

Disclosure Purpose: ACP-CGC January 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Other	Self	-
<div>Category: Other</div> <div>Start Date: 01/01/2018End Date:</div> <div>Other Compensation: 100000</div> <div>Additional Information: Support for our research group to conduct reviews</div> <div>Consultant Description:</div> <div>Compensation Type: Other</div> <div>Annual Compensation:</div>			
American Urological Association Foundation	Other	Self	-
<div>Category: Other</div> <div>Start Date: 01/01/2018End Date: 01/01/2021</div> <div>Other Compensation:</div> <div>Additional Information: I receive support (approximately \$150,000) for our research group to conduct reviews. I receive no personal financial support</div> <div>Consultant Description:</div> <div>Compensation Type: Unpaid</div> <div>Annual Compensation:</div>			
Midwest CEPAC-ICER	Other	Self	-
<div>Category: Other</div> <div>Start Date: 01/01/2020End Date:</div> <div>Other Compensation:</div> <div>Additional Information:</div> <div>Consultant Description:</div> <div>Compensation Type: Unpaid</div> <div>Annual Compensation:</div>			
Midwest CEPAC-ICER	Other	Self	-
<div>Category: Other</div> <div>Start Date: 01/01/2018End Date:</div> <div>Other Compensation:</div> <div>Additional Information:</div> <div>Consultant Description:</div> <div>Compensation Type: Unpaid</div> <div>Annual Compensation:</div>			
NHLBI	Other	Self	-
<div>Category: Other</div> <div>Start Date: 01/01/2019End Date: 01/01/2021</div> <div>Other Compensation:</div> <div>Additional Information:</div> <div>Consultant Description:</div> <div>Compensation Type: Unpaid</div> <div>Annual Compensation:</div>			
U.S. Department of Veterans Affairs	Employment	Self	-
<div>Title: Professor</div> <div>Start Date: 06/15/2018End Date:</div> <div>Position Description: Staff Physician</div> <div>Additional Information:</div>			
VA Preventive Medical Advisory Committee	Consultant	Self	-
<div>Category: Consultant</div> <div>Start Date: 01/01/2018End Date:</div> <div>Other Compensation:</div> <div>Additional Information:</div> <div>Consultant Description:</div> <div>Compensation Type: Unpaid</div> <div>Annual Compensation:</div>			

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Research grants/contracts from VA, AHRQ, AUA, and ...	-	Self	\$210,000.00

Description: Research grants/contracts from VA, AHRQ, AUA, and ACP to conduct evidence synthesis reports.

Income Source: Funds paid to my institution to support work of our evidence review team. AHRQ contracts can support my salary. Others do not.

Yearly Income:

Amount	Type	Year	Payment Receipt
\$10,000.00	Estimated	2020	Direct Payment
\$200,000.00	Estimated	2019	Payment through home institution

Additional Information: The funds of payment through home institution are research support for programs NOT personal salary. I receive approximately 5-10000 annually as additional salary beyond my VA salary for grant support.

Additional Information:

- Please specify any additional information which you consider relevant to this disclosure.
- ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
 - Are you submitting your disclosures to ACP as a member of one of the following groups:
 - ACP board, committee, council, task force, and/or other governance group?
 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)

Yes.

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

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

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

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

Yes

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau

participation, or expert as part of regulatory, legislative, or judicial process)

- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

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

Disclosures of Interests: Supplemental Questions

Within the past 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).

Acute Musculoskeletal Pain

- ☐ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Depression

- ☐ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☐ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Acknowledgements and Attestations

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Print Name

Signature

Date

Disclosure Purpose: committee membership

Summary of Financial Interests

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

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

Yes.

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

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

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

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

Yes

Certification

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

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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

Additional Information:

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

none
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

a. Are you submitting your disclosures to ACP as a member of one of the following groups:
 - ACP board, committee, council, task force, and/or other governance group?
 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

Disclosures of Interests: Supplemental Questions

Within the past 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).

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- ☒ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Migraine

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Osteoporosis

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Re Migraine: This was previously reviewed by the committee. I was deemed to have enough conflict to prevent me from voting on this topic (due to lectures and publications on menstrual migraine and its treatment with birth control).

Re Osteoporosis: I have put together brief update articles on a variety of medical options for osteoporosis treatment.

