### Clinical Guidelines Committee: Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None
COVID-19	Kaka, A. S., MacDonald, R., Greer, N., Vela, K., Duan-Porter, W., <b>Obley, A.</b> , & Wilt, T. J. (2021). Major Update: Remdesivir for Adults With COVID-19 : A Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points. <i>Annals of internal medicine</i> , 174(5), 663–672. <a href="https://doi.org/10.7326/M20-8148">https://doi.org/10.7326/M20-8148</a>
Cannabis	Technical Expert Panelist (for living systematic review methodologies), Living Systematic Review on Cannabis and Other Plant-based Treatment for Chronic Pain, Agency for Health Research and Quality

### 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 above topic areas and that my disclosures are up to date.

Adam Obley

---

**ADAM OBLEY**



Digitally signed by ADAM OBLEY  
Date: 2023.12.22 13:49:58 -08'00'

---

Signature

Date

Discloser  
Identifier:00090725Disclosure  
Purpose:Annual Governance Disclosure 2023-  
24Employment  
Information:Currently  
Employed

## Summary of Interests

## Company or Organization

Entity	Type	Interest Held By	Value
Agency for Healthcare Research and Quality	Grant / Contract	Other - my employer	\$2000000.00
<b>Recipient Name:</b> Stanford University <b>Grant / Contract Description:</b> Stanford Health Services Research Training Program, training grant for health policy <b>Contract Start Date:</b> 07/01/2018 <b>Grant / Contract Amount:</b> \$2,000,000.00 <b>Additional Information:</b> <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/29/2022 <b>Contract End Date:</b> Ongoing / No Known End Date			
Centers for Disease Control and Prevention	Grant / Contract	Self	\$960000.00
<b>Recipient Name:</b> Stanford University <b>Grant / Contract Description:</b> The goals are to conduct health and economic modeling to inform decision-making on HIV, HCV, STDs <b>Contract Start Date:</b> 09/30/2019 <b>Grant / Contract Amount:</b> \$960,000.00 <b>Additional Information:</b> <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 04/26/2021 <b>Contract End Date:</b> Ongoing / No Known End Date			
NIH	Grant / Contract	Other - my employer	\$2318888.00
<b>Recipient Name:</b> Stanford University <b>Grant / Contract Description:</b> To identify an optimal SAR-COV 2 screening strategy in dialysis facilities <b>Contract Start Date:</b> 01/02/2022 <b>Grant / Contract Amount:</b> \$2,318,888.00 <b>Additional Information:</b> <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/29/2022 <b>Contract End Date:</b> Ongoing / No Known End Date			
NIH	Grant / Contract	Other - my employer	\$2023500.00
<b>Recipient Name:</b> Stanford University <b>Grant / Contract Description:</b> To train PIs to understand implicit bias and methods for having fair and inclusive research groups. <b>Contract Start Date:</b> 07/01/2022 <b>Grant / Contract Amount:</b> \$2,023,500.00 <b>Additional Information:</b> <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/29/2022 <b>Contract End Date:</b> Ongoing / No Known End Date			
NIH	Grant / Contract	Self	\$1000000.00
<b>Recipient Name:</b> Stanford University <b>Grant / Contract Description:</b> Grant to study implicit bias in diagnostic decision making <b>Contract Start Date:</b> 01/01/2020 <b>Grant / Contract Amount:</b> \$1,000,000.00 <b>Additional Information:</b> Co-investigator on NIH grant, i don't know full amount, I get salary support <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 04/26/2021 <b>Contract End Date:</b> Ongoing / No Known End Date			
NIH	Grant / Contract	Self	\$4000000.00

Entity	Type	Interest Held By	Value
<b>Recipient Name:</b> Stanford University <b>Grant / Contract Description:</b> Grant to study opioid use, HIV, HCV. <b>Contract Start Date:</b> 11/01/2019 <b>Grant / Contract Amount:</b> \$4,000,000.00 <b>Additional Information:</b> <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 04/26/2021 <b>Contract End Date:</b> Ongoing / No Known End Date			
NIH	Grant / Contract	Self	\$424600.00
<b>Recipient Name:</b> Stanford University <b>Grant / Contract Description:</b> Project Number: R21MD019394 Public health surveillance <b>Contract Start Date:</b> 04/01/2024 <b>Grant / Contract Amount:</b> \$424,600.00 <b>Additional Information:</b> Project Number: R21MD019394 Source of Support: NIH Major Goals: The goal of this project is to use RADx-UP COVID-19 data to test the performance of public health resource allocation and infection surveillance tools toward mitigating health disparities during future pandemics. Project/Proposal Start and End Date: (MM/YYYY) (if available): 04/01/2024 – 03/31/2026 Total Award Amount (including Indirect Costs): \$424,600 <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 01/18/2024 <b>Contract End Date:</b>			
NIH	Grant / Contract	Self	\$2023500.00
<b>Recipient Name:</b> Stanford University <b>Grant / Contract Description:</b> Sexual harassment training of principal investigators. Goal: To train PIs of T32s. <b>Contract Start Date:</b> 07/01/2022 <b>Grant / Contract Amount:</b> \$2,023,500.00 <b>Additional Information:</b> I am co-investigator on the grant <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 01/18/2024 <b>Contract End Date:</b> 06/01/2027			
School of Medicine, Stanford University	Employment Current Employment	Self	-
<b>Title:</b> Professor <b>Start Date:</b> 07/01/1991 <b>Additional Information:</b> <b>Position Description:</b> Professor <b>End Date:</b> Ongoing / No Known End Date			
Stanford University	Grant / Contract	Self	\$46296.00
<b>Recipient Name:</b> Stanford <b>Grant / Contract Description:</b> Median survival to life expectancy: cancer trial outcomes <b>Contract Start Date:</b> 03/01/2022 <b>Grant / Contract Amount:</b> \$46,296.00 <b>Additional Information:</b> I am co-investigator on this internal Stanford grant to study methods of translating cancer trial outcomes to clinical benefit and population health <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 01/05/2023 <b>Contract End Date:</b>			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$321000.00
<b>Recipient Name:</b> VA Palo Alto Health Care System <b>Grant / Contract Description:</b> Grant to study the cost effectiveness of treatment for opioid use disorder <b>Contract Start Date:</b> 04/01/2018 <b>Grant / Contract Amount:</b> \$321,000.00 <b>Additional Information:</b> <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 04/26/2021 <b>Contract End Date:</b> 12/31/2021			

## Intellectual Property

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

## Additional Questions

**1. Please specify any additional information which you consider relevant to this disclosure.**

I was a volunteer member of USPSTF.

**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

## 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



### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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### Clinical Guidelines Committee: Topics Currently Under Development

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Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	USPTF screening for diabetes 8-2021

### 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 above topic areas and that my disclosures are up to date.

Douglas K. Owens

Name  
Douglas Kent Owens  
2024.01.16 14:15:30 -08'00'

Signature

1-16-24

Date

Discloser Identifier:	00217716Disclosure Purpose:	Annual Governance Disclosure 2023-24	Employment Information:	Currently Employed
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Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Healthcare Research and Quality	Grant / Contract	Self	\$589000.00
<div><div><b>Recipient Name:</b> Paul Shekelle <b>Grant / Contract Description:</b> AHRQ Making Health Care Safer IV <b>Contract Start Date:</b> 08/19/2022 <b>Grant / Contract Amount:</b>\$589,000.00 <b>Additional Information:</b> RAND will support John Hopkins University (JHU) in doing a stakeholder engagement which includes creating surveys and doing a Technical Expert Panel stakeholder call with the goal of prioritizing topics for a rapid review or rapid response or full review.</div><div><b>Recipient Type:</b> Individual <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 03/24/2025 <b>Contract End Date:</b></div></div>			
National Institute of Health	Grant / Contract	Self	\$300000.00
<div><div><b>Recipient Name:</b> Paul Shekelle <b>Grant / Contract Description:</b> TRUST Gout Trial <b>Contract Start Date:</b> 01/01/2024 <b>Grant / Contract Amount:</b>\$300,000.00 <b>Additional Information:</b> To evaluate where treat to target or treat to symptoms is optimal for patients with gout</div><div><b>Recipient Type:</b> Individual <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 12/31/2028 <b>Contract End Date:</b></div></div>			
U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
<div><div><b>Title:</b> <b>Start Date:</b> 01/01/1990 <b>Additional Information:</b></div><div><b>Position Description:</b> <b>End Date:</b></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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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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Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	
Hypertension	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Type 2 Diabetes	

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Paul Shekelle

Name

*Paul Shekelle*

Signature

12/19/2023

Date

Jeffrey Tice

**Discloser Identifier:** 03415027**Disclosure Purpose:** Annual Governance Disclosure 2023-24 **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	\$4000000.00
<b>Recipient Name:</b> UCSF <b>Grant / Contract Description:</b> P01: The future of breast cancer screening in community practice: Advanced technologies performance, <b>Contract Start Date:</b> 09/27/2011 <b>Grant / Contract Amount:</b> \$4,000,000.00 <b>Additional Information:</b> Co-investigator <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 05/22/2019 <b>Contract End Date:</b> 05/31/2022			
institute for clinical and economic review	Grant / Contract	Self	\$495000.00
<b>Recipient Name:</b> UCSF <b>Grant / Contract Description:</b> Produce comparative effectiveness reviews in support of ICER <b>Contract Start Date:</b> 01/01/2018 <b>Grant / Contract Amount:</b> \$495,000.00 <b>Additional Information:</b> <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 05/22/2019 <b>Contract End Date:</b> Ongoing / No Known End Date			
National MS Society	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Unpaid <b>Compensation:</b> <b>Additional Information:</b> <b>Start Date:</b> 01/01/2012			
Patient-Centered Outcomes Research Institute	Grant / Contract	Self	\$10000000.00
<b>Recipient Name:</b> UCSF <b>Grant / Contract Description:</b> Enabling a Paradigm Shift: A Preference-Tolerant RCT of Personalized vs. Annual Screening for Breast <b>Contract Start Date:</b> 09/15/2015 <b>Grant / Contract Amount:</b> \$10,000,000.00 <b>Additional Information:</b> Co-investigator <b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 05/22/2019 <b>Contract End Date:</b> Ongoing / No Known End Date			
Society of General Internal Medicine	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Unpaid <b>Compensation:</b> <b>Additional Information:</b> <b>Start Date:</b> 01/01/2017			
University of California San Francisco	Employment Current Employment	Self	-
<b>Title:</b> Professor of Medicine <b>Start Date:</b> 07/01/1999 <b>Additional Information:</b> Primary job <b>Position Description:</b> Faculty <b>End Date:</b> Ongoing / No Known End Date			
University of California San Francisco	Other	Self	-

