

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Nick Fitterman MD, MACP, SFHM

Role:

- ☒ Clinical Guidelines Committee      ☐ ACP Staff or Leadership  
☒ Performance Measurement Committee      ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	Northwell Health	--	+	-
	Household	Mount Sinai Health System	--	+	-
Research & Consulting	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	Education Committee of Society of Hospital Medicine	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	ACP PAC donation	--	+	-
	Household	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening

☐ Yes ☒ No

Obesity

☐ Yes ☒ No

Low testosterone treatment

☐ Yes ☒ No

For staff use: ADD NEW RESET

**Please review the list of measures in the attached word document. Have you or any close relations contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes ☒ No

**Have you or any close relations published on any of the clinical topic areas covered by these measures?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	none	--	+	-
	Household	None	--	+	-


**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	ABIM	\$5,001 – 10,000	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

nick fitterman

 Digitally signed by nick fitterman  
DN: cn=nick fitterman, o=northwell health, ou, email=nfitterma@northwell.edu, c=US  
Date: 2018.01.02 10:56:59 -05'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Mary Ann Forciea, MD, MACP

Role:

☒ Clinical Guidelines Committee                      ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee           ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income†
<b>Employment</b>	<i>Self</i>	University of Pennsylvania, Geriatric Medicine Division --
	<i>Household</i>	Children's Hospital of Philadelphia, University of Pennsylvania School of Medicine --
<b>Research &amp; Consulting Support</b>		Health Resources and Services Administration \$10,001 – 50,000
	<i>Self</i>	Centers for Medicare and Medicaid Services ≥\$100,001
		Independence at Home project (lead clinician)
	<i>Household</i>	National Institutes of Health grant ≥\$100,001 National Institute of Mental Health >100,000
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None --
	<i>Household</i>	None --
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	National Board of Medical Examiners Up to \$1,000
		The Ralston Center, Philadelphia Board of Directors \$0
		National Institutes of Health Advisory Board: \$0
	<i>Household</i>	Adolescent AIDS Network
		National Institutes of Health Advisory Board: \$0 Pediatric AIDS Network
<b>Other Interests</b>	<i>Self</i>	None \$0
	<i>Household</i>	None --

†To report amount of value or income, use these ranges:

- |                      |                        |
|----------------------|------------------------|
| a) \$0               | e) \$10,001 to 50,000  |
| b) Up to \$1000      | f) \$50,001 to 100,000 |
| c) \$1,001 to 5,000  | g) ≥\$100,001          |
| d) \$5,001 to 10,000 |                        |

**In the last 3 years, have you or any close relations published on any of the following topic areas?**  
**Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)**

Breast cancer screening	Yes	x	No
Obesity	Yes	x	No
Low testosterone treatment	Yes	x	No

IF YES, please copy and paste relevant references into space provided below or you may send as a separate attachment.

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income†
Employment	Self	None --
	Household	None --
Research & Consulting Support	Self	Consultant to Agency for Healthcare Research and Quality Up to \$1,000
	Self	Springer Aging Series Consultant Up to \$1,000
	Household	None --
Investment & Proprietary Interests	Self	None --
	Household	None --
Committees, Workgroups, & Advisory Roles	Self	None --
	Household	None --
Other Interests	Self	None --
	Household	None --

**DECLARATION**

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

Signature

*William J. Freeman*

Date

12/19/17

**RELEVANT PUBLICATIONS**

Copy and paste below or send as attachment.

†To report amount of value or income, use these ranges:

- |                      |                        |
|----------------------|------------------------|
| a) \$0               | e) \$10,001 to 50,000  |
| b) Up to \$1000      | f) \$50,001 to 100,000 |
| c) \$1,001 to 5,000  | g) ≥\$100,001          |
| d) \$5,001 to 10,000 |                        |

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Carrie Horwitch, MD, MPH, FACP

Role:

- ☒ Clinical Guidelines Committee      ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee      ☐ Guest  
☒ High Value Care Committee

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	Virginia Mason Medical Center	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	Virginia Mason Medical Center (speaker's bureau)	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	ACP, Board of Regents (member)	\$0	+	-
		ACP Clinical Guidelines Committee (member)	\$0	+	-
		Alliance for Academic Internal Medicine, Collaborative for Healing and Renewal in Medicine (CHARM) Committee (member)	\$0	+	-
		Virginia Mason Medical Center, CME committee (member)	\$0	+	-
		ACP High Value Care Task Force (member)	\$0	+	-
		ACP Services PAC (chair)	\$0	+	-
		None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening ☐ Yes ☒ No

Obesity ☐ Yes ☒ No

Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

<b>INACTIVE (Last 3 years)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Oakstone publishing	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-


**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	leMaitre	Up to \$1,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	ACP Services, Treasurer	\$0	+	-
		Virginia Mason Medical Center, University of Washington Ethics Committee (member)	\$0	+	-
		ACP Ethics, Professionalism and Human Rights Committee (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Carrie A. Horwitch

 Digitally signed by Carrie A. Horwitch  
Date: 2017.12.17 09:59:57 -08'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Linda L. Humphrey, MD, MPH, MACP

Role:

- ☒ Clinical Guidelines Committee      ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee      ☐ Guest  
☒ High Value Care Committee

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	Portland VA Medical Center	--	+	-
	<i>Household</i>	Spouse: Cardiologist at Legacy Health System	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	University of Texas grant on harms of breast cancer screening in older women	\$1,001 – 5,000	+	-
		PCORI peer review (I am an associate editor, so many topics)	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	UpToDate	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	VA Preventive Medicine Advisory Committee (member)	\$0	+	-
		Women's Preventive Services Initiative Committee (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening ☒ Yes ☐ No

Obesity ☐ Yes ☒ No

Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

<b>INACTIVE (Last 3 years)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	US Preventive Services Task Force grant on lung and breast cancer screening	\$1,001 – 5,000	+	-
		Agency for Healthcare Research and Quality grant on lung and breast cancer screening	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	Gilead Sciences 10 shares	Up to \$1,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Linda L Humphrey 387759

Digitally signed by Linda L Humphrey 387759  
Date: 2017.12.18 09:10:08 -08'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

36. Nelson HD, Fu R, Cantor A, Pappas M, Daeges M, Humphrey LL. Effectiveness of breast cancer screening: systematic review to update the 2009 U.S. Preventive Services Task Force recommendation. *Annals of Internal Med.* 2016; 164(4): 244-255.