Batur P, Rice S, Barrios P, Sikin A. Osteoporosis management. *Journal of Women's Health* 2017; 26(8):918-921.

Sikka S, Moreno AC, Smith T, Batur P. Clinical updates in women's health 2019: What's new in osteoporosis, breast cancer, contraception and hormonal therapy. *Cleveland Clinic Journal of Medicine* 2019; 86(6): 400-406.

DeSapri KT, Batur P. Osteoporosis update. *Journal of Women's Health* 2020; 29(3):287-290.

Also I was asked to do a Facebook live session for Cleveland Clinic. with the head of our osteoporosis center. We took osteoporosis questions from the public:

Batur P, Deal C. Osteoporosis: Cleveland Clinic Facebook live. Assessed 12/22/18 at:

<https://www.facebook.com/ClevelandClinic/videos/336803320431318/> or

<https://www.youtube.com/watch?v=fuMaTOFPu4I>

Disclosures of Interests: Acknowledgements and Attestations

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- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Pelin Batur

Print Name

Pelin Batur MD

Digitally signed by Pelin Batur MD
Date: 2020.04.24 19:16:45 -04'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021, Faculty

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
<div><div><div>Official Title: Chair, Board of Governors</div><div>Compensation Type: Cash</div><div>Start Date: 04/22/2017</div><div>Annual Compensation:</div><div>Additional Information:</div></div><div><div>End Date: 04/19/2018</div><div>Position Description: As above</div><div>Other Compensation:</div></div></div>			
U.S. Department of Veterans Affairs	Employment	Self	-
<div><div><div>Title: Staff Physician</div><div>Start Date: 08/08/1979</div><div>End Date:</div></div><div><div>Position Description: Attending physician, supervising residents and medical students</div><div>Additional Information:</div></div></div>			

Additional Information:

1.

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

1. I am a current member of ACP Board of Regents 2. I am an Associate Editor of the Journal of Graduate Medical Education
2.

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

a.

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

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

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

i.

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

Yes

ii.

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Yes

iii.

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Yes

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

Yes

Certification

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

Disclosures of Interests: Supplemental Questions

Within the past 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).

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Type 2 Diabetes (newer medications)

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
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Thomas G. Cooney, MD MACP

Print Name

member:

C5C9D906-543B-4271-90AB-965533CBA5C9
24F82667-5F64-4F60-B3BC-B1714DBE0856

Digitally signed by member:

C5C9D906-543B-4271-90AB-965533CBA5C9
24F82667-5F64-4F60-B3BC-B1714DBE0856
Date: 2020.04.28 14:21:08 -07'00'

04/28/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American Society for Bone and Mineral Research	Other	Self	-
Category: Other Start Date: 01/01/2017End Date: Other Compensation: Additional Information: Professional Practice Committee Consultant Description: Compensation Type: Unpaid Annual Compensation:			
California Institute for Regenerative Medicine	Grant / Contract	Spouse/Partner	\$100,000.00
Recipient Name: Harley Kornblum Grant / Contract Description: Spinal cord injury basic science research Grant / Contract Amount: \$100,000.00 Contract Start Date: 01/01/2017Contract End Date: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 12/23/2019 Additional Information:			
David Geffen School of Medicine, University of California, Los Angeles	Employment	Self	-
Title: Professor of Medicine Start Date: 07/01/2017End Date: Position Description: Professor in the Dept. Of Internal Medicine Additional Information:			
David Geffen School of Medicine, University of California, Los Angeles	Employment	Spouse/Partner	-
Title: Professor Start Date: 01/01/2017End Date: Position Description: Professor on Faculty Additional Information:			
Dr. Miriam and Sheldon G. Adelson Medical Research Foundation	Grant / Contract	Spouse/Partner	\$100,000.00
Recipient Name: Harley Kornblum Grant / Contract Description: Neural repair and brain cancer Grant / Contract Amount: \$100,000.00 Contract Start Date: 01/01/2017Contract End Date: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 12/23/2019 Additional Information:			
International Society for Clinical Densitometry	Consultant	Self	-
Category: Consultant Start Date: 01/01/2019End Date: Other Compensation: Additional Information: Consultant Description: Compensation Type: Unpaid Annual Compensation:			
National Institutes of Health	Grant / Contract	Self	\$25,000.00
Recipient Name: Carolyn J. Crandall Grant / Contract Description: Contract from Western Regional Center for NHLBI-funded Women’s Health Initiative Study Grant / Contract Valuation Date: 12/23/2019 Additional Information: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$25,000.00 Contract Start Date: 01/01/2019Contract End Date:			
National Institutes of Health	Grant / Contract	Spouse/Partner	\$100,000.00
Recipient Name: Harley Kornblum Grant / Contract Description: Research on brain cancer Grant / Contract Amount: \$100,000.00 Contract Start Date: 01/01/2017Contract End Date: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 12/23/2019 Additional Information: Brain cancer research			