Entity	Type	Interest Held By	Value
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Additional Information:</b>			
<b>Start Date:</b> 07/01/1999			

## 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

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Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	CME talk October 2021
Type 2 Diabetes	None

## 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 above topic areas and that my disclosures are up to date.

Jeffrey A. Tice, MD



Signature

January 16, 2024

Date

Janice Tufte

<b>Discloser Identifier:</b>	03400786	<b>Disclosure Purpose:</b>	Annual Governance Disclosure 2023-24	<b>Employment Information:</b>	Currently Employed
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## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Academy Health	Consultant	Self	\$6800.00
<b>Category:</b> Consultant <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Other <b>Compensation:</b> Yes <b>Start Date:</b> 01/30/2020 <b>Other Compensation:</b> Scholarships to D & I, ARM and HdP-HPC conferences			
Year	Amount	Type	
2023	\$3,000.00	Estimated	
2022	\$1,500.00	Estimated	
2021	\$1,000.00	Estimated	
2020	\$1,300.00	Estimated	
<b>Additional Information:</b> Developing Guidance with Learning Health System Stakeholders for Evaluation for future possible funding of projects, review abstracts, conference scholarships			
AcademyHealth	Travel	Self	\$3000.00
<b>Location(s):</b> Seattle to DC <b>Travel End Date:</b> 12/21/2023 <b>Valuation Date:</b> 12/16/2022 <b>Additional Information:</b> Attended Health Data Palooza and possibly ARM and D&I conferences in 2023 <b>Travel Start Date:</b> 02/06/2023 <b>Estimated Value:</b> \$3,000.00 <b>Purpose:</b> Meetings & Conferences			
Acumen LLC	Consultant	Self	\$650.00
<b>Category:</b> Consultant <b>End Date:</b> 12/01/2024 <b>Compensation Type:</b> Cash, Unpaid <b>Compensation:</b> Yes <b>Start Date:</b> 01/01/2020			
Year	Amount	Type	
2023	\$100.00	Estimated	
2022	\$300.00	Actual	
2021	\$250.00	Actual	
<b>Additional Information:</b> Acumen MACRA PCMP TEP (had travel reimbursed Feb 2020)			
AHRQ	Consultant	Self	\$17200.00

Entity	Type	Interest Held By	Value
<b>Category:</b> Consultant <b>End Date:</b> 12/31/2023 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 01/01/2023			
Year	Amount	Type	
2023	\$2,200.00	Estimated	
2021	\$15,000.00	Actual	
<b>Additional Information:</b> 2023 Focus Groups (low/ high value care) CDISC TEPS,( via NORC contract) Evidence Now Patient Engagment in Governance presentation (via AbT Associates contract ) 2021 Conselera LLC contracted financial partner paid <a href="https://digital.ahrq.gov/acts">https://digital.ahrq.gov/acts</a> ACTS AHRQ evidence based care transforming supports stakeholder			
BlackResearchers	Other	Self	\$66.00
<b>Category:</b> Other <b>End Date:</b> 04/11/2022 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 04/11/2022			
Year	Amount	Type	
2022	\$66.00	Actual	
<b>Additional Information:</b> Three of us authors presented our co developed RESPECT framework to the ABR monthly meeting			
BREE Collaborative	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Unpaid <b>Compensation:</b> <b>Additional Information:</b> Social Needs Screening and Social Needs Intervention committee patient partner <a href="https://www.qualityhealth.org/equity/">https://www.qualityhealth.org/equity/</a> and Difficult to Discharge Group <b>Start Date:</b> 01/01/2021			
Camden Coalition	Other	Self	\$9550.00
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 01/01/2023			
Year	Amount	Type	
2023	\$1,250.00	Estimated	
2022	\$2,500.00	Estimated	
2021	\$4,000.00	Estimated	
2020	\$1,800.00	Estimated	
<b>Additional Information:</b> Serving on the National Center for Complex Care and Social Needs Advisory 2022- current (1000 per year serving honorarium) Consumer Scholar work / Amplify Speakers Bureau/ Measurement Presentation/ Core Competencies/ and Travel for Putting Care at the Center conference			
Camden Coalition	Consultant	Self	\$150.00



Entity	Type	Interest Held By	Value						
<div>Category: ConsultantStart Date: 08/10/2021</div> <div>End Date: 08/31/2021</div> <div>Compensation Type: Cash</div> <div>Compensation: Yes</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2021</td><td>\$150.00</td><td>Estimated</td></tr></table> <div>Additional Information: Presenryed with CHCS on a 8 31 2021 national webinar on Complex Care and Social Needs PROM Measurement</div>				Year	Amount	Type	2021	\$150.00	Estimated
Year	Amount	Type							
2021	\$150.00	Estimated							
Camden Coalition	Other	Self	\$1000.00						
<div>Category: OtherStart Date: 05/01/2022</div> <div>End Date: Ongoing / No Known End Date</div> <div>Compensation Type: Cash</div> <div>Compensation: Yes</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2022</td><td>\$1,000.00</td><td>Actual</td></tr></table> <div>Additional Information: Board Member Camden Coalition - National Center for Complex Care and Special Needs</div>				Year	Amount	Type	2022	\$1,000.00	Actual
Year	Amount	Type							
2022	\$1,000.00	Actual							
Camden Coalition	Travel	Self	\$1000.00						
<div>Location(s): Seattle to Boston</div> <div>Travel End Date: 11/06/2023</div> <div>Valuation Date: 04/07/2023</div> <div>Travel Start Date: 10/31/2023</div> <div>Estimated Value: \$1,000.00</div> <div>Purpose: Putting Care at the Center Conference</div> <div>Additional Information: Attending the Putting Care at the Center Conference as an NCA National Center Advisory Member</div>									
CIHR musculoskeletal	Consultant <div>Current Employment</div>	Self	\$1900.00						
<div>Category: ConsultantStart Date: 01/01/2023</div> <div>End Date: 12/31/2023</div> <div>Compensation Type: Cash</div> <div>Compensation: Yes</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2023</td><td>\$1,900.00</td><td>Estimated</td></tr></table> <div>Additional Information: set amount 200 per monthly meeting and conference amount un determined- project PI is Dawn Richards- "PxP:For Patients By Patients" Autumn Internntional conference is being deleveloped by Patients who work in research our Sept conference and web site : pxphub.org</div>				Year	Amount	Type	2023	\$1,900.00	Estimated
Year	Amount	Type							
2023	\$1,900.00	Estimated							
Cochrane Consumers	Consultant	Self	-						
<div>Category: ConsultantStart Date: 02/01/2023</div> <div>End Date:</div> <div>Compensation Type: Unpaid</div> <div>Compensation: No</div> <div>Additional Information: Steering Committee for Cochrane Colloquium</div>									
COKA BioMedical Knowledge	Other	Self	-						
<div>Category: OtherStart Date: 03/01/2021</div> <div>End Date: 02/24/2023</div> <div>Compensation Type: Unpaid</div> <div>Compensation: No</div> <div>Additional Information: "This is now called HEvKA (not COKA) I have authored standardized terms to advance interoperability for evidence based medicine HEvKA / GRADE expert working group member, SKAF research member</div>									
Conselara	Consultant	Self	\$15000.00						

Entity	Type	Interest Held By	Value
<b>Category:</b> Consultant <b>End Date:</b> 10/31/2021 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 10/01/2021			
Year	Amount	Type	
2021	\$15,000.00	Actual	
<b>Additional Information:</b> I developed a Patient, Family and Caregiver page that is housed on the ( to be endorsed) Transformative Digital Evidence Generation Knowledge Portal for AHRQ Agency For Health Research and Quality endorsement. I initiated a small group of PFC experts in evidence generation to meet quarterly <a href="https://covid-acts.ahrq.gov/display/PUB/Patient%2C+Family+and+Caregiver+Engagement">https://covid-acts.ahrq.gov/display/PUB/Patient%2C+Family+and+Caregiver+Engagement</a>			
FDA	Expert Witness Current Employment	Self	-
<b>Category:</b> Expert Witness <b>End Date:</b> 06/03/2022 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> I will be providing Patient expert insights on uUTI and antibiotic stewardship on the day long FDA public workshop			
Global Commision on Evidence	Other	Self	\$350.00
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 04/01/2022			
Year	Amount	Type	
2023	\$350.00	Estimated	
<b>Additional Information:</b> 75 per Global Commission on evidence meeting every other month roles and duties bio here <a href="https://www.mcmasterforum.org/networks/evidence-commission/about-us/citizen-leadership-group">https://www.mcmasterforum.org/networks/evidence-commission/about-us/citizen-leadership-group</a>			
Hassanah Consulting	Consultant Current Employment	Self	\$24800.00
<b>Category:</b> Consultant <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 01/01/2018			
Year	Amount	Type	
2023	\$2,000.00	Estimated	
2022	\$8,000.00	Estimated	
2021	\$9,000.00	Estimated	
2020	\$5,800.00	Estimated	
<b>Additional Information:</b> This includes smaller jobs as income, and includes compensation such as stipends listed on CVM, Muslim Resource Guides, Islamic Civic Engagement, general consulting 1099s <a href="https://janicetufte.com/cvm-patient-partner">https://janicetufte.com/cvm-patient-partner</a>			
Healthcare for the Homeless Seattle King County	Consultant	Self	\$2699.00

Entity	Type	Interest Held By	Value
<b>Category:</b> Consultant <b>Start Date:</b> 07/01/2021 <b>End Date:</b> 12/01/2021 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2022	\$599.00	Actual	
2021	\$2,100.00	Estimated	
<b>Additional Information:</b> Honorarium with NHCHN for National Institute for Medical Respite Care NIMRC conference and research outcomes final product			
Healthcare for the Homeless Seattle King County	Other	Self	\$5180.00
<b>Category:</b> Other <b>Start Date:</b> 01/01/2018 <b>End Date:</b> <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2023	\$200.00	Estimated	
2022	\$635.00	Actual	
2021	\$1,845.00	Actual	
2020	\$2,500.00	Estimated	
<b>Additional Information:</b> Consumer advisor			
Infectious Disease Society of America	Consultant	Self	\$1150.00
<b>Category:</b> Consultant <b>Start Date:</b> 06/24/2020 <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2023	\$1,000.00	Estimated	
2022	\$150.00	Estimated	
2021	\$0.00	Actual	
2020	\$0.00	Actual	
<b>Additional Information:</b> 2022-2023 IDSA UTI Guideline 2022-2024 IDSA/ AIR uUTI / Antibiotic Stewardship Measurement development 2020-2021 The Guideline TEP I provided public insights partially through the process			
IPRO- QIN/ QIO	Consultant	Self	\$8100.00