37. Nelson HD, Fu R, Cantor A, Pappas M, Daeges M, Humphrey LL. Harms of breast cancer screening: systematic review to update the 2009 U.S. Preventive Services Task Force recommendation. *Annals of Internal Med.* 2016; 164(4): 256-267.

36. Nelson HD, Fu R, Cantor A, Pappas M, Daeges M, Humphrey LL. Effectiveness of breast cancer screening: systematic review to update the 2009 U.S. Preventive Services Task Force recommendation. *Annals of Internal Med.* 2016; 164(4): 244-255.



**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Alfonso Iorio, MD, PhD, FRCPC, FACP

Role:

- ☒ Clinical Guidelines Committee
 ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	McMaster University	--	+	-
	Household	McMaster University	--	+	-
Research & Consulting	Self	NovoNordisk: Service agreement with McMaster University to chair an independent peer review grant award committee (Hemophilia Experiences Results Objectives Psycho-social Program Grant). No funds to myself.	\$5,001 – 10,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	American Society of Hematology, Guideline Oversight Committee (member)	\$0	+	-
		International Society on Thrombosis and Haemostasis, Scientific and Standardization Committee (member of Factor VIII and IX subcommittees)	\$0	+	-
		GRADE Working Group, Prognosis Working Group (co-lead)	\$0	+	-
		World Federation of Hemophilia, Data and Demographics Committee (Chair)	\$0	+	-
		AHCDC - CBDR Committee (Chair)	\$0	+	-
		None	--	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Obesity	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

**INACTIVE (Last 3 years)** *Belongs to* Description including amount of value or income


**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Alfonso Iorio

 Digitally signed by Alfonso Iorio  
Date: 2017.12.29 12:58:17 +01'00'

Dec 18, 2017

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

None

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Devan Kansagara, MD, MCR

Role:

- ☒ Clinical Guidelines Committee
 ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	Portland VA Medical Center	--	+	-
	Household	Rheumatologist in community practice	--	+	-
Research & Consulting	Self	Evidence-based Synthesis Program, Portland VA Source: Department of Veterans Affairs, HSR&D Service PI: Devan Kansagara, MD, MCR Period: 2009-present %Effort: 35	\$10,001 – 50,000	+	-
		Center of Innovation: Center to Improve Veteran Involvement in Care (CIVIC) Source: VA Health Services Research and Development PI: Steven Dobscha, MD Period: 2013-(5 year project) %Effort: 5 (co-investigator)	\$5,001 – 10,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	None	--	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

\_\_\_\_\_ Breast cancer screening ☐ Yes ☒ No  
 \_\_\_\_\_ Obesity ☐ Yes ☒ No  
 \_\_\_\_\_ Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	None	--	+	-
	Household	None	--	+	-

**INACTIVE (Last 3 years) Belongs to Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Patient-aligned Care Team Demonstration Laboratory PI: Devan Kansagara (12/12-8/15); David Hickam, MD, MPH (09/09-11/12) Source: Veterans Health Administration Period: 2009-2015 %Effort: 35 (as PI), 10 (as coinvestigator from 09/09-12/12)	\$10,001 – 50,000	+	-
		Redesigning service delivery through the Tri-County Health Commons Source: Center for Medicaid and Medicare Innovation PI: Bill Wright, PhD Period: 2012-2015 %Effort: 5 (consultant) (in-kind)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Devan Kansagara

Digitally signed by Devan Kansagara  
Date: 2018.01.02 12:19:38 -08'00'

Jan 2, 2018

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Jennifer S. Lin, MD, MCR, FACP

Role:

- ☒ Clinical Guidelines Committee      ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee      ☐ Guest  
☐ High Value Care Committee

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	Northwest Permanente	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	Agency for Healthcare Research and Quality contract to support the United States Preventive Services Task Force.  Ongoing topics: screening for idiopathic scoliosis screening for prostate cancer screening for cognitive impairment screening for peripheral artery disease nontraditional cardiovascular disease risk assessment behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults without known cardiovascular disease risk factors screening for syphilis in pregnant women	--	+	-
	<i>Household</i>	None	--	+	-
	<i>Self</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Kaiser Permanente National Guideline Directors Committee (non-voting member; I don't work on any of the guidelines per se. My role is basically providing higher level input on methods or processes when appropriate)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Obesity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Agency for Healthcare Research and Quality contract to support the United States Preventive Services Task Force.  Previous topics: screening for thyroid cancer screening for colorectal cancer behavioral sexual risk-reduction counseling in primary care to prevent sexually transmitted infections behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults without known cardiovascular disease risk factors	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

linjes

Digitally signed by linjes  
Date: 2017.12.18 13:45:03 -08'00'

12/18/2017

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

Patnode CD, Evans CV, Senger CA, Redmond N, Lin JS. Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Known Cardiovascular Disease Risk Factors: Updated Systematic Review for the U.S. Preventive Services Task Force. Rockville, MD: Agency for Healthcare Research and Quality (US). 2017 Jul. Evidence Synthesis Number 152. AHRQ Publication No. 15-05222-EF-1.