North American Menopause Society		Fiduciary Officer	Self	-						
Official Title: Secretary Compensation Type: Unpaid Start Date: 01/01/2019 End Date: Annual Compensation: Additional Information:		Position Description: Secretary of the Board of Trustees, not compensated Other Compensation:								
North American Menopause Society		Consultant	Self	\$1,000.00						
Category: Consultant Start Date: 01/01/2017 End Date: Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>\$1,000.00</td> <td>Estimated</td> </tr> </tbody> </table>			Year	Amount	Type	2019	\$1,000.00	Estimated
Year	Amount	Type								
2019	\$1,000.00	Estimated								
Additional Information: Menopause competency exam committee										

Additional Information:

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■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Disclosures of Interests: Supplemental Questions

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Depression

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- ☒ I have no publications to report.

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- ☒ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

See attached publication list at end of this form.

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Carolyn Crandall

Print Name

4/24/2020

Signature

Date

Carolyn J. Crandall, MD, MS, FACP
Osteoporosis publications 2017-2020:

1. Secondary Fracture Prevention: Consensus Clinical Recommendations from a Multistakeholder Coalition.

Conley RB, Adib G, Adler RA, Åkesson KE, Alexander IM, Amenta KC, Blank RD, Brox WT, Carmody EE, Chapman-Novakofski K, Clarke BL, Cody KM, Cooper C, Crandall CJ, Dirschl DR, Eagen TJ, Elderkin AL, Fujita M, Greenspan SL, Halbout P, Hochberg MC, Javaid M, Jeray KJ, Kearns AE, King T, Koinis TF, Koontz JS, Kužma M, Lindsey C, Lorentzon M, Lyritis GP, Michaud LB, Miciano A, Morin SN, Mujahid N, Napoli N, Oleginski TP, Puzas JE, Rizou S, Rosen CJ, Saag K, Thompson E, Tosi LL, Tracer H, Khosla S, Kiel DP. J Orthop Trauma. 2020 Apr;34(4):e125-e141. doi: 10.1097/BOT.0000000000001743. PMID: 32195892 [PubMed - in process]

Similar articles

2. Bisphosphonates for Osteopenia in Postmenopausal Women-Reply.

Ensrud KE, Crandall CJ.

JAMA. 2020 Mar 17;323(11):1096-1097. doi: 10.1001/jama.2020.0605. No abstract available.

PMID: 32181845 [PubMed - indexed for MEDLINE]

Similar articles

3. Osteoporosis Screening in Younger Postmenopausal Women.

Crandall CJ, Ensrud KE.

JAMA. 2020 Jan 9. doi: 10.1001/jama.2019.18343. [Epub ahead of print] No abstract available.

PMID: 31917384 [PubMed - as supplied by publisher]

Similar articles

4. Do Additional Clinical Risk Factors Improve the Performance of Fracture Risk Assessment Tool (FRAX) Among Postmenopausal Women? Findings From the Women's Health Initiative Observational Study and Clinical Trials.

Crandall CJ, Larson J, Cauley JA, Schousboe JT, LaCroix AZ, Robbins JA, Watts NB, Ensrud KE.

JBMR Plus. 2019 Nov 30;3(12):e10239. doi: 10.1002/jbm4.10239. eCollection 2019 Dec.

PMID: 31844827 [PubMed] Free PMC Article

Similar articles

5. Cost-Effectiveness of Sequential Teriparatide/Alendronate Versus Alendronate-Alone Strategies in High-Risk Osteoporotic Women in the US: Analyzing the Impact of Generic/Biosimilar Teriparatide.

Mori T, Crandall CJ, Ganz DA.

JBMR Plus. 2019 Nov 13;3(11):e10233. doi: 10.1002/jbm4.10233. eCollection 2019 Nov.