Entity	Type	Interest Held By	Value									
<div>Category: ConsultantStart Date: 03/22/2022</div> <div>End Date: Ongoing / No Known End Date</div> <div>Compensation Type: Cash</div> <div>Compensation: Yes</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2023</td><td>\$5,000.00</td><td>Estimated</td></tr><tr><td>2022</td><td>\$3,100.00</td><td>Actual</td></tr></table> <div>Additional Information: Developing national public facing materials addressing Opioid OD and Deaths, and presenting SDoH and disparities information in the weekly meetings</div>				Year	Amount	Type	2023	\$5,000.00	Estimated	2022	\$3,100.00	Actual
Year	Amount	Type										
2023	\$5,000.00	Estimated										
2022	\$3,100.00	Actual										
JBII	ConsultantCurrent Employment	Self	\$200.00									
<div>Category: ConsultantStart Date: 05/01/2022</div> <div>End Date:</div> <div>Compensation Type: Cash</div> <div>Compensation: Yes</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2023</td><td>\$200.00</td><td>Estimated</td></tr></table> <div>Additional Information: https://jbi.global/jbi-evidence-synthesis-taxonomy-initiative/who-are-we (not sure about compensation as yet)</div>				Year	Amount	Type	2023	\$200.00	Estimated			
Year	Amount	Type										
2023	\$200.00	Estimated										
Ludwig Boltzmann Institut für Experimentelle und Klinische Traumatologie	Consultant	Self	-									
<div>Category: ConsultantStart Date: 06/01/2020</div> <div>End Date: 12/01/2021</div> <div>Compensation Type: Unpaid</div> <div>Compensation: No</div> <div>Additional Information: projectsInput provided to the Instituite for research prioritization and other social research project</div>												
McMaster University	ConsultantCurrent Employment	Self	\$146.00									
<div>Category: ConsultantStart Date: 10/15/2020</div> <div>End Date: 12/31/2022</div> <div>Compensation Type: Cash, Unpaid</div> <div>Compensation: Yes</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2022</td><td>\$46.00</td><td>Actual</td></tr><tr><td>2021</td><td>\$100.00</td><td>Estimated</td></tr></table> <div>Additional Information: CIHR Rec Map plain language recommendations work</div>				Year	Amount	Type	2022	\$46.00	Actual	2021	\$100.00	Estimated
Year	Amount	Type										
2022	\$46.00	Actual										
2021	\$100.00	Estimated										
McMaster University	OtherCurrent Employment	Self	\$1546.00									

Entity	Type	Interest Held By	Value															
<div><div>Category: Other</div><div>Start Date: 02/01/2021</div><div>End Date:</div><div>Compensation Type: Cash</div><div>Compensation: Yes</div></div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2022</td><td>\$46.00</td><td>Actual</td></tr><tr><td>2021</td><td>\$500.00</td><td>Estimated</td></tr><tr><td>2020</td><td>\$1,000.00</td><td>Estimated</td></tr></table> <div>Additional Information: 2022 CIHR public facing recommendation materials 2021-2024 ? MuSE Equity work group - Guidelines protocol and 3 papers to date-importance observationsl trials 2021Honorarium for COVID END Citizen work, Equity Task Force meetings and COVID END Horizon panel participation</div>				Year	Amount	Type	2022	\$46.00	Actual	2021	\$500.00	Estimated	2020	\$1,000.00	Estimated			
Year	Amount	Type																
2022	\$46.00	Actual																
2021	\$500.00	Estimated																
2020	\$1,000.00	Estimated																
Michigan Public Health Institute	Consultant <div>Current Employment</div>	Self	\$10000.00															
<div><div>Category: Consultant</div><div>Start Date: 03/01/2022</div><div>End Date: 12/31/2023</div><div>Compensation Type: Cash</div><div>Compensation: Yes</div></div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2023</td><td>\$6,000.00</td><td>Estimated</td></tr><tr><td>2022</td><td>\$4,000.00</td><td>Actual</td></tr></table> <div>Additional Information: Creating Authentic Tools for Engagement (CrATE) Convening PCORI Ambassadors to develop Disparities toolkits through multi disciplined stakeholder engagment - I am a Pt-Co Lead Advisor https://www.pcori.org/research-results/2022/creating-authentic-tools-engagement-crate?msclkid=d7dd55e8bdab11ec87f4c23cf82bb85e</div>				Year	Amount	Type	2023	\$6,000.00	Estimated	2022	\$4,000.00	Actual						
Year	Amount	Type																
2023	\$6,000.00	Estimated																
2022	\$4,000.00	Actual																
National Institute on Aging	Other <div>Current Employment</div>	Self	\$2100.00															
<div><div>Category: Other</div><div>Start Date: 06/01/2019</div><div>End Date: 12/31/2023</div><div>Compensation Type: Cash</div><div>Compensation: Yes</div></div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2023</td><td>\$600.00</td><td>Estimated</td></tr><tr><td>2022</td><td>\$500.00</td><td>Actual</td></tr><tr><td>2021</td><td>\$750.00</td><td>Actual</td></tr><tr><td>2020</td><td>\$250.00</td><td>Actual</td></tr></table> <div>Additional Information: HCSRN / OAIC research Aging Initiative Advisor -APCAC and focus groups on preferences on outcomes Alzheimers drugs</div>				Year	Amount	Type	2023	\$600.00	Estimated	2022	\$500.00	Actual	2021	\$750.00	Actual	2020	\$250.00	Actual
Year	Amount	Type																
2023	\$600.00	Estimated																
2022	\$500.00	Actual																
2021	\$750.00	Actual																
2020	\$250.00	Actual																
National Quality Forum	Other <div>Current Employment</div>	Self	\$5000.00															

Entity	Type	Interest Held By	Value
<b>Category:</b> Other <b>End Date:</b> 07/01/2023 <b>Compensation Type:</b> Other <b>Compensation:</b> Yes			
<b>Start Date:</b> 08/30/2020 <b>Other Compensation:</b> Stipend			
Year	Amount	Type	
2022	\$3,000.00	Actual	
2021	\$2,000.00	Actual	
<b>Additional Information:</b> MAP CC reviewing materials, providing public/patient input / advising			
National Quality Forum	Consultant Current Employment	Self	\$6000.00
<b>Category:</b> Consultant <b>End Date:</b> 12/31/2023 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
<b>Start Date:</b> 01/01/2021			
Year	Amount	Type	
2023	\$1,000.00	Actual	
2022	\$4,000.00	Actual	
2021	\$1,000.00	Actual	
<b>Additional Information:</b> MAP Measure Applications Partnership Hotel for conference Risk Adjustment committee honorarium NQF Risk Adjustment Guidance Committee <a href="https://www.qualityforum.org/Risk_Adjustment_Guidance.aspx">https://www.qualityforum.org/Risk_Adjustment_Guidance.aspx</a>			
North American Primary Care Research Group	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Patient and Caregiver Engagment PACE at NAPCRG <a href="https://www.napcrg.org/">https://www.napcrg.org/</a>			
<b>Start Date:</b> 02/01/2023			
Partnership for Quality Measurement	Consultant	Self	\$2000.00
<b>Category:</b> Consultant <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
<b>Start Date:</b> 08/01/2023			
Year	Amount	Type	
2024	\$2,000.00	Actual	
<b>Additional Information:</b> I am serving on the PQM PRMR PAC LTAC and MSR for a one year term at this point			
Patient Centered Research Institute	Travel	Self	\$4000.00
<b>Location(s):</b> Seattle to DC <b>Travel End Date:</b> 10/07/2023 <b>Valuation Date:</b> 10/23/2023 <b>Additional Information:</b> PCORI pays for Annual meeting scholarships			
<b>Travel Start Date:</b> 01/01/2020 <b>Estimated Value:</b> \$4,000.00 <b>Purpose:</b> Conference Attendance			
PATIENTS program	Consultant	Self	\$3000.00

Entity	Type	Interest Held By	Value
<b>Category:</b> Consultant <b>End Date:</b> 09/15/2023 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 10/01/2022			
Year	Amount	Type	
2023	\$3,000.00	Actual	
<b>Additional Information:</b> PCORI funded advancing dissemination project SHOW Shining the Spotlight Wide <a href="https://www.pcori.org/research-results/2022/shining-spotlight-wide-show-advancing-dissemination-strategies-through-continuous-engagement">https://www.pcori.org/research-results/2022/shining-spotlight-wide-show-advancing-dissemination-strategies-through-continuous-engagement</a>			
PrimaryCare Collaborative	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 12/15/2022 <b>Compensation Type:</b> Other <b>Compensation:</b> No <b>Additional Information:</b> Comp'd the Block by Block conference (hotel I paid) <a href="https://pcpcevents.com/">https://pcpcevents.com/</a> <b>Start Date:</b> 12/14/2022 <b>Other Compensation:</b> Scholarship to Annual conference			
Robert Wood Johnson Foundation	Consultant	Self	\$1500.00
<b>Category:</b> Consultant <b>End Date:</b> 09/30/2021 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 02/01/2021			
Year	Amount	Type	
2021	\$1,500.00	Actual	
<b>Additional Information:</b> Convening at the Center project with Dana Lewis and John Harlow <a href="https://diygs.org/2020/03/12/convening-the-center/">https://diygs.org/2020/03/12/convening-the-center/</a>			
The Gravity Project	Other	Self	\$1500.00
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Start Date:</b> 04/01/2022			
Year	Amount	Type	
2023	\$1,500.00	Actual	
<b>Additional Information:</b> RWJ \$1M is funding the SDoH Interoperability Gravity implementation pilots where I am on the pilot grant review committee- CIVITAS is new program admin EMI Advisors are still assisting with tech <a href="https://confluence.hl7.org/display/GRAV/The+Gravity+Project">https://confluence.hl7.org/display/GRAV/The+Gravity+Project</a>			
The Gravity Project	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> The GRAVITY Project is an HL7 FHIR Accelerator where a large collaborative of individuals interested in the categorizing and interoperable coding pf the social determinants of health have come together where 17 domains have been developed in the last two years. More Here: <a href="https://confluence.hl7.org/display/GRAV/The+Gravity+Project">https://confluence.hl7.org/display/GRAV/The+Gravity+Project</a> <b>Start Date:</b> 04/30/2022			
UCSF SIREN	Consultant Current Employment	Self	\$1500.00