Patnode CD, Evans CV, Senger CA, Redmond N, Lin JS. Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Known Cardiovascular Disease Risk Factors: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. 2017 Jul 11;318(2):175-193. doi: 10.1001/jama.2017.3303. PMID: 28697259.  
O'Connor EA, Evans CV, Burda BU, Walsh ES, Eder M, Lozano P. Screening for Obesity and Intervention for Weight Management in Children

and Adolescents: Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA 2017;317(23):2427-2444. doi: 10.100/jama.2017.0332.

O'Connor EA, Evans CV, Burda BU, Walsh ES, Eder M, Lozano P. Screening for Obesity and Intervention for Weight Management in Children and Adolescents: A Systematic Evidence Review for the U.S. Preventive Services Task Force. Evidence Synthesis Number 150. AHRQ Publication No. 15-05219-EF-1. 2016 Nov.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Scott Manaker, MD, PhD, FACP

Role:

- ☒ Clinical Guidelines Committee      ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee      ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)		Belongs to	Description including amount of value or income		
<b>Employment</b>	<i>Self</i>		University of Pennsylvania	--	+ -
	<i>Household</i>		None	--	+ -
<b>Research &amp; Consulting</b>	<i>Self</i>		Grand Rounds speaker, lecturer, consultant and expert witness on documentation, coding, billing, and reimbursements to hospitals, physicians, departments, practice groups, professional societies, insurers, and attorneys (defense, plaintiff ("qui tam"), US Attorneys General, and the Office of the Inspector General	\$10,001 – 50,000	+ -
			UpToDate, Section Editor (Critical Care)	\$10,001 – 50,000	+ -
			National Board of Medical Examiners, Interdisciplinary Review Committee	Up to \$1,000	+ -
			Expert witness in workers' compensation and in medical negligence matters	\$100,001 or more	+ -
			RAND Technical Expert Panel on Physician Practice, expenses for CMS	Up to \$1,000	+ -
	<i>Household</i>		None	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>		3M (formerly Minnesota Manufacturing & Mining) stock; own 3M Health Information Systems which makes computer-assisted coding/billing software, largely for hospitals	\$50,001 – 100,000	+ -
	<i>Household</i>		Stock in Pfizer	\$50,001 – 100,000	+ -
			Stock in Johnson & Johnson	\$50,001 – 100,000	+ -
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>		Practice Expense Subcommittee of the American Medical Association/Specialty Society Relative Value Update Committee (chair)	\$0	+ -
			American Thoracic Society, Clinical Practice Committee (member)	\$0	+ -
			American College of Chest Physicians, Professional Standards Committee (member)	\$0	+ -
			Novitas Solutions (Medicare Administrative Contractor), Contractor Advisory Committee (member)	\$0	+ -



**ACTIVE (Current)****Belongs to** Description including amount of value or income

		Hospital Outpatient Panel, a federal advisory commission to the Center for Medicare/Medicaid Services (CMS) for the Outpatient Hospital Prospective Payment System (member)	\$0	+	-
		Associate Editor, CHEST Journal	\$0	+	-
	Household	None	--	+	-
<b>Other Interests</b>	Self	None	--	+	-
other affiliations, advocacy, etc.	Household	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening ☐ Yes ☒ NoObesity ☐ Yes ☒ NoLow testosterone treatment ☐ Yes ☒ No

For staff use:

ADD NEW

RESET

**INACTIVE (Last 3 years)** **Belongs to** Description including amount of value or income

<b>Employment</b>	Self	None	--	+	-
	Household	None	--	+	-
<b>Research &amp; Consulting Roles</b>	Self	None	--	+	-
	Household	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	Self	None	--	+	-
	Household	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	Self	Director of ACCP Enterprises, a wholly owned for-profit subsidiary of ACCP	\$0	+	-
	Household	None	--	+	-
<b>Other Interests</b>	Self	None	--	+	-
	Household	None	--	+	-

**DECLARATION**

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

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Michael F. Maroto, JD, MBA

Role:

- ☒ Clinical Guidelines Committee      ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee      ☐ Guest  
☐ High Value Care Committee

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	The Maroto Law Group, PC	--	+	-
	<i>Household</i>	Advanced Analysts, Inc.	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	IBM	\$10,001 – 50,000	+	-
		Align Technology	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening ☐ Yes ☒ No

Obesity ☐ Yes ☒ No

Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET


<b>INACTIVE (Last 3 years)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	Novartis AG	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

## DECLARATION

---

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

**Michael Maroto, Esq.**

 Digitally signed by Michael Maroto, Esq.  
Date: 2017.12.20 12:19:55 -05'00'

Dec 20, 2017

---

Signature

---

Date

## RELEVANT PUBLICATIONS

---

**Copy and paste into box below or send as attachment.**

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Robert M. McLean, MD, FACP

Role:

- ☒ Clinical Guidelines Committee
 ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☒ High Value Care Committee

**ACTIVE (Current)** *Belongs to* Description including amount of value or income

<b>Employment</b>	<i>Self</i>	Northeast Medical Group	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	ABIM Rheumatology Board	\$1,001 – 5,000	+	-
		State of Connecticut Healthcare Innovation Steering Committee	\$0	+	-
		Board of Directors of Northeast Medical Group of Yale New Haven Health Systems	\$0	+	-
		Quality of Care Committee - American College of Rheumatology	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening ☐ Yes ☒ No

Obesity ☐ Yes ☒ No

Low testosterone treatment ☐ Yes ☒ No

For staff use:

ADD NEW

RESET

**INACTIVE (Last 3 years)** *Belongs to* Description including amount of value or income

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	none	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**INACTIVE (Last 3 years) Belongs to Description Including amount of value or income**

<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	ACP PAC, Chair	\$0	+	-
		Committee on Rheumatologic Care of American College of Rheumatology	\$0	+	-
		Advisory Committee to Health Insurance Exchange of Connecticut	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Signature

Date

12/15/17

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**American College of Physicians**  
**Department of Clinical Policy**  
**Disclosure of Interests: Summary Report**

Name: Reem A. Mustafa, MD, MPH, PhD

Role:

- ☒ Clinical Guidelines Committee      ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee      ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
<b>Employment</b>	<i>Self</i>	University of Kansas Medical Center	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	Renal Cyst Burden of Diagnosis (PCORI)	\$10,001 – 50,000	+	-
		patient-centered outcomes in patients with PKD: community engagement effort (PCORI)	\$10,001 – 50,000	+	-
		American Congress of Obstetricians and Gynecologists	\$1,001 – 5,000	+	-
		American Association of Sleep Medicine	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	American Society of Hematology: VTE, SCD and VWD guidelines	\$0	+	-
		Canadian Society of Nephrology: Clinical Guideline Committee	\$0	+	-
		American Gastroenterology Association : GIM guidelines	\$0	+	-
		Institute for Clinical and Economic Review, Midwest Comparative Effectiveness Public Advisory Council (vice chair)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Obesity	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

**INACTIVE (Last 3 years)** *Belongs to* **Description including amount of value or income**


**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	World Health Organization	\$0	+	-
		American Association of Sleep Medicine	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

**Reem Mustafa**

 Digitally signed by Reem Mustafa  
DN: cn=Reem Mustafa, o, ou, email=ramustafa@gmail.com, c=US  
Date: 2017.12.21 10:32:09 -06'00'

Dec 21, 2017

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Janice E. Tufte

Role:

- ☒ Clinical Guidelines Committee
 ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	None	\$5,001 – 10,000	+	-
	<i>Household</i>	None	\$0	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	Kaiser Group Health Research Institutes' Learning to Integrate Neighborhoods with Clinical Care Project (patient co-investigator) April 2017	\$1,001 – 5,000	+	-
		Patient&Family Centered Care (PFCCpartners) Patient Priority Research of Integrated Care (patient co-designer)	\$0	+	-
		Innovative Accelerator Project TEP Mathematica	Up to \$1,000	+	-
		PCPCC TCPI SAN Presenter Choosing Wisely Panel	Up to \$1,000	+	-
		PCORNET CDRN PORTAL PROJECT Patient Partner	Up to \$1,000	+	-
		Academy Health / ABIM Low Value Care	\$0	+	-
		National Quality Forum LTSS IAP endorsement recommendations	\$0	+	-
		National quality Forum Adult Medicaid Core Competencies	\$0	+	-
		CORE/ NPFP internal patient advisory	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Patient Centered Outcome Research Institute Ambassador	\$0	+	-
		Healthy Washington Consumer Workgroup (member)	\$0	+	-
		Health Care Authority WA State, Title XIX Advisory Committee (member)	\$0	+	-
		Healthy Washington Low Income Populations	\$0	+	-
		NCQA, Innovation Accelerator Program technical expert panel for mental health integration	\$0	+	-
		National Quality Forum Innovation Accelerator Program, Long-Term Services and Supports Technical Expert Panel (member)	\$0	+	-
		NOHLA Northwest Health Law Advocates (patient stakeholder)	\$0	+	-
		Health Care Authority Notices Work Group Committee (member)	Up to \$1,000	+	-



**ACTIVE (Current)****Belongs to Description including amount of value or income**

<b>Other Interests</b> other affiliations, advocacy, etc.		National Academies of Medicine, Culture Change and Decision Making (patient advisor)	\$0	+	-
		American Board of Internal Medicine-AcademyHealth Low Value Care Research	\$0	+	-
	Household	None	--	+	-
	Self	Islamic Civic Engagement Project (policy & dissemination)	\$0	+	-
		Health Literacy Conference Health Literacy Annual Research Conference (attended twice)	Up to \$1,000	+	-
		ACP Internal Medicine Meeting (2017)	Up to \$1,000	+	-
		PCORI Annual Meeting Ambassadors	Up to \$1,000	+	-
		Muslims for Evidence Based HealthCare	\$0	+	-
		Consumers United Evidence /E-GAPPS attended twice	Up to \$1,000	+	-
		Kaiser Permanente Senior Caucus (program committee/member)	\$0	+	-
	Household	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

_____	Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Obesity	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use:

ADD NEW

RESET

**INACTIVE (Last 3 years) Belongs to Description including amount of value or income**


<b>Employment</b>	Self	None	--	+	-
	Household	None	--	+	-
<b>Research &amp; Consulting Roles</b>	Self	None	--	+	-
	Household	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	Self	None	--	+	-
	Household	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	Self	Group Health Advisory Group Assembly (member)	\$0	+	-
		Group Health Medical Center Council (member)	\$0	+	-
	Household	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	Self	Islamic Health Care presentation Virginia Mason	\$0	+	-
		PCORI Tufte on Communicating Expectations (publication)	\$0	+	-
	Household	None	--	+	-

## DECLARATION

---

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

Janice Tufte

 Digitally signed by Janice Tufte  
Date: 2017.12.20 16:14:25 -08'00'

12.20.2017

---

Signature

---

Date

## RELEVANT PUBLICATIONS

---

Copy and paste into box below or send as attachment.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Sandeep Vijan MD, MS

Role:

- ☒ Clinical Guidelines Committee
 ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	University of Michigan; Ann Arbor VA Health System	--	+	-
	Household	University of Michigan Health System	--	+	-
Research & Consulting	Self	VA: Technologically Enhanced Coaching (TEC): A Program for Improving Diabetes Outcomes	\$50,001 – 100,000	+	-
		VA: Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo	\$10,001 – 50,000	+	-
		VA: Promoting Veteran-Centered Colorectal Cancer Screening	\$10,001 – 50,000	+	-
		UpToDate: Screening for hyperlipidemia	\$1,001 – 5,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	Improving performance measurement: Moving to continuous measures	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	None	--	+	-

**In the last 3 years, have you or any close relations published on any of the following topic areas?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Obesity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	None	--	+	-
	Household	None	--	+	-


**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	NIH (NIA): Expanding the national health accounts. Topic areas: cardiovascular disease care; value of depression care	\$100,001 or more	+	-
		Systematic Design of Meaningful Presentations of Medical Test Data for Patients	\$5,001 – 10,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	National Diabetes Education Program Steering Committee (ACP representative)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Users, svijan

 Digitally signed by Users, svijan  
Date: 2018.01.03 17:22:12 -05'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

McVay MA, Yancy WS, Vijan S, Van Scoyoc L, Neelon B, Voils CI, Maciejewski ML. Obesity-related health status changes and weight-loss treatment utilization. American Journal of Preventive Medicine. 2014; 46: 465-72.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Timothy J. Wilt, MD, MPH, MACP

Role:

- ☒ Clinical Guidelines Committee      ☐ ACP Staff or Leadership  
☐ Performance Measurement Committee      ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	University of Minnesota School of Medicine; Minneapolis VA Medical Center	--	+ -
	Household	VA Medical Center and the University of Minnesota	--	+ -
Research & Consulting	Self	Veteran's Administration; Pain Scale Scores, Social Determinants of Health, Enhanced Recovery After Surgery (systematic reviews) , TBI	\$100,001 or more	+ -
		American Urological Association: Surgical Treatments for Benign Prostatic Hyperplasia: A systematic review for a clinical practice guideline	\$50,001 – 100,000	+ -
		ACP: Low Testosterone: Pending	\$50,001 – 100,000	+ -
	Household	Multiple grants on osteoporosis through VA Medical Center and the University of Minnesota	\$100,001 or more	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	NCQA advisory panel for CRC screening (member)	\$0	+ -
		VA Preventive Medical Advisory Committee	\$0	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	None	--	+ -

**In the last 3 years, have you or any close relations published on any of the following topic areas?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening ☐ Yes ☐ No

Obesity ☒ Yes ☐ No

Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	None	--	+ -
	Household	None	--	+ -

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	International Kidney Foundation; Living Kidney Donors (systematic review)	\$100,001 or more	+	-
		Agency for Healthcare Research and Quality; Insomnia and BPH (systematic review)	\$100,001 or more	+	-
		Veteran's Administration; Pharmacist lead interventions; Mediterranean Diet, Life expectancy calculators, Traumatic Blast Injury	\$100,001 or more	+	-
		National Kidney Foundation; Hemodialysis Adequacy (systematic review)	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	NCQA overuse advisory panel for PSA testing (member)	\$0	+	-
	<i>Household</i>		\$0	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

**TIMOTHY J. WILT 445612**

Digitally signed by TIMOTHY J. WILT 445612  
Date: 2017.12.15 11:11:44 -06'00'

Signature

Date

**RELEVANT PUBLICATIONS**

**Copy and paste into box below or send as attachment.**

Bloomfield HE, Koeller E, Greer N, MacDonald R, Kane R, Wilt TJ. Effects on Health Outcomes of a Mediterranean Diet With No Restriction on Fat Intake: A Systematic Review and Meta-analysis. Ann Intern Med. 2016;165:491-500. doi: 10.7326/M16-0361

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Jack Ende, MD, MACP

Role:

- ☒ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership  
☒ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

**ACTIVE (Current)** *Belongs to* **Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	Professor, Perelman School of Medicine, University of Pennsylvania	--		
	<i>Household</i>	Support Center for Child Advocates	--		
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--		
	<i>Household</i>	None	--		
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--		
	<i>Household</i>	None	--		
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	American College of Physicians, President	\$100,001 or more		
		American College of Physicians, committee work	\$0		
	<i>Household</i>	None	--		
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--		
	<i>Household</i>	None	--		

**In the last 3 years, have you or any household members published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Obesity	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

For staff use:

**Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

**INACTIVE (Last 3 years)** *Belongs to* **Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	None	--		
	<i>Household</i>	None	--		

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	
	<i>Household</i>	None	--	
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	
	<i>Household</i>	None	--	
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	
	<i>Household</i>	None	--	
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	
	<i>Household</i>	None	--	

**DECLARATION**

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

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.



**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Susan Thompson Hingle, MD, FACP

**Role:**

- ☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
<b>Employment</b>	<i>Self</i>	Southern Illinois University School of Medicine	--	+	-
		American College of Physicians, Board of Regents (chair)	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	Royalties from McGraw Hill for book, Internal Medicine Residency Readiness	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Alliance for Academic Medicine, Clerkship Directors of Internal Medicine treasurer and council member (travel expenses for two council meetings per year are covered and travel expenses to one finance committee meeting was covered)	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	American College of Physicians, attended ACP Leadership Day and participated in one other event where we lobbied the Senate regarding healthcare legislation	--	+	-
	<i>Household</i>	None	--	+	-

**In the last 3 years, have you or any household members published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Obesity	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

For staff use: ADD NEW RESET

**Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes ☒ No

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

☐ Yes ☒ No

**INACTIVE (Last 3 years) Belongs to Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

  
Signature

Jan 5, 2018

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Wayne H. Bylsma, PhD

Role:

- ☐ Clinical Guidelines Committee      ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee    ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)		Belongs to	Description including amount of value or income		
Employment	Self		American College of Physicians	--	+ -
	Household		Ewing Cole	--	+ -
Research & Consulting	Self		None	--	+ -
	Household		None	--	+ -
Investment & Proprietary Interests	Self		None	--	+ -
	Household		None	--	+ -
Committees, Workgroups, & Advisory Roles	Self		None	--	+ -
	Household		None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self		None	--	+ -
	Household		None	--	+ -

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

Breast cancer screening ☐ Yes ☒ No

Obesity ☐ Yes ☒ No

Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

**Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

**INACTIVE (Last 3 years)** *Belongs to* Description including amount of value or income

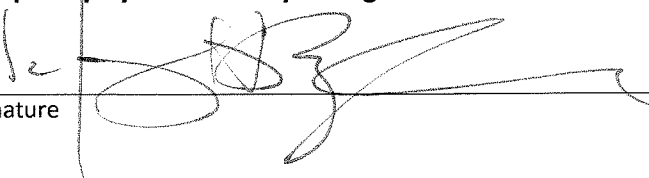
Employment	Self	None	--	+	-
	Household	None	--	+	-

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Signature 

Date 1/5/2018

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Kate Carroll, MPH

Role:

- ☐ Clinical Guidelines Committee      ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee    ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	American College of Physicians	--	+ -
	Household	The Beasley Firm (personal injury and medical malpractice)	--	+ -
Research & Consulting	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	None	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	None	--	+ -

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

Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Obesity	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

**Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes    ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes    ☒ No

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	None	--	+ -
	Household	None	--	+ -


**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Kate Carroll

 Digitally signed by Kate Carroll  
DN: cn=Kate Carroll, o, ou, email=kcarroll@acponline.org, c=US  
Date: 2018.01.08 10:28:13 -05'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Sarah Dinwiddie, RN, MSN

Role:

- ☐ Clinical Guidelines Committee      ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee    ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	American College of Physicians	--	+	-
	Household	None	--	+	-
Research & Consulting	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	National Quality Forum, Interoperability Committee (member)	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	None	--	+	-

**In the last 3 years, have you or any household members published on any of the following topic areas?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

_____	Breast cancer screening	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Obesity	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Low testosterone treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

**Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes    ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes    ☒ No

**INACTIVE (Last 3 years) Belongs to Description including amount of value or income**

Employment	Self	Drexel University	--	+	-
		Ranawat Orthopaedics	--	+	-
	Household	None	--	+	-

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	American Nurse's Association: Code of Ethics Committee (member)	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	The Alliance-Nursing Organization Alliance: Safe Staffing Laws (member)	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Sarah Dinwiddie

 Digitally signed by Sarah Dinwiddie  
DN: cn=Sarah Dinwiddie, o=American College of Physicians, ou=Clinical Policy Department,  
email=sdinwiddie@acponline.org, c=US  
Date: 2018.01.05 13:08:43 -05'00'

Jan 5, 2018

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.



American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report

Name: Allison Ewing

Role:

- ☐ Clinical Guidelines Committee
- ☒ ACP Staff or Leadership
- ☐ Performance Measurement Committee
- ☐ Guest
- ☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	American College of Physicians	\$100,001 or more	+	-
	Household	AGL Energy	\$100,001 or more	+	-
Research & Consulting	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	None	--	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	None	--	+	-

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

Breast cancer screening

☐ Yes ☒ No

Obesity

☐ Yes ☒ No

Low testosterone treatment

☐ Yes ☒ No

For staff use:

ADD NEW

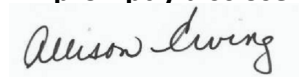
RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	None	--	+	-
	Household	None	--	+	-
Research & Consulting Roles	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	None	--	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	None	--	+	-

## DECLARATION

---

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



1/24/2018

---

Signature

Date

## RELEVANT PUBLICATIONS

---

Copy and paste into box below or send as attachment.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Steve Majewski

Role:

- ☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership
 ☐ Performance Measurement Committee
 ☐ Guest
 ☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	American College of Physicians	--	+ -
	Household	None	--	+ -
Research & Consulting	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	None	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	None	--	+ -

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

Breast cancer screening ☐ Yes ☒ No

Obesity ☐ Yes ☒ No

Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	None	--	+ -
	Household	None	--	+ -
Research & Consulting Roles	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	None	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	None	--	+ -

## DECLARATION

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

*Steve Mayush*

January 8, 2018

Signature

Date

## RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Darilyn V. Moyer, MD, FACP

Role:

- ☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	American College of Physicians	--	+ -
	Household	Inspira Health	--	+ -
Research & Consulting	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	Council of Medical Subspecialty Societies	\$0	+ -
		Subspecialty Society CEO Council	\$0	+ -
		Patient-Centered Primary Care Collaborative	\$0	+ -
		Evidence-based Benefit Design/National Business Group on Health	\$0	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	American College of Physicians PAC	\$0	+ -
	Household	None	--	+ -

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

<u>Breast cancer screening</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>Obesity</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>Low testosterone</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

**Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

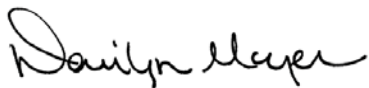
**INACTIVE (Last 3 years)** *Belongs to* *Description including amount of value or income*

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	Temple University	--	+	-
	<i>Household</i>	Penn Jersey Pulmonary Associates	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	American College of Physicians, Board of Regents (chair and chair-elect)	\$100,001 or more	+	-
		Alliance for Academic Internal Medicine Advocacy Committee	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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