PMID: 31768491 [PubMed] Free PMC Article

Similar articles

6. Population-Based Osteoporosis Primary Prevention and Screening for Quality of Care in Osteoporosis, Current Osteoporosis Reports.

Leslie WD, Crandall CJ.

Curr Osteoporosis Rep. 2019 Dec;17(6):483-490. doi: 10.1007/s11914-019-00542-w. Review.

PMID: 31673933 [PubMed - in process]

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7. Bisphosphonates for Postmenopausal Osteoporosis.

Ensrud KE, Crandall CJ.

JAMA. 2019 Oct 17. doi: 10.1001/jama.2019.15781. [Epub ahead of print] No abstract available.

PMID: 31621799 [PubMed - as supplied by publisher]

Similar articles

8. Association between soft drink consumption and osteoporotic fractures among postmenopausal women: the Women's Health Initiative.

Kremer PA, Laughlin GA, Shadyab AH, Crandall CJ, Masaki K, Orchard T, Snetselaar L, LaCroix AZ.

Menopause. 2019 Nov;26(11):1234-1241. doi: 10.1097/GME.0000000000001389. Erratum in:

Menopause. 2020 Jan;27(1):122. Snetselaar, Linda [added].

PMID: 31613830 [PubMed - in process]

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9. Secondary Fracture Prevention: Consensus Clinical Recommendations from a Multistakeholder Coalition.

Conley RB, Adib G, Adler RA, Åkesson KE, Alexander IM, Amenta KC, Blank RD, Brox WT, Carmody EE, Chapman-Novakofski K, Clarke BL, Cody KM, Cooper C, Crandall CJ, Dirschl DR, Eagen TJ, Elderkin AL, Fujita M, Greenspan SL, Halbout P, Hochberg MC, Javaid M, Jeray KJ, Kearns AE, King T, Koinis TF, Koontz JS, Kužma M, Lindsey C, Lorentzon M, Lyritis GP, Michaud LB, Miciano A, Morin SN, Mujahid N, Napoli N, Oleginski TP, Puzas JE, Rizou S, Rosen CJ, Saag K, Thompson E, Tosi LL, Tracer H, Khosla S, Kiel DP.

J Bone Miner Res. 2020 Jan;35(1):36-52. doi: 10.1002/jbmr.3877. Epub 2019 Dec 1.

PMID: 31538675 [PubMed - in process]

Similar articles

10. Strong Bones, Strong Body.

Crandall CJ.

Obstet Gynecol Clin North Am. 2019 Sep;46(3):541-552. doi: 10.1016/j.ogc.2019.04.011. Review.

PMID: 31378294 [PubMed - indexed for MEDLINE]

Similar articles

11. Can We Pave the Pathway to Fracture Prevention?

Crandall CJ.

Ann Intern Med. 2019 Jul 2;171(1):62-63. doi: 10.7326/M19-1112. Epub 2019 Apr 23. No abstract available.

PMID: 31009937 [PubMed - indexed for MEDLINE]

Similar articles

12. Performance of FRAX and FRAX-Based Treatment Thresholds in Women Aged 40 Years and Older: The Manitoba BMD Registry.

Crandall CJ, Schousboe JT, Morin SN, Lix LM, Leslie W.

J Bone Miner Res. 2019 Aug;34(8):1419-1427. doi: 10.1002/jbmr.3717. Epub 2019 May 17.

PMID: 30920022 [PubMed - in process]

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13. Menopausal hormone therapy trends before versus after 2002: impact of the Women's Health Initiative Study Results.

Crawford SL, Crandall CJ, Derby CA, El Khoudary SR, Waetjen LE, Fischer M, Joffe H.

Menopause. 2018 Dec 21;26(6):588-597. doi: 10.1097/GME.0000000000001282.

PMID: 30586004 [PubMed - indexed for MEDLINE] Free PMC Article

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14. A Comparison of US and Canadian Osteoporosis Screening and Treatment Strategies in Postmenopausal Women.

Crandall CJ, Larson J, Manson JE, Cauley JA, LaCroix AZ, Wactawski-Wende J, Datta M, Sattari M, Schousboe JT, Leslie WD, Ensrud KE.