Entity	Type	Interest Held By	Value
<b>Category:</b> Consultant <b>Start Date:</b> 02/24/2023 <b>End Date:</b> 09/25/2025 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2023	\$1,500.00	Estimated	
<b>Additional Information:</b> The UCSF SIREN ESCALATE advisory group has convened to develop and support 3-5 small Community- Research Social Needs grants - we are reviewing these projects now			
University of Australia	Consultant	Self	\$200.00
<b>Category:</b> Consultant <b>Start Date:</b> 10/01/2022 <b>End Date:</b> <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2023	\$200.00	Estimated	
<b>Additional Information:</b> <a href="https://www.isshoos.org/">https://www.isshoos.org/</a> 'The ISSHOOs Project' Identifying Social Factors that Stratify Health Opportunities & Outcomes (ISSHOOs) in Pain Research\$ 600 per project estimated			
University of Colorado, Denver/Anschutz Medical Campus	Employment Current Employment	Self	-
<b>Title:</b> Patient Co Investigator <b>Position Description:</b> I will be working with the two PIs on the 'Measuring Co-Creation During the Engagement Process in Research: A Pathway Forward' Science of Engagment PCORI funded project <a href="https://www.pcori.org/research-results/2023/measuring-co-creation-during-engageme">https://www.pcori.org/research-results/2023/measuring-co-creation-during-engageme</a> <b>Start Date:</b> 10/01/2023 <b>End Date:</b> 09/30/2025 <b>Additional Information:</b> expected 15,000 per year			
University of Washington SORCE	Consultant	Self	-
<b>Category:</b> Consultant <b>Start Date:</b> 01/01/2021 <b>End Date:</b> 12/31/2021 <b>Compensation Type:</b> Cash <b>Compensation:</b> <b>Additional Information:</b> COSMID Study Patient Advisory Co Chair Executive and Cliniucal Committee			
University of Washington SORCE	Other Current Employment	Self	\$1900.00
<b>Category:</b> Other <b>Start Date:</b> 01/01/2017 <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Type	
2023	\$250.00	Estimated	
2022	\$150.00	Actual	
2021	\$600.00	Estimated	
2020	\$900.00	Estimated	
<b>Additional Information:</b> Patient Advisor on the COSMID project started 2019 on going and Patient Advisor on CERTAIN Patient Advisory Group <a href="https://www.becertain.org/projects/diverticulitis-care/cosmid-study">https://www.becertain.org/projects/diverticulitis-care/cosmid-study</a> (2018 and 2019 has general advising \$\$ included)			
Washington State Health Care Authority	Other	Self	\$770.00



Entity	Type	Interest Held By	Value
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
<b>Start Date:</b> 07/01/2022			
Year	Amount	Type	
2023	\$500.00	Actual	
2022	\$270.00	Actual	
<b>Additional Information:</b> Pro-Equity Anti-Racism Community Advisory Team The purpose of PEAR is to foster an environment that creates belonging and establishes a pro-equity and anti-racist culture for Health Care Authority (HCA) employees and the people we work with and serve. PEAR is part of HCA's health equity work, which is a core value of our agency <a href="https://www.hca.wa.gov/about-hca/who-we-are/pro-equity-anti-racism-pear">https://www.hca.wa.gov/about-hca/who-we-are/pro-equity-anti-racism-pear</a>			

## Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - I was a Reviewer for Pharmacological therapies fo	-	Self	-
<b>Description:</b> I was a Reviewer for Pharmacological therapies for the prevention of fractures in men <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>Income:</b> No <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>			
Other Intellectual Property - Making Science Computable: Advancing Evidence-Bas	-	Self	-
<b>Description:</b> Making Science Computable: Advancing Evidence-Based Health Care with Standard Terminologie <b>Income Source:</b> 0 <b>Additional Information:</b> ISEBHC Making Science Computable: Advancing Evidence-Based Health Care with Standard Terminologies article found here <a href="https://mailchi.mp/3a6a1fbb8958/30th-isebhc-newsletter-dec-2021-5946756?fbclid=IwAR2JUWBnEmnL8AHca9iLsSoZiFnun0uoYKta1WQrBmaXrgjVVOvdrpBRRTQ">https://mailchi.mp/3a6a1fbb8958/30th-isebhc-newsletter-dec-2021-5946756?fbclid=IwAR2JUWBnEmnL8AHca9iLsSoZiFnun0uoYKta1WQrBmaXrgjVVOvdrpBRRTQ</a> <b>Income:</b> No <b>Additional Information:</b> ISEBHC Making Science Computable: Advancing Evidence-Based Health Care with Standard Terminologies article found here <a href="https://mailchi.mp/3a6a1fbb8958/30th-isebhc-newsletter-dec-2021-5946756?fbclid=IwAR2JUWBnEmnL8AHca9iLsSoZiFnun0uoYKta1WQrBmaXrgjVVOvdrpBRRTQ">https://mailchi.mp/3a6a1fbb8958/30th-isebhc-newsletter-dec-2021-5946756?fbclid=IwAR2JUWBnEmnL8AHca9iLsSoZiFnun0uoYKta1WQrBmaXrgjVVOvdrpBRRTQ</a>			
Other Intellectual Property - Methodological Guidance For Incorporating Equity	-	Self	-
<b>Description:</b> Methodological Guidance For Incorporating Equity When Informing Rapid-Policy And Guideline Developme <b>Income Source:</b> NA <b>Additional Information:</b> Article co author <a href="https://www.jclinepi.com/article/S0895-4356(22)00180-9/pdf">https://www.jclinepi.com/article/S0895-4356(22)00180-9/pdf</a> <b>Income:</b> No <b>Additional Information:</b> Article co author <a href="https://www.jclinepi.com/article/S0895-4356(22)00180-9/pdf">https://www.jclinepi.com/article/S0895-4356(22)00180-9/pdf</a>			
Other Intellectual Property - Food Insecurity Brochure to accompany NQF measures	-	Self	-
<b>Description:</b> Food Insecurity Brochure to accompany NQF measures <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>Income:</b> <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			
Other Intellectual Property - MuSE Systematic Review Protocol and Reviews	-	Self	-
<b>Description:</b> MuSE Systematic Review Protocol and Reviews <b>Income Source:</b> 0 <b>Additional Information:</b> Under Development <b>Income:</b> <b>Additional Information:</b> Under Development			
Other Intellectual Property - Speaker	-	Self	\$1000.00

Type	Is Licensed	Interest Held By	Value
<b>Description:</b> Speaker <b>Income Source:</b> 1000. <b>Additional Information:</b> Presented at the Putting Care at the Center Conference on Complex Care and value <b>Income:</b> Yes			
Amount	Type	Year	Payment Receipt
\$1,000.00	Actual	2022	Direct Payment
<b>Additional Information:</b> Presented at the Putting Care at the Center Conference on Complex Care and value			
Other Intellectual Property - Mitre HealthLab	-	Self	-
<b>Description:</b> Mitre HealthLab <b>Income Source:</b> 0 <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>Income:</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>			
Other Intellectual Property - MuSE Systematic Review Paper	-	Self	\$500.00
<b>Description:</b> MuSE Systematic Review Paper <b>Income Source:</b> mcMaster <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> <b>Income:</b> Yes			
Amount	Type	Year	Payment Receipt
\$500.00	Estimated	2021	Payment through other organization
<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>			
Other Intellectual Property - Motivations for Investigating Health Inequities i	-	Self	-
<b>Description:</b> Motivations for Investigating Health Inequities in Observational Epidemiology: A Content Analysis of <b>Income Source:</b> no <b>Additional Information:</b> Motivations for Investigating Health Inequities in Observational Epidemiology: A Content Analysis of 320 Studies paper <a href="https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4635346">https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4635346</a> <b>Income:</b> <b>Additional Information:</b> Motivations for Investigating Health Inequities in Observational Epidemiology: A Content Analysis of 320 Studies paper <a href="https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4635346">https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4635346</a>			
Other Intellectual Property - Paradigm Project RWJ Academy Health	-	Self	-
<b>Description:</b> Paradigm Project RWJ Academy Health <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>Income:</b> <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			
Other Intellectual Property - IHI Institute for Health Improvement Developed o	-	Self	-
<b>Description:</b> IHI Institute for Health Improvement Developed out webinars for Goals Driven Care / Patient Safety <b>Income Source:</b> 1000 <b>Additional Information:</b> Honorarium though MEF Doha, Qatar conference was cancelled <b>Income:</b> <b>Additional Information:</b> Honorarium though MEF Doha, Qatar conference was cancelled			
Other Intellectual Property - Peer Reviewer of Cochrane Protocol Musculoskeleta	-	Self	-

Type	Is Licensed	Interest Held By	Value								
<b>Description:</b> Peer Reviewer of Cochrane Protocol Musculoskeletal Group for Systematic Review <b>Additional Information:</b> Musculo skeletal protocol review <b>Income:</b> No <b>Additional Information:</b> Musculo skeletal protocol review											
Other Intellectual Property - Connecting Public Patient - PPI Involvement in Gu	-	Self	-								
<b>Description:</b> Connecting Public Patient - PPI Involvement in Guidelines <b>Additional Information:</b> Developed a PPI pptx that I shared on Guidelines International Network connect October 7th <a href="https://connect.g-i-n.net/newsfeed?item=6342f3da65790d0007dfd837">https://connect.g-i-n.net/newsfeed?item=6342f3da65790d0007dfd837</a> and presented to the Harvard Chan Aging Initiative Steering Committee December 15th 2022 <b>Income:</b> No <b>Additional Information:</b> Developed a PPI pptx that I shared on Guidelines International Network connect October 7th <a href="https://connect.g-i-n.net/newsfeed?item=6342f3da65790d0007dfd837">https://connect.g-i-n.net/newsfeed?item=6342f3da65790d0007dfd837</a> and presented to the Harvard Chan Aging Initiative Steering Committee December 15th 2022											
Other Intellectual Property - <a href="https://nam.edu/patient-and-family-engaged-care-a">https://nam.edu/patient-and-family-engaged-care-a</a>	-	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>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>Income:</b> <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>											
Other Intellectual Property - Development of Communication Resource Guide for L	-	Self	-								
<b>Description:</b> Development of Communication Resource Guide for Low income Individuals, Internet and Phone services <b>Additional Information:</b> 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>Income:</b> <b>Additional Information:</b> Development of communication resources available for low income individuals compiled for COVID19 telehealth and more for WA State Health Care Authority and other organizations											
Other Intellectual Property - Building out Core Competencies for Complex Care m	-	Self	\$500.00								
<b>Description:</b> Building out Core Competencies for Complex Care meetings and build out of documents <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>Income:</b> Yes											
<table border="1"> <thead> <tr> <th>Amount</th><th>Type</th><th>Year</th><th>Payment Receipt</th></tr> </thead> <tbody> <tr> <td>\$500.00</td><td>Estimated</td><td>2020</td><td>Direct Payment</td></tr> </tbody> </table>				Amount	Type	Year	Payment Receipt	\$500.00	Estimated	2020	Direct Payment
Amount	Type	Year	Payment Receipt								
\$500.00	Estimated	2020	Direct Payment								
<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											
Other Intellectual Property - Restoring the Story and Creating a Valuable Clini	-	Self	-								
<b>Description:</b> Restoring the Story and Creating a Valuable Clinical Note <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>Income:</b> <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>											
Other Intellectual Property - Resources supporting trustworthy, rapid and equit	-	Self	-								