Signature

January 9, 2018

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Amir Qaseem, MD, PhD, MHA, FACP

Role:

- ☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)		Belongs to	Description including amount of value or income		
Employment	Self	American College of Physicians	--	+	-
	Household	None	--	+	-
Research & Consulting	Self	Editor (Evidence-based Medicine), DynaMed	\$1,001 – 5,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	Guidelines International Network's Board of Trustees (Member)	\$0	+	-
		Measures Application Partnership (Member)	\$0	+	-
		DynaMed Board of Executives (Member)	\$0	+	-
		MedBiquitous Board of Directors (Member)	\$0	+	-
		GRADE Working Group (Member)	\$0	+	-
		Reporting Items for Guidelines in Health Systems (RIGHT) Working Group (Member)	\$0	+	-
		American Medical Association PCPIF Board of Directors (Member)	\$0	+	-
		National Quality Forum Physician Advisory Committee (Member)	\$0	+	-
		PCPIF Measures Advisory Committee (Chair)	\$0	+	-
		CDC ACIP Methodology Committee (Member)	\$0	+	-
		WHO Special Advisor (Complex Health Interventions)	\$0	+	-
		CMS Next Generation Performance Measures Expert Panel (Member)	\$0	+	-
		ACOG Women's Preventive Services Initiative, funding by HRSA (Advisory Committee member)	\$0	+	-
		NQF Prevention and Population Health (Chair)	\$0	+	-
Other Interests	Self	None	--	+	-
	Household	None	--	+	-

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

Breast cancer screening ☐ Yes ☐ No

Obesity ☐ Yes ☐ No

Low testosterone treatment ☐ Yes ☐ No

For staff use:

ADD NEW

RESET

Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☐ No

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

☐ Yes ☐ No

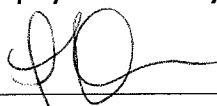
**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	National Quality Forum's Health and Well Being Standing Committee (Chair)	\$0	+	-
		National Quality Forum's Incubator Partnership and Collaboration Committee (Member)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Signature



Date

11/9/18

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.



**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Jeffrey Shafiroff, PhD

Role:

- ☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	American College of Physicians	--	+ -
	Household	None	--	+ -
Research & Consulting	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	None	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	None	--	+ -

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

	Breast cancer screening <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Obesity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Low testosterone treatment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	COPD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	Hayes Inc	--	+ -
		Kaiser Permanente Medical Group	--	+ -
		Boehringer-Ingelheim	--	+ -
	Household	None	--	+ -
Research & Consulting Roles	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	None	--	+ -
	Household	None	--	+ -


INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income

Other Interests	Self	None	--	+	-
other affiliations, advocacy, etc.	Household	None	--	+	-

DECLARATION

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

Jeff Shafiroff

 Digitally signed by Jeff Shafiroff  
DN: cn=Jeff Shafiroff, o=American College of Physicians, ou=Clinical Policy, Center for Evidence Reviews,  
email=jshafiroff@acponline.org, c=US  
Date: 2018.01.09 09:47:45 -05'00'

01/09/2018

Signature \_\_\_\_\_ Date \_\_\_\_\_

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Patricia Siemion, MS

Role:

- ☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	American College of Physicians	\$50,001 – 100,000	+ -
	Household	International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (Local 401)	\$50,001 – 100,000	+ -
Research & Consulting	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	None	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	None	--	+ -

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

\_\_\_\_\_ Breast cancer screening ☐ Yes ☒ No  
 \_\_\_\_\_ Obesity ☐ Yes ☒ No  
 \_\_\_\_\_ Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

**Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	Thomson Reuters	--	+ -
	Household	None	--	+ -

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Trish Siemion

 Digitally signed by Trish Siemion  
DN: cn=Trish Siemion, o=American College of Physicians, ou=Clinical Policy,  
email=tsiemion@acponline.org, c=US  
Date: 2018.01.05 12:12:39 -05'00'

Jan 5, 2018

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Melissa Starkey, PhD

Role:

- ☐ Clinical Guidelines Committee      ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee    ☐ Guest  
☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	American College of Physicians	\$50,001 – 100,000	+	-
	Household	Teva Pharmaceuticals	\$100,001 or more	+	-
Research & Consulting	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	CMSS Clinical Practice Guidelines Component Group Vice Chair	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	None	--	+	-

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

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

**Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?**

☐ Yes   ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes   ☒ No

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	None	--	+	-
	Household	None	--	+	-


**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Guidelines International Network Membership Committee member	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Melissa Starkey

 Digitally signed by Melissa Starkey  
DN: cn=Melissa Starkey, o=ACP, ou, email=mstarkey@acponline.org, c=US  
Date: 2018.01.05 12:10:14 -05'00'

Jan 5, 2018

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Farah Sultan, MD, MS

Role:

- ☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee
 ☐ Guest  
☐ High Value Care Committee

<b>ACTIVE (Current)</b>	<b>Belongs to</b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	American College of Physicians	\$50,001 – 100,000	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

Breast cancer screening ☐ Yes ☒ No

Obesity ☐ Yes ☒ No

Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

**INACTIVE (Last 3 years)** **Belongs to** **Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	Temple University	--	+	-
	<i>Household</i>	University of Pennsylvania	\$10,001 – 50,000	+	-
		Christiana Care Hospital	\$10,001 – 50,000	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Fox Chase Cancer Center	\$10,001 – 50,000	+	-
		Temple University	\$10,001 – 50,000	+	-
		Cytovas, Inc.	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

*Farah Sultan*

Signature

*1/9/2018*

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

--



**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report**

Name: Kelley N. Tipton, MPH

Role:

- ☐ Clinical Guidelines Committee      ☒ ACP Staff or Leadership  
☐ Performance Measurement Committee    ☐ Guest  
☐ High Value Care Committee