J Bone Miner Res. 2019 Apr;34(4):607-615. doi: 10.1002/jbmr.3636. Epub 2019 Jan 15.

PMID: 30536628 [PubMed - in process] Free Article

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15. Bone Health During the Menopause Transition and Beyond.

Karlamangla AS, Burnett-Bowie SM, Crandall CJ.

Obstet Gynecol Clin North Am. 2018 Dec;45(4):695-708. doi: 10.1016/j.ogc.2018.07.012. Epub 2018 Oct 25. Review.

PMID: 30401551 [PubMed - indexed for MEDLINE] Free PMC Article

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16. Predicting Fracture Risk in Younger Postmenopausal Women: Comparison of the Garvan and FRAX Risk Calculators in the Women's Health Initiative Study.

Crandall CJ, Larson J, LaCroix A, Cauley JA, LeBoff MS, Li W, LeBlanc ES, Edwards BJ, Manson JE, Ensrud K. J Gen Intern Med. 2019 Feb;34(2):235-242. doi: 10.1007/s11606-018-4696-z. Epub 2018 Oct 17.

PMID: 30334182 [PubMed - in process] Free PMC Article

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17. Bone Turnover Markers Are Not Associated With Hip Fracture Risk: A Case-Control Study in the Women's Health Initiative.

Crandall CJ, Vasani S, LaCroix A, LeBoff MS, Cauley JA, Robbins JA, Jackson RD, Bauer DC. J Bone Miner Res. 2018 Jul;33(7):1199-1208. doi: 10.1002/jbmr.3471. Epub 2018 Jun 19.

PMID: 29923225 [PubMed - indexed for MEDLINE] Free PMC Article

Similar articles

18. Osteoporosis.

Ensrud KE, Crandall CJ.

Ann Intern Med. 2018 Feb 20;168(4):306-307. doi: 10.7326/L17-0587. No abstract available.

PMID: 29459962 [PubMed - indexed for MEDLINE]

Similar articles

19. Risk of Fracture in Women with Sarcopenia, Low Bone Mass, or Both.

Harris R, Chang Y, Beavers K, Laddu-Patel D, Bea J, Johnson K, LeBoff M, Womack C, Wallace R, Li W, Crandall C, Cauley J.

J Am Geriatr Soc. 2017 Dec;65(12):2673-2678. doi: 10.1111/jgs.15050. Epub 2017 Sep 27.

PMID: 28960230 [PubMed - indexed for MEDLINE] Free PMC Article

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20. Screening for Osteoporosis in Older Men: Operating Characteristics of Proposed Strategies for Selecting Men for BMD Testing.

Diem SJ, Peters KW, Gourlay ML, Schousboe JT, Taylor BC, Orwoll ES, Cauley JA, Langsetmo L, Crandall CJ, Ensrud KE; Osteoporotic Fractures in Men Research Group.

J Gen Intern Med. 2017 Nov;32(11):1235-1241. doi: 10.1007/s11606-017-4153-4. Epub 2017 Aug 16.

PMID: 28815485 [PubMed - indexed for MEDLINE] Free PMC Article

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21. Osteoporosis.

Ensrud KE, Crandall CJ.

Ann Intern Med. 2017 Aug 1;167(3):ITC17-ITC32. doi: 10.7326/AITC201708010. Review. Erratum in: Ann Intern Med. 2017 Oct 3;167(7):528.

PMID: 28761958 [PubMed - indexed for MEDLINE]

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22. Associations of Parity, Breastfeeding, and Fractures in the Women's Health Observational Study.

Crandall CJ, Liu J, Cauley J, Newcomb PA, Manson JE, Vitamins MZ, Jacobson LT, Rykman KK, Stefanick ML. Obstet Gynecol. 2017 Jul;130(1):171-180. doi: 10.1097/AOG.0000000000002096.

PMID: 28594759 [PubMed - indexed for MEDLINE] Free PMC Article

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23. Time to Clinically Relevant Fracture Risk Scores in Postmenopausal Women.

Gourlay ML, Overman RA, Fine JP, Crandall CJ, Robbins J, Schousboe JT, Ensrud KE, LeBlanc ES, Gass ML, Johnson KC, Womack CR, LaCroix AZ; Women's Health Initiative Investigators.
Am J Med. 2017 Jul;130(7):862.e15-862.e23. doi: 10.1016/j.amjmed.2017.02.012. Epub 2017 Mar 9.
PMID: 28285070 [PubMed - indexed for MEDLINE] Free PMC Article

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24. No Increase in Fractures After Stopping Hormone Therapy: Results From the Women's Health Initiative.