Type	Is Licensed	Interest Held By	Value
<b>Description:</b> Resources supporting trustworthy, rapid and equitable evidence synthesis and guideline development: <b>Income Source:</b> <b>Additional Information:</b> Resources supporting trustworthy, rapid and equitable evidence synthesis and guideline development: results from the COVID-19 evidence network to support decision-making (COVID-END) PMCID: PMC9295316 DOI: 10.1016/j.jclinepi.2022.07.008 <b>Income:</b> No <b>Additional Information:</b> Resources supporting trustworthy, rapid and equitable evidence synthesis and guideline development: results from the COVID-19 evidence network to support decision-making (COVID-END) PMCID: PMC9295316 DOI: 10.1016/j.jclinepi.2022.07.008			
Other Intellectual Property - Methodological guidance for incorporating equity	-	Self	-
<b>Description:</b> Methodological guidance for incorporating equity when informing rapid-policy and guideline developme <b>Income Source:</b> <b>Additional Information:</b> Methodological guidance for incorporating equity when informing rapid-policy and guideline development <a href="https://www.jclinepi.com/article/S0895-4356(22)00180-9/fulltext">https://www.jclinepi.com/article/S0895-4356(22)00180-9/fulltext</a> <b>Income:</b> No <b>Additional Information:</b> Methodological guidance for incorporating equity when informing rapid-policy and guideline development <a href="https://www.jclinepi.com/article/S0895-4356(22)00180-9/fulltext">https://www.jclinepi.com/article/S0895-4356(22)00180-9/fulltext</a>			
Other Intellectual Property - A scoping review establishes need for consensus g	-	Self	-
<b>Description:</b> A scoping review establishes need for consensus guidance on reporting health equity in observational <b>Income Source:</b> <b>Additional Information:</b> A scoping review establishes need for consensus guidance on reporting health equity in observational studies <a href="https://www.jclinepi.com/article/S0895-4356(23)00156-7/fulltext">https://www.jclinepi.com/article/S0895-4356(23)00156-7/fulltext</a> <b>Income:</b> No <b>Additional Information:</b> A scoping review establishes need for consensus guidance on reporting health equity in observational studies <a href="https://www.jclinepi.com/article/S0895-4356(23)00156-7/fulltext">https://www.jclinepi.com/article/S0895-4356(23)00156-7/fulltext</a>			
Other Intellectual Property - SEVCO Standardized evidence / scientific terms fo	-	Self	-
<b>Description:</b> SEVCO Standardized evidence / scientific terms for interoperability <b>Income Source:</b> 0 <b>Additional Information:</b> Scientific Evidence Code System Expert Working Group to vote on the terms and definitions in this code system <a href="https://fevir.net/resources/Project/27845">https://fevir.net/resources/Project/27845</a> <b>Income:</b> No <b>Additional Information:</b> Scientific Evidence Code System Expert Working Group to vote on the terms and definitions in this code system <a href="https://fevir.net/resources/Project/27845">https://fevir.net/resources/Project/27845</a>			
Other Intellectual Property - Low Value Research Work Group AA/Latinx Donaghue	-	Self	-
<b>Description:</b> Low Value Research Work Group AA/Latinx Donaghue Foundation <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>Income:</b> <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			
Other Intellectual Property - Culturally responsive health research: A collabor	-	Self	-
<b>Description:</b> Culturally responsive health research: A collaborative design model for equitable and sustainable <b>Income Source:</b> 0 <b>Additional Information:</b> Culturally responsive health research: A collaborative design model for equitable and sustainable community impact <a href="https://journalofhealthdesign.com/JHD/article/view/143">https://journalofhealthdesign.com/JHD/article/view/143</a> <b>Income:</b> No <b>Additional Information:</b> Culturally responsive health research: A collaborative design model for equitable and sustainable community impact <a href="https://journalofhealthdesign.com/JHD/article/view/143">https://journalofhealthdesign.com/JHD/article/view/143</a>			
Other Intellectual Property - Guidance relevant to the reporting of health equi	-	Self	-
<b>Description:</b> Guidance relevant to the reporting of health equity in observational research: a scoping review prot <b>Income Source:</b> NA <b>Additional Information:</b> Article co author <a href="https://bmjopen.bmj.com/content/12/5/e056875">https://bmjopen.bmj.com/content/12/5/e056875</a> <b>Income:</b> No <b>Additional Information:</b> Article co author <a href="https://bmjopen.bmj.com/content/12/5/e056875">https://bmjopen.bmj.com/content/12/5/e056875</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



## Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

## Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCHID or PubMed) or as an attachment (write "see attachment" in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write "None"</i>
Depression	None
Hypertension	Acumen or NQF MAPP CC possible '21
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	Acumen or NQF MAPP CC possible '21
Type 2 Diabetes	None
Colorectal Cancer	Acumen or NQF MAPP CC possible '21
Colonoscopy	Acumen or NQF MAPP CC possible '21
Pain	Webinar on Pain for IPRO / ECHO series '23
Low Back Pain	None
Opioids	ACT Transformation community group LHS Care Gap Report 21-current
Diverticulitis	COSMID Trial Co Patient Lead on Large multisite RCT UW 18-current

## 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 above topic areas and that my disclosures are up to date.

Janice E Tufte

12/18/2023

Signature

Date

Omar Atiq

**Disclosure** Annual Governance Disclosure 2023-24 (Expiration Date: 01/04/2025), Internal Medicine Meeting **Employment** Currently  
**Purpose:** 2024 faculty (Expiration Date: 01/04/2025), speaker (Expiration Date: 01/04/2025), Faculty - MA ACP **Information:** Employed  
2023 Annual Scientific Meeting (Expiration Date: 01/04/2025)

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Allied Healthcare, (Private) Ltd	Stock	Self	\$154000.00
<b>Percentage Ownership:</b> 3 <b>Estimated Value:</b> \$154,000.00 <b>Divestment Date:</b> <b>Additional Information:</b>			
Bristol Myers Squibb Company	Grant / Contract	Self	\$35023.54.00
<b>Recipient Name:</b> UAMS <b>Grant / Contract Description:</b> Research grant <b>Contract Start Date:</b> <b>Grant / Contract Amount:</b> \$35,023.54 <b>Additional Information:</b> Assumed PI after previous PI left UAMS. No personal financial benefit.			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/28/2023 <b>Contract End Date:</b>			
Celgene Corporation	Grant / Contract	Self	\$25713.43.00
<b>Recipient Name:</b> UAMS <b>Grant / Contract Description:</b> Research grant <b>Contract Start Date:</b> <b>Grant / Contract Amount:</b> \$25,713.43 <b>Additional Information:</b> No personal financial benefit			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/28/2023 <b>Contract End Date:</b>			
Checkmate Pharmaceuticals, Inc	Grant / Contract	Self	\$21620.00
<b>Recipient Name:</b> UAMS <b>Grant / Contract Description:</b> Research grant <b>Contract Start Date:</b> <b>Grant / Contract Amount:</b> \$21,620.00 <b>Additional Information:</b> No personal financial benefit			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 08/28/2023 <b>Contract End Date:</b>			
Texas Regional Medical Center, LLC	Stock	Self	\$377958.00
<b>Percentage Ownership:</b> 2 <b>Estimated Value:</b> \$377,958.00 <b>Divestment Date:</b> Ongoing / No Known Divestment Date <b>Additional Information:</b> Actively trying to disinvest			
<b>Valuation Date:</b> 12/31/2021			
University of Arkansas for Medical Sciences	Employment Current Employment	Self	-
<b>Title:</b> Professor of Medicine and Otolaryngology-Head and Neck Surgery <b>Start Date:</b> 03/01/2014 <b>Additional Information:</b> Full time employment			
<b>Position Description:</b> Physician <b>End Date:</b>			

## Additional Questions

### 1. Please specify any additional information which you consider relevant to this disclosure.

I was/am PI on the following trials at UAMS WPRCI - funding to the institution - no financial payment or benefit to me personally. 1. IRB #262525: A Multi-Center, Phase 2, Open Label Study of Intratumoral CMP-001 in Combination with Intravenous Pembrolizumab in Subjects with Recurrent or Metastatic Head and Neck Squamous Cell Carcinoma. Sponsor Checkmate Pharmaceuticals, Inc - \$21,620.00. 2. IRB #203989: A Phase 3, Randomized, Double-Blind Study of Adjuvant Immunotherapy with Nivolumab versus Ipilimumab after Complete Resection of Stage IIb/c or Stage IV Melanoma in Subjects who are at High Risk for Recurrence. Sponsor: Bristol Myers Squibb Company - \$35,023.54 3. IRB #205168: Phase 2 Single Arm Trial of Cisplatin, Nab-Paclitaxel, and Cetuximab (CACTUX) in Patients with Incurable Head and Neck Squamous Cell Carcinoma (HNSCC) - Protocol #201410073) – Sponsor: Washington University – Payment by Celgene Corporation - \$25,713.43

### 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

## 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)



## Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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- Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

## Clinical Guidelines Committee and Population Health and Medical Sciences Committee: Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None
COVID-19	None
Cannabis	None

## 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 above topic areas and that my disclosures are up to date.

Omar Atiq



Signature

1/17/2024

Date

**Discloser Identifier:** 01367349 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **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:** Director, Public Relations  
**Start Date:** 02/06/2006  
**Additional Information:**

**Position Description:**  
**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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- 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

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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- Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, membership in special interest groups, or the development, testing and/or maintenance of performance measures in these areas.