<b>ACTIVE (Current)</b>		<b>Belongs to</b>	<b>Description including amount of value or income</b>		
<b>Employment</b>	<i>Self</i>	American College of Physicians	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	General Electric Company	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

Breast cancer screening ☐ Yes ☒ No

Obesity ☐ Yes ☒ No

Low testosterone treatment ☐ Yes ☒ No

For staff use: ADD NEW RESET

<b>INACTIVE (Last 3 years)</b>		<b>Belongs to</b>	<b>Description including amount of value or income</b>		
<b>Employment</b>	<i>Self</i>	University of Wisconsin-Milwaukee	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	Prevent Suicide Greater Milwaukee	\$0	+	-
	<i>Household</i>	None	--	+	-

## DECLARATION

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

Signature

Date

## RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

--

## BASIC INFORMATION

Full Name Susan Joanne Diem

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

<i>Status</i>	<i>Employer</i>	<i>Annual Income Range</i>	
Active (current)	Minneapolis Veterans Affairs Medical Center	≥\$100,001	<b>X</b>
Active (current)	University of Minnesota	\$10,001 to \$50,000	<b>X</b>
Inactive (last 3 yrs)	University of Minnesota	≥\$100,001	<b>X</b>
<i>Click to add new row</i>			

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

☐ I have no employment to report for household members.

<i>Status</i>	<i>Relation</i>	<i>Employer</i>	<i>Annual Income Range</i>	
Active (current)	Husband	Hennepin County Medical Center	≥\$100,001	<b>X</b>
<i>Click to add new row</i>				

## 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.**

<i>Status</i>	<i>Reporting for</i>	<i>Details (organization, role, topic area)</i>	<i>Amount of Income</i>	
Active (current)	Myself	NIH funding for research grants - no additional salary above regular salary; co-investigator. Topic area - osteoporosis, postmenopausal symptoms.	\$10,001 to \$50,000	<b>X</b>
Active (current)	Household memt	Robert Wood Johnson grant - no additional salary about regular salary; topic area-congestive heart failure, co-production of health care	\$10,001 to \$50,000	<b>X</b>
Inactive (last 3 yrs)	Myself	NIH funding for research grant - no additional salary above regular salary; co-investigator. Topic area - testosterone replacement in older men	\$10,001 to \$50,000	<b>X</b>
<i>Click to add new row</i>				

## INVESTMENTS AND PROPRIETARY INTERESTS

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

**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	Institute for Clinical Systems Improvement, Committee member, Preventive Health Working Group	\$0	X
Active (current)	Myself	American Society of Bone and Mineral Research annual meeting, abstract presentation, osteoporosis and hip fractures	\$0	X
Active (current)	Household memt	American College of Cardiology, annual meeting, abstract presentations, various cardiology topics	\$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.**

Susan J Diem 1585676

 Digitally signed by Susan J Diem 1585676  
Date: 2018.01.25 09:31:22 -06'00'

Signature

Date

## BASIC INFORMATION

Full Name Roderick MacDonald

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

Status	Employer	Annual Income Range
Active (current)	Minneapolis Veterans Affairs Healthcare System	\$50,001 to 100,000 <b>X</b>
Click to add new row		

**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)	Wife	USDA	\$50,001 to 100,000 <b>X</b>
Click to add new row			

## 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

## 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. . .**

**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

**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.**

Roderick Macdonald 339264

Digitally signed by Roderick Macdonald 339264  
Date: 2018.01.25 08:32:59 -06'00'

Jan 25, 2018

Signature

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)	Minneapolis VA Health Care System	\$10,001 to \$50,000	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Minnesota Department of Health	\$10,001 to \$50,000	<input checked="" type="checkbox"/>
Click to add new row			

**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)	Partner	Thomson Reuters	≥\$100,001	<input checked="" type="checkbox"/>
Click to add new row				

## 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	Support for doctoral studies at University of Minnesota: Midwest Center for Occupational Health and Safety Training Grant (NIOSH)	\$10,001 to \$50,000	<input checked="" type="checkbox"/>
Click to add new row				

## 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



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

. . .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

## 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.**

Christina Rosebush

 Digitally signed by Christina Rosebush  
Date: 2018.01.25 11:44:48 -06'00'

1/25/2018

Signature

Date

## BASIC INFORMATION

Full Name Nancy Greer

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

Status	Employer	Annual Income Range
Active (current)	Minneapolis VA Health Care System	\$50,001 to 100,000 <input checked="" type="checkbox"/>
Click to add new row		

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

☒ I have no employment to report for household members.

## 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

## 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

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

. . .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	
Inactive (last 3 yrs)	Myself	National Kidney Foundation - member of Evidence Review Team for update of guideline on vascular access	\$0	X
Inactive (last 3 yrs)	Myself	American Urological Association - member of Evidence Review Team for update of guideline on surgical interventions for BPH	\$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.

Nancy L. Greer 338254

 Digitally signed by Nancy L. Greer 338254  
Date: 2018.01.24 08:00:48 -06'00'

January 24, 2018

Signature

Date

## BASIC INFORMATION

Full Name Lauren McKenzie

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

Status	Employer	Annual Income Range
Active (current)	VA Medical Center, Minneapolis	\$50,001 to 100,000 <input checked="" type="checkbox"/>
Click to add new row		

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

☒ I have no employment to report for household members.

## 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

## 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

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

. . .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

## 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.**

Lauren G. MCKENZIE 1462908 (affiliate)

Digitally signed by Lauren G. MCKENZIE 1462908 (affiliate)  
Date: 2018.01.23 10:51:04 -06'00'

Jan 23, 2018

Signature

Date