Watts NB, Cauley JA, Jackson RD, LaCroix AZ, Lewis CE, Manson JE, Neuner JM, Phillips LS, Stefanick ML, Wactawski-Wende J, Crandall C; Women's Health Initiative Investigators.

J Clin Endocrinol Metab. 2017 Jan 1;102(1):302-308. doi: 10.1210/jc.2016-3270.

PMID: 27820659 [PubMed - indexed for MEDLINE] Free PMC Article

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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

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- ☒ I have no publications to report.

Depression

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- ☒ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Migraine

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- ☒ I have no publications to report.

Osteoporosis

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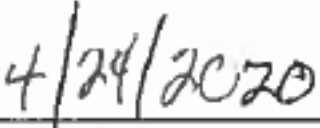
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Nick Fitterman

Print Name

	
Signature	Date

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Centers for Disease Control and Prevention	Employment	Self	-
<div><div>Title: Director, Office of Antibiotic Stewardship</div><div>Start Date: 07/15/2007End Date:</div><div>Position Description: I lead CDC's public health efforts related to improving antibiotic use.</div><div>Additional Information:</div></div>			
GI Specialists of Georgia	Employment	Spouse/Partner	-
<div><div>Title: Physician</div><div>Start Date: 09/01/2010End Date:</div><div>Position Description: Patient care</div><div>Additional Information:</div></div>			
Society for Healthcare Epidemiology of America	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 09/01/2018End Date:</div><div>Consultant Description:</div><div>Compensation Type:</div><div>Annual Compensation:</div><div>Other Compensation:</div><div>Additional Information: Participation on annual conference committee</div></div>			

Additional Information:

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- ☒ I have no publications to report.

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- ☒ I have no publications to report.

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Lauri Hicks

Print Name

Lauri Hicks -S5

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Jennifer Lin

Jan 22, 2020 10:50:04 EST
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Discloser Identifier: 1195711

Disclosure Purpose: Annual Governance
Disclosure 2019, Annual Governance
Disclosure 2020

i > Revised disclosure. Original disclosure dated Dec 24, 2019. ()

Summary of Financial Interests

Display all interest details ()

Company or Organization

Entity	Type	Interest Held By	Value
Kaiser Permanente	Employment	Self	-
<p>Title: research physician, investigator</p> <p>Position Description: investigator, center for health research, Kaiser Permanente NW</p> <p>Start Date: 11/28/2005</p> <p>End Date:</p> <p>Additional Information: also practicing NW Permanente general internal medicine physician since 2011</p>			

Display all interest details ()

Additional Information:

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

I am the PI on several AHRQ contracts to support the USPSTF I am a non-voting member on Kaiser Permanente's National Guideline Directors primarily in a consultancy role

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Yes.

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Supporting Documents:



()

LINJ_CV Dec 2019.pdf

Dec 2019 CV

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Acute Musculoskeletal Pain

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- ☒ I have no publications to report.

Depression

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- ☒ I have no publications to report.

Type 2 Diabetes (newer medications)

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- ☐ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

I have no publications to report for acute MSK pain or depression, however, I have a pending publication in opioid prevention (Primary Care-Relevant Interventions to Prevent Opioid Use Disorder: Current Research and Evidence Gaps, AHRQ funded in support of the USPSTF) and I am the PI on a contract to support the USPSTF that conducts reviews on screening of opioid use disorder, and screening for depression, anxiety and suicide.

Our EPC has also done work for Kaiser Permanente on treatment of diabetes, and conducted rapid reviews on newer therapies for DM2, not all of which have been published. One publicly available rapid review can be found here: <http://kpcmi.org/files/diabetes-step-therapy.pdf>.

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Date

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Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

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

Category: Other
Start Date: 07/01/1999
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	\$1,000.00	Estimated

Additional Information:

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
 - a. Are you submitting your disclosures to ACP as a member of one of the following groups:
 - ACP board, committee, council, task force, and/or other governance group?
 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)

- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

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

Disclosures of Interests: Supplemental Questions

Within the past 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).