### Clinical Guidelines Committee: Topics Currently Under Development

Clinical Topic Area	Intellectual (including relevant publications from peer- and non-peer-reviewed sources) or Other Relevant Interests <i>Report from last 3 years only. You do not need to report publications you developed on behalf of ACP. If none, write "None"</i>
Menopausal Therapy	None
Hypertension	None
Obesity	None
Colorectal Cancer	None
Type 2 Diabetes	None
Migraine	None
Osteoporosis	None
Depression	None

### Population Health Medical Science Committee: Topics Currently Under Development

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Other Relevant Intellectual Interests <i>Report from last 3 years only. If none, write "None"</i>
COVID-19	None
Cannabis	None

### Performance Measurement Committee: Topic Areas for Performance Measure Review

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Performance Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write "None". If yes, please provide additional details next to the relevant topic.</i>
Colonoscopy	None
Colorectal Cancer	None
Diverticulitis	None
Depression	None
Acute Pain	None

**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 above topic areas and that my disclosures are up to date.

Laura Baldwin

---

Print Name

Laura Baldwin

1/24/24

---

Signature

Date

**Discloser Identifier:** 01431719 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<div><div><b>Title:</b> Chief Operating Officer <b>Start Date:</b> 10/15/1997 <b>Additional Information:</b></div><div><b>Position Description:</b> Oversees operations of the organization <b>End Date:</b> Ongoing / No Known End Date</div></div>			
Ewing Cole	Employment	Spouse/Partner	-
<div><div><b>Title:</b> Project Manager <b>Start Date:</b> 01/01/1998 <b>Additional Information:</b></div><div><b>Position Description:</b> Manages building/renovation of health care facilities <b>End Date:</b> Ongoing / No Known End Date</div></div>			

Certification

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- 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

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## Relevant Publications and Other Intellectual Interests for Ongoing Projects

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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, membership in special interest groups, or the development, testing and/or maintenance of performance measures in these areas.

### Clinical Guidelines Committee: Topics Currently Under Development

Clinical Topic Area	Intellectual (including relevant publications from peer- and non-peer-reviewed sources) or Other Relevant Interests <i>Report from last 3 years only. You do not need to report publications you developed on behalf of ACP. If none, write "None"</i>
Menopausal Therapy	
Hypertension	
Obesity	
Colorectal Cancer	
Type 2 Diabetes	
Migraine	
Osteoporosis	
Depression	

### Population Health Medical Science Committee: Topics Currently Under Development

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Other Relevant Intellectual Interests <i>Report from last 3 years only. If none, write "None"</i>
COVID-19	
Cannabis	

### Performance Measurement Committee: Topic Areas for Performance Measure Review

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Performance Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write "None". If yes, please provide additional details next to the relevant topic.</i>
Colonoscopy	
Colorectal Cancer	
Diverticulitis	
Depression	
Acute Pain	

**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 above topic areas and that my disclosures are up to date.

**Wayne H. Bylsma**

Print Name

**Wayne Bylsma** Digitally signed by Wayne Bylsma  
Date: 2024.01.23 13:56:01 -05'00'

**01 23 2024**

Signature

Date

**Discloser Identifier:** 04227079 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **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:** 04/04/2022  
**Additional Information:** Full-time exempt

**Position Description:** - Review measurement science work with the PMC  
**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:

- 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



NAME: Karen Campos

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	
Hypertension	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Type 2 Diabetes	
COVID-19	
Cannabis	
Colorectal Cancer	
Colonoscopy	
Pain	
Low Back Pain	
Opioids	
Diverticulitis	

### 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 above topic areas and that my disclosures are up to date.

## Karen Campos

---

Name

Karen Campos,  
CHES



Digitally signed by Karen Campos,  
CHES  
Date: 2023.12.18 15:35:35 -05'00'

---

Signature

Date

**Discloser Identifier:** 02186486 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **Employment Information:** Currently Employed

Summary of Interests			
Company or Organization			
Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<div><div><b>Title:</b> Manager, Clinical Policy <b>Start Date:</b> 08/26/2013 <b>Additional Information:</b></div><div><b>Position Description:</b> Manage activities related to the Clinical Guidelines Committee and Scientific Medical Policy Committee <b>End Date:</b> Ongoing / No Known End Date</div></div>			
Council of Medical Specialty Societies	Other	Self	-
<div><div><b>Category:</b> Other <b>End Date:</b> 10/31/2022 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Co-chair, Clinical Practice Guidelines Developers Professional Peer Group</div><div><b>Start Date:</b> 10/01/2020</div></div>			
Guidelines International Network	Other	Self	-
<div><div><b>Category:</b> Other <b>End Date:</b> 09/26/2024 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Steering group member, GIN North America Regional Community</div><div><b>Start Date:</b> 09/26/2022</div></div>			
The Beasley Firm, LLC	Employment	Spouse/Partner	-
<div><div><b>Title:</b> Technology Specialist <b>Start Date:</b> 09/01/2009 <b>Additional Information:</b></div><div><b>Position Description:</b> Provides technical and media support <b>End Date:</b> Ongoing / No Known End Date</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:

- 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

91

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.
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### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None
COVID-19	None
Cannabis	None
Colorectal Cancer	None
Colonoscopy	None
Pain	None
Low Back Pain	None
Opioids	None
Diverticulitis	None

**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 above topic areas and that my disclosures are up to date.

Kate Carroll

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*Kate Carroll*

1/3/2024

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Signature

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Date

**Discloser Identifier:** 04021574 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **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	-
<b>Title:</b> Senior Scientist <b>Start Date:</b> 11/07/2022 <b>Additional Information:</b> <b>Position Description:</b> Senior Scientist <b>End Date:</b> Ongoing / No Known End Date			
American College of Physicians	Consultant	Self	-
<b>Category:</b> Consultant <b>End Date:</b> 10/31/2022 <b>Compensation Type:</b> Cash <b>Compensation:</b> <b>Additional Information:</b> <b>Start Date:</b> 09/01/2018			

## 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

## Relevant Publications and Other Intellectual Interests for Ongoing Projects

**NAME:** Itziar Etxeandia Ikobaltzeta

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None
COVID-19	None
Cannabis	None
Colorectal Cancer	None
Colonoscopy	None
Pain	None
Low Back Pain	None
Opioids	None
Diverticulitis	None

### 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 above topic areas and that my disclosures are up to date.

---

Name



Signature

12/19/2023

---

Date



**Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024, Planners and Faculty

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-

**Title:** Senior Vice President, Marketing & PR  
**Start Date:** 06/10/1996  
**Additional Information:**

**Position Description:** Chief Communications Officer  
**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:

- 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

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None
COVID-19	None
Cannabis	None
Colorectal Cancer	None
Colonoscopy	None
Pain	None
Low Back Pain	None
Opioids	None
Diverticulitis	None

**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 above topic areas and that my disclosures are up to date.

Allison Ewing

---

1-17-24

*Allison Ewing*

---

Signature

Date

**Discloser Identifier:** 04354277 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **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:** Coordinator, Clinical Policy  
**Start Date:** 02/21/2023  
**Additional Information:**

**Position Description:** Office coordinator for clinical policy division at ACP  
**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:

- 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

## Relevant Publications and Other Intellectual Interests for Ongoing Projects

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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, membership in special interest groups, or the development, testing and/or maintenance of performance measures in these areas.

### Clinical Guidelines Committee: Topics Currently Under Development

Clinical Topic Area	Intellectual (including relevant publications from peer- and non-peer-reviewed sources) or Other Relevant Interests <i>Report from last 3 years only. You do not need to report publications you developed on behalf of ACP. If none, write "None"</i>
Menopausal Therapy	None
Hypertension	None
Obesity	None
Colorectal Cancer	None
Type 2 Diabetes	None
Migraine	None
Osteoporosis	None
Depression	None

### Population Health Medical Science Committee: Topics Currently Under Development

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Other Relevant Intellectual Interests <i>Report from last 3 years only. If none, write "None"</i>
COVID-19	None
Cannabis	None

### Performance Measurement Committee: Topic Areas for Performance Measure Review

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Performance Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write "None". If yes, please provide additional details next to the relevant topic.</i>
Colonoscopy	None
Colorectal Cancer	None
Diverticulitis	None
Depression	None
Acute Pain	None

**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 above topic areas and that my disclosures are up to date.

**Devon Germanovich**

Print Name

**Devon Germanovich**

Digitally signed by Devon Germanovich  
Date: 2024.01.02 10:20:01 -05'00'

**1/2/2024**

Signature

Date

Andrew Hachadorian

**Discloser Identifier:** 04028463 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> Manager of Media Relations <b>Start Date:</b> 04/27/2020 <b>Additional Information:</b> <b>Position Description:</b> I manage media relations for the College. <b>End Date:</b> Ongoing / No Known End Date			
Bristol-Myers Squibb	Employment	Self	-
<b>Title:</b> Contract content writer <b>Start Date:</b> 10/21/2019 <b>Additional Information:</b> <b>Position Description:</b> I wrote content for internal and external websites as well as social media copy. <b>End Date:</b> 04/20/2020			
Main Line Health	Employment	Spouse/Partner	-
<b>Title:</b> Medical secretary <b>Start Date:</b> 01/02/1995 <b>Additional Information:</b> <b>Position Description:</b> I work at the Perinatal Testing Center at Paoli Hospital. <b>End Date:</b> 12/09/2021			

## 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

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None
COVID-19	None
Cannabis	None
Colorectal Cancer	None
Colonoscopy	None
Pain	None
Low Back Pain	None
Opioids	None
Diverticulitis	None



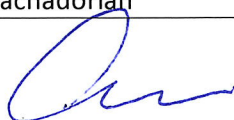
Relevant Publications and Other Intellectual Interests for Ongoing Projects  
Andrew Hachadorian

**Acknowledgements and Attestations**

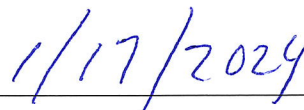
*By signing this form,*

- 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 above topic areas and that my disclosures are up to date.

Andrew Hachadorian



Signature



Date

**Discloser Identifier:** 04119425 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **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:** Senior Scientist  
**Start Date:** 05/31/2022  
**Additional Information:**

**Position Description:** I am a methodologist contributing to or leading work on evidence synthesis to inform clinical guidelines.  
**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:

- 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

## Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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## Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	ACP only
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	<a href="https://www.acpjournals.org/doi/10.7326/M22-0684">https://www.acpjournals.org/doi/10.7326/M22-0684</a>
Type 2 Diabetes	ACP only
COVID-19	ACP only
Cannabis	<a href="https://www.cannabisevidence.org/">https://www.cannabisevidence.org/</a> for related reports <a href="https://pubmed.ncbi.nlm.nih.gov/36730710/">https://pubmed.ncbi.nlm.nih.gov/36730710/</a>
Colorectal Cancer	ACP only
Colonoscopy	ACP only
Pain	<a href="https://www.cannabisevidence.org/">https://www.cannabisevidence.org/</a>
Low Back Pain	<a href="https://www.cannabisevidence.org/">https://www.cannabisevidence.org/</a>
Opioids	None
Diverticulitis	None

**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 above topic areas and that my disclosures are up to date.

Curtis Harrod

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12/19/2023

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Signature

Date

**Discloser Identifier:** 04360194 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **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:** Vice President, Marketing and Public Relations  
**Start Date:** 04/10/2023  
**Additional Information:**

**Position Description:**  
**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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- 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

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Type 2 Diabetes	None
COVID-19	None
Cannabis	None
Colorectal Cancer	None
Colonoscopy	None
Pain	None
Low Back Pain	None
Opioids	None
Diverticulitis	None

**Acknowledgements and Attestations**

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Elizabeth Lisa Johnson

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1/17/2024

*Elizabeth Lisa Johnson*

---

Signature

Date

Darilyn Moyer

**Disclosure Purpose:** Annual Governance Disclosure 2023-24, Planners and Faculty, Faculty, CME, Faculty - MA ACP Annual Chapter Mtg  
**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> EVP/CEO <b>Start Date:</b> 01/01/2017 <b>Additional Information:</b> <b>Position Description:</b> EVP/CEO <b>End Date:</b> Ongoing / No Known End Date			
American Medical Association	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Unpaid <b>Compensation:</b> <b>Additional Information:</b> <b>Start Date:</b> 01/01/2017			
Brigham and Women's Hospital	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 07/31/2028 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Center for Physician Experience and Practice Excellence Advisory Board Member (not a fiduciary role) <b>Start Date:</b> 07/18/2023			
Council of Medical Subspecialty Societies	Fiduciary Officer	Self	-
<b>Official Title:</b> CMSS Board Member/President <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 10/16/2018 <b>Compensation:</b> <b>Additional Information:</b> Board of Directors 2018-2022, President 1/2020- 12/2021, Immediate Past President 1/2022, <b>Position Description:</b> CMSS Board member/President <b>End Date:</b> 12/31/2022			
Gender Equity in Academic Medicine and Science Alliance	Fiduciary Officer	Self	-
<b>Official Title:</b> Founding Member and Executive Board Member <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 01/01/2022 <b>Compensation:</b> No <b>Additional Information:</b> <b>Position Description:</b> Member, Board of Directors <b>End Date:</b>			
Inspira Health Woodbury	Employment	Spouse/Partner	-
<b>Title:</b> Physician Staff- Inspira Medical Group <b>Start Date:</b> 01/01/2017 <b>Additional Information:</b> Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360 <b>Position Description:</b> Salaried Pulmonary Critical Care Sleep Physician <b>End Date:</b> Ongoing / No Known End Date			
PCPCC	Fiduciary Officer	Self	-



Entity	Type	Interest Held By	Value
<b>Official Title:</b> PCPCC Board Member <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 01/01/2017 <b>Compensation:</b> No <b>Additional Information:</b> PCPCC Board Chair, 1/31/2020-12/31/2021, PCPCC Immediate Past Board Chair, 1/1/2022-12/31/2022			
Temple University	Fiduciary Officer	Self	-
<b>Official Title:</b> Lewis Katz School of Medicine at Temple University Medical Alumni Board <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 01/01/2017 <b>Compensation:</b> No <b>Additional Information:</b>			
Temple University Health System / Lewis Katz School of Medicine	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Appointed to Board of Visitors with a three-year term.			

## Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Multiple presentations	-	Self	-
<b>Description:</b> Multiple presentations <b>Additional Information:</b> <b>Income:</b> <b>Additional Information:</b>			
Other Intellectual Property - Multiple presentations and publications	-	Self	-
<b>Description:</b> Multiple presentations and publications <b>Additional Information:</b> <b>Income:</b> <b>Additional Information:</b>			

## 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

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	None
Hypertension	None
Menopausal Therapy	None
Migraine	None
Obesity	Obesity Roundtable Discussion
Osteoporosis	None
Type 2 Diabetes	None
COVID-19	Multiple Annals pubs after COVID ACP/Annals Forums
Cannabis	None
Colorectal Cancer	None
Colonoscopy	None
Pain	None
Low Back Pain	None
Opioids	None
Diverticulitis	None

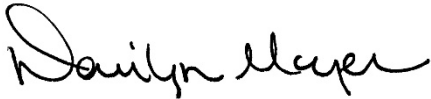
**Acknowledgements and Attestations**

*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 above topic areas and that my disclosures are up to date.

Darilyn Moyer

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12/22/23

---

Signature

Date

Amir Qaseem

**Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 (Expiration Date: 12/15/2024), CME (Expiration Date: 12/15/2024), Population Health Committee (Expiration Date: 12/15/2024), Forums (Expiration Date: 12/15/2024), Internal Medicine Meeting 2024 faculty (Expiration Date: 12/15/2024), Planners and Faculty (Expiration Date: 12/15/2024)

**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	-
<b>Title:</b> Chief Science Officer <b>Start Date:</b> 12/07/2003 <b>Additional Information:</b>			
<b>Position Description:</b> <b>End Date:</b> Ongoing / No Known End Date			
American College of Physicians	Other <b>Current Employment</b>	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> <b>Compensation:</b> <b>Additional Information:</b> I regularly represent ACP in external initiatives related to clinical and medical policies (such as meetings, workgroups, committees, governance boards).			
<b>Start Date:</b> 12/07/2003			

## 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

NAME: Amir Qaseem

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	N/A for all
Hypertension	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Type 2 Diabetes	
COVID-19	
Cannabis	
Colorectal Cancer	
Colonoscopy	
Pain	
Low Back Pain	
Opioids	
Diverticulitis	

### 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 above topic areas and that my disclosures are up to date.

Amir Qaseem

Name



Signature

12/18/2023

Date

**Discloser Identifier:** 01975766 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **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:** Senior Research Associate  
**Start Date:** 01/13/2021  
**Additional Information:**

**Position Description:** Center for Evidence Reviews  
**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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- 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

NAME: Tatyana A Shamliyan

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	
Hypertension	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Type 2 Diabetes	
COVID-19	
Cannabis	
Colorectal Cancer	
Colonoscopy	
Pain	
Low Back Pain	
Opioids	
Diverticulitis	



### Acknowledgements and Attestations

*By signing this form,*

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

**Tatyana A Shamliyan**

Name

Tatyana A Shamliyan

Digitally signed by Tatyana A  
Shamliyan  
Date: 2023.12.18 15:27:37 -05'00'

**12/18/2023**

Signature

Date

**Discloser Identifier:** 03794192 **Disclosure Purpose:** Annual Staff Disclosure 2023 - 2024 **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:** Senior Scientist, Clinical Policy  
**Start Date:** 06/15/2020  
**Additional Information:**

**Position Description:** Leading the performance measurement strategy  
**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:

- 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

NAME: Samantha Tierney

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	I participate in CMS's Expert WG for Suicide Risk Assessment measures in patients w/MDD
Hypertension	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Type 2 Diabetes	
COVID-19	
Cannabis	
Colorectal Cancer	
Colonoscopy	
Pain	
Low Back Pain	
Opioids	
Diverticulitis	

**Acknowledgements and Attestations**

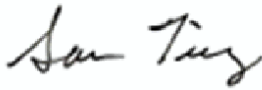
*By signing this form,*

- 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 above topic areas and that my disclosures are up to date.

**Samantha Tierney**

---

Name



Signature

**12/19/23**

---

Date

**Discloser  
Identifier:**03994247**Disclosure  
Purpose:**Contractor/Guest Annual Disclosure 2023 - **Employment  
Information:**  
24Currently  
Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
COVID-END	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 04/01/2022 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> <b>Start Date:</b> 05/01/2020			
European Cooperation in Science and Technology	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 04/16/2023 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> <b>Start Date:</b> 10/17/2018			
Evidence Based Research Network	Fiduciary Officer	Self	-
<b>Official Title:</b> Steering Committee Member <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 10/01/2016 <b>Compensation:</b> No <b>Additional Information:</b> <b>Position Description:</b> <b>End Date:</b> Ongoing / No Known End Date			
Evidence Synthesis International	Fiduciary Officer	Self	-
<b>Official Title:</b> Secretariat <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 03/01/2018 <b>Compensation:</b> <b>Additional Information:</b> <b>Position Description:</b> Organize and support activities of the organisation <b>End Date:</b> Ongoing / No Known End Date			
McMaster University	Employment	Self	-
<b>Title:</b> Assistant Clinical Faculty <b>Start Date:</b> 07/01/2017 <b>Additional Information:</b> <b>Position Description:</b> <b>End Date:</b> 06/30/2023			
Sigma Theta Tau International	Fiduciary Officer	Self	-
<b>Official Title:</b> Immediate Past President <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 10/01/2021 <b>Compensation:</b> No <b>Additional Information:</b> <b>Position Description:</b> <b>End Date:</b> 09/30/2022			
Sigma Theta Tau International	Fiduciary Officer	Self	-

Entity	Type	Interest Held By	Value
<b>Official Title:</b> President - Alpha Nu Chapter <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 09/01/2019 <b>Compensation:</b> No <b>Additional Information:</b>			
Villanova University	Employment Current Employment	Self	-
<b>Title:</b> Professor <b>Start Date:</b> 08/22/2017 <b>Additional Information:</b>			
Villanova University	Grant / Contract	Self	\$50000.00
<b>Recipient Name:</b> M. Louise Fitzpatrick College of Nursing <b>Grant / Contract Description:</b> COVID-19 Caring About Health for All Study (CHAMPS) <b>Contract Start Date:</b> 03/31/2020 <b>Grant / Contract Amount:</b> \$50,000.00 <b>Additional Information:</b> Principal Investigators: Kaufman, P., Havens, D., Mensinger, J.; Co-Investigators: Bradley, P., Brom, H., Copel, L., Maldonado, L., Smeltzer, S., Yost, J.			
Villanova University	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> COVID-19 Caring About Health for All Study (CHAMPS) funded with in-kind funding in the amount of \$50,000 USD. A longitudinal study to assess the experience and self-reported health and well-being of essential workers and first responders, service staff, and healthcare professionals who provided support for patients, treatment sites and the community during the COVID-19 pandemic in the short and long-term. CHAMPS will also serve as a registry for future, ancillary- and sub-studies.			