Acute Musculoskeletal Pain

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Depression

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

1. Tice JA, Kumar V, Otuonye I, Webb M, Seidner M, Rind, DM, Chapman R, Ollendorf DA, Pearson S, Cognitive and Mind-Body Therapies for Chronic Low Back and Neck Pain: Effectiveness and Value. Final Evidence Report. Institute for Clinical and Economic Review. November 6, 2017. https://icer-review.org/wp-content/uploads/2017/03/CTAF_LBNP_Final_Evidence_Report_110617.pdf
2. Tice JA, Chapman R, Kumar V, Synnott P, Seidner M, Ollendorf DA, Rind, DM, Pearson S, Steuten L, Guzauskas GF, Veenstra DL. Anabolic Therapies for Osteoporosis in Postmenopausal Women: Effectiveness and Value. Final Evidence Report. Institute for Clinical and Economic Review. July 17, 2017. https://icer-review.org/wp-content/uploads/2016/11/CTAF_Osteoporosis_Final_Evidence_Report_071717.pdf

Disclosures of Interests: Acknowledgements and Attestations


By signing this form,

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
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Jeffrey A. Tice, MD

Print Name

member: B01FF73E-0559-4E7B-B87E-
BAD66D02C4B8 40A33135-
CE78-428F-8118-4C740527578B

 Digitally signed by member: B01FF73E-0559-4E7B-B87E-BAD66D02C4B8
DN: cn=member: B01FF73E-0559-4E7B-B87E-BAD66D02C4B8, email=jeff@tice.com, o=ACPE, ou=ACPE, c=US
DN: cn=member: B01FF73E-0559-4E7B-B87E-BAD66D02C4B8, email=jeff@tice.com, o=ACPE, ou=ACPE, c=US
Date: 2020.04.24 14:28:48 -07'00'

4/24/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Endocrine Society	Other	Self	-
Category: Other Start Date: 02/01/2019 End Date: 12/31/2019 Other Compensation: Additional Information: Hypoglycemia performance measure development Consultant Description: Compensation Type: Unpaid Annual Compensation:			
Medical School, University of Michigan	Employment	Self	-
Title: Professor, Medical Director Start Date: 06/24/1992 End Date: Position Description: Professor of Internal Medicine, Director of Analytics/Quality Additional Information:			
National Institute of Health	Grant / Contract	Self	-
Recipient Name: Regents of the University of Michigan Grant / Contract Description: Systematic design of meaningful presentation of medical test data for patients Grant / Contract Valuation Date: 09/30/2013 Additional Information: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$5,000.00 Contract Start Date: 09/30/2013 Contract End Date: 09/30/2016			
National Institute of Health	Grant / Contract	Self	\$1,820,000.00
Recipient Name: Regents of the University of Michigan Grant / Contract Description: Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo Grant / Contract Valuation Date: 01/28/2020 Additional Information: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,820,000.00 Contract Start Date: 08/01/2013 Contract End Date: 07/31/2019			
U.S. Department of Veterans Affairs	Employment	Self	-
Title: Physician Start Date: 07/01/1997 End Date: Position Description: Physician Additional Information:			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$900,000.00
Recipient Name: Michele Heisler Grant / Contract Description: Technologically Enhanced Coaching (TEC): A Program for Improving Diabetes Outcomes Grant / Contract Valuation Date: 02/01/2014 Additional Information: Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$900,000.00 Contract Start Date: 02/01/2014 Contract End Date: 01/31/2018			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$615,000.00
Recipient Name: Sameer Saini Grant / Contract Description: Promoting Veteran-Centered Colorectal Cancer Screening Grant / Contract Valuation Date: 01/28/2020 Additional Information: Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$615,000.00 Contract Start Date: 04/01/2014 Contract End Date: 03/31/2018			
Wolters Kluwer Health, Inc.	Consultant	Self	\$4,900.00

Category: Consultant
Start Date: 11/15/2011
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	\$1,800.00	Estimated
2018	\$1,600.00	Estimated
2017	\$1,500.00	Estimated

Additional Information:

Additional Information:

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

None

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

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

- **ACP board, committee, council, task force, and/or other governance group?**
- **Chapter Council or other Chapter leadership role?**
- **National or chapter staff?**
- **Annals of Internal Medicine editorial staff?**
- **Other (meeting guests, contractors, authors, etc.)**

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

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- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
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**American College of Physicians
Clinical Guidelines Committee Disclosure of Interests:
Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

Within the past 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).