## Additional Questions

1. Please specify any additional information which you consider relevant to this disclosure.

N/A

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

## 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

NAME: Jennifer Yost

### Disclosures of Interests: Supplemental Questions

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Depression	Relevant publications - <a href="https://orcid.org/0000-0002-3170-1956">https://orcid.org/0000-0002-3170-1956</a>
Hypertension	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Type 2 Diabetes	Relevant publications - <a href="https://orcid.org/0000-0002-3170-1956">https://orcid.org/0000-0002-3170-1956</a>
COVID-19	
Cannabis	
Colorectal Cancer	
Colonoscopy	
Pain	
Low Back Pain	
Opioids	
Diverticulitis	



**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 above topic areas and that my disclosures are up to date.

**Jennifer Yost**

\_\_\_\_\_  
Name



\_\_\_\_\_  
Signature

**12/19/2023**

\_\_\_\_\_  
Date

American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests (DOI) Form

**Instructions**

**Review of Disclosures of Interests**

This is a disclosure of interests (DOI) worksheet for the Department of Clinical Policy within the American College of Physicians. All participants in committee meetings and works development must complete this form upon start of work or committee term. This requirement applies to:

- All ACP staff participating in meetings or calls
- All members of any department panel or committee
- Contracted authors or consultants
- Any other individual participating in committee meetings/conferences calls or developing work for the Department of Clinical Policy

**Managing Conflicts of Interest**

Answering “Yes” to a question on this form does not automatically disqualify an individual from participation. Potential conflicts are graded by staff according to department policy and participation is managed according to level of conflict.

**What should I report?**

We require disclosure:

- On behalf of self AND household members
- Of financial interests (received direct payments) related to health or healthcare
- Of intellectual interests (no direct payments received) related to health or healthcare
- From the last 3 years

**If in doubt, err on the side of full disclosure.**

**Acknowledgement and Transparency**

To maintain transparency, all signed disclosures will be publicly available on ACP's website and a link to the disclosures will be included in each published work.

## BASIC INFORMATION

Full Name \_\_\_\_\_

**Please report all employment positions you have held during the last 3 years:**

Status	Employer	Annual Income Range	
Active (current)	McMaster University	≥\$100,001	X
Active (current)	Humanitas University	≥\$100,001	X
			<a href="#">Click to add new row</a>

**Please report all employment positions your household members have held during the last 3 years:**

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range	
Active (current)	Spouse	University of Milan	≥\$100,001	X
Active (current)	Daughter	University of Milan	\$10,001 to \$50,000	X
				<a href="#">Click to add new row</a>

## RESEARCH AND CONSULTING

**Within the last 3 years, have you or any household members. . .**

. . .received research support for a topic related to health or healthcare?  
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ☐ Yes ☒ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory, legislative, or judicial process? ☐ Yes ☒ No

**For any "Yes" responses, please provide additional details in the space provided below.**

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	CIHR, PI, guidelines, RecMap, recommendation presentation trials	≥\$100,001	X
Inactive (last 3 yrs)	Myself	American Society of HematologyPI, guideline development on thrombosis in covid	≥\$100,001	X
Active (current)	Myself	Public Health Agency of Canada, PI, guideline development on post covid condition	≥\$100,001	X
Inactive (last 3 yrs)	Myself	Multiple sclerosis international foundation, PI, guideline development on multiple sclerosis	\$10,001 to \$50,000	X
Active (current)	Myself	WHO, PI, guideline development on post covid condition	\$50,001 to 100,000	X
Active (current)	Myself	European COMmission, PI, guideline methods	Select	X
				<a href="#">Click to add new row</a>

## INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

- ...held any investments related to health or healthcare?  
*e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds.*

☐ Yes ☒ No
- ...held any commercial business interests related to health or healthcare?  
*e.g., board membership, proprietorship, joint ventures, controlling interest*

☐ Yes ☒ No
- ...held any patents, trademarks, or copyrights related to health or healthcare?  
*Please include pending.*

☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

- ...participated in workgroups, panels, or committees through other medical societies or healthcare organizations?

☒ Yes ☐ No
- ...participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations?

☐ Yes ☒ No
- ...spoken publicly on topics related to health or healthcare?

☒ Yes ☐ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence?


☒ Yes ☐ No

For any "Yes" responses, please provide additional details in the space provided below.				
Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Multiple guideline organizations (covered in the funding area above).	\$0	X
Active (current)	Myself	Multiple international talks on guideline methods.	≤\$5000	X
Active (current)	Myself	Chair of the GRADE Working Group	\$0	X
Active (current)	Myself	Chair GIN board of trustees	\$0	X
				Click to add new row

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and intellectual interests above and I will promptly disclose any changes.

Holger Schuenemann

 Digitally signed by Holger Schuenemann  
Date: 2023.10.13 10:39:56 -04'00'

Signature

Date

**Discloser Identifier:** 04121105

**Disclosure Purpose:** TEP drug review

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-
<p><b>Title:</b> Assistant Professor <b>Start Date:</b> 01/01/2014</p> <p><b>Additional Information:</b></p> <p><b>Position Description:</b> My tasks include doing research, commissioned projects, teaching, supervising juniors. My research focusses on methodology for systematic reviews and meta-analysis. <b>End Date:</b> Ongoing / No Known End Date</p>			

## 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

Discloser Identifier: 04288282

Disclosure Purpose: TEP drug review

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-

Title: Assistant professor

Start Date: 01/01/2014

Additional Information:

Position Description:

End Date:

Certification

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**Discloser Identifier:** 04288269

**Disclosure Purpose:** TEP drug review

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-
<p><b>Title:</b> Professor Evidence Synthesis &amp; Knowledge Translation in Healthcare  <b>Start Date:</b> 01/01/2014</p> <p><b>Position Description:</b> Professor Evidence Synthesis &amp; Knowledge Translation, Head of department Epidemiology &amp; Health Economics at the Julius Center UMC Utrecht, Director Cochrane Netherlands  <b>End Date:</b> Ongoing / No Known End Date</p> <p><b>Additional Information:</b> No interest to report</p>			

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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

**Discloser Identifier:** 04288278**Disclosure Purpose:** TEP drug review**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-
<div><div><b>Title:</b> Junior researcher/teacher <b>Start Date:</b> 05/16/2022  <b>Additional Information:</b> Full time employment</div><div><b>Position Description:</b> Within Cochrane Netherlands, I am helping with the execution and reporting of systematic reviews commissioned by different organisations. <b>End Date:</b> Ongoing / No Known End Date</div></div>			

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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



Discloser Identifier: 04288287

Disclosure Purpose: TEP drug review

Employment Information: Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-
<div><b>Title:</b> Junior researcher/teacher <b>Start Date:</b> 08/01/2022 <b>Additional Information:</b></div> <div><b>Position Description:</b> Assisting with systematic literature review and evidence synthesis <b>End Date:</b> Ongoing / No Known End Date</div>			

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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

Discloser Identifier: 04288273

Disclosure Purpose: TEP drug review

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-

Title: Clinical epidemiologist (researcher)  
Start Date: 01/15/2016  
  
Additional Information:

Position Description: Assistant professor in clinical epidemiology, focussing on methodological research regarding prediction models, diagnostic tests, and the impact of these on clinically relevant outcomes.  
End Date: 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

Discloser Identifier: 04288279

Disclosure Purpose: TEP drug review

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-

Title: Junior Researcher & Teacher

Start Date: 05/16/2022

Additional Information:

Position Description:

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

Discloser Identifier: 04479249

Disclosure Purpose: TEP drug review

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Cochrane Netherlands	Employment	Self	-
<div><div><div>Title: Researcher</div><div>Start Date: 01/01/2024</div><div>Additional Information:</div></div><div><div>Position Description: Researcher (from 1-1-2024) PhD candidate (from 08-01-2017)</div><div>End Date: Ongoing / No Known End Date</div></div></div>			
Knowledge Institute of the Dutch Association of Medical Specialists	Employment Current Employment	Self	-
<div><div><div>Title: Advisor</div><div>Start Date: 08/01/2017</div><div>Additional Information:</div></div><div><div>Position Description: Advisor / methodologist for developing clinical practice guidelines in de medical specialists' domain</div><div>End Date: Ongoing / No Known End Date</div></div></div>			

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

Rene Spijker

**Discloser Identifier:** 04288272

**Disclosure Purpose:** TEP drug review

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-
<b>Title:</b> Information Specialist/ Senior Scientist <b>Start Date:</b> 07/01/2008 <b>Additional Information:</b> Employment is with Cochrane Netherlands which is hosted at Universitair medisch centrum utrecht. contract is for 2 days a week seconded from AmsterdamUMC <b>Position Description:</b> <b>End Date:</b> Ongoing / No Known End Date			
Universiteit van Amsterdam	Employment Current Employment	Self	-
<b>Title:</b> Information Specialist <b>Start Date:</b> 07/01/2008 <b>Additional Information:</b> host institution is AmsterdamUMC work 3 days a week <b>Position Description:</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

Discloser Identifier: 04288284

Disclosure Purpose: TEP drug review

Employment Information: Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-
<b>Title:</b> Junior researcher and PhD student <b>Start Date:</b> 09/01/2021 <b>Additional Information:</b>			
<b>Position Description:</b> as employee of Cochrane Netherlands <b>End Date:</b> Ongoing / No Known End Date			

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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

Discloser Identifier: 03392890

Disclosure Purpose: TEP drug review

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Universitair Medisch Centrum Utrecht	Employment Current Employment	Self	-

Title: dr.

Start Date: 06/01/2019

Additional Information:

Position Description: Assistant professor

End Date: Ongoing / No Known End Date

Certification

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