Acute Musculoskeletal Pain

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Depression

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Vijan S. In the clinic: type 2 diabetes. *Annals of Internal Medicine*. 2019 Nov 5; 171(9): ITC65-80

Ross E, Vijan S, Miller E, Valenstein M, Zivin K. The cost-effectiveness of cognitive behavioral therapy versus second-generation antidepressants for initial treatment of major depressive disorder in the United States: A decision analytic model. *Annals of Internal Medicine* 2019 Oct 29

Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Print Name

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Health Care Policy and Research	Grant / Contract	Self	\$4,500.00
Recipient Name: Gillian Sanders Grant / Contract Description: Evidence Based Practice Center, Associate Editor Grant / Contract Valuation Date: 03/15/2019 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$4,500.00 Contract Start Date: 10/01/2014 Contract End Date: 09/30/2019	
ArcherDx	Other	Spouse/Partner	-
Category: Other Start Date: 07/01/2018 End Date: 12/31/2018 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:	
Associate for Molecular Pathology	Other	Spouse/Partner	-
Category: Other Start Date: 09/01/1995 End Date: Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:	
Debbie's Dream Foundation	Other	Spouse/Partner	\$500.00
Category: Other Start Date: 05/13/2018 End Date: 05/13/2018 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation:	
		Year	Amount
		2018	\$500.00
		Estimated	
Additional Information: Honorarium for a scientific presentation			
Duke University	Employment	Self	-
Title: Professor of Medicine and Psychiatry Start Date: 07/01/2001 End Date:		Position Description: Faculty Additional Information:	
DurhamVeterans Affairs Medical Center	Employment	Self	-
Title: Staff Physician Start Date: 07/01/2001 End Date:		Position Description: Physician and HSR&D Researcher Additional Information:	
General Electric	Stock	Self	\$0.00
Percentage Ownership: 0 Valuation Date: Additional Information:		Estimated Value: \$0.00 Divestment Date: 12/26/2018	
Healt hwise	Other	Self	-

Category: Other Start Date: 05/25/2017 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:										
HSR&D, U.S.Department of Veterans Affairs	Grant / Contract	Self	\$825,000.00									
Recipient Name: John W. Williams Jr Grant / Contract Description: Evidence Synthesis Program Grant / Contract Amount: \$825,000.00 Contract Start Date: 10/01/2017 Contract End Date: 09/30/2020		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information:										
HSR&D, U.S.Department of Veterans Affairs	Other	Self	-									
Category: Other Start Date: 07/08/1995 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Unpaid Annual Compensation:										
JWW Scientific Consulting, LLC	Other Business Ownership	Self	\$26,500.00									
Form of Business Description: Provide Medical/Scientific editing and research methods education Investment Amount: \$0.00 Annual Compensation:		Ownership Category: Sole Proprietor Partnership Category: LLC Investment Amount Valuation Date: Additional Information:										
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$8,000.00</td><td>Estimated</td></tr><tr><td>2018</td><td>\$18,500.00</td><td>Actual</td></tr></table>		Year	Amount	Type	2019	\$8,000.00	Estimated	2018	\$18,500.00	Actual		
Year	Amount	Type										
2019	\$8,000.00	Estimated										
2018	\$18,500.00	Actual										
National Academies of Sciences, Engineering, and Medicine	Other	Self	-									
Category: Other Start Date: 06/22/2016 Other Compensation: Travel Expenses Additional Information: No compensation; travel expenses only		Consultant Description: Compensation Type: Other Annual Compensation:										
National Institutes of Health	Grant / Contract	Self	\$45,000.00									
Recipient Name: Duke University Grant / Contract Description: Clinical Translational Science Award Grant / Contract Amount: \$45,000.00 Contract Start Date: 10/01/2013 Contract End Date: 09/30/2018		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information: JWW Salary support only										
Oak Ridge Associated Universities	Employment	Self	-									
Title: Consultant Start Date: 03/12/2015 End Date:		Position Description: Consultant to CMMI for CPC+ Program: Behavioral health integration Additional Information:										
Patient Centered Outcomes Research Institute	Grant / Contract	Self	\$46,899.00									
Recipient Name: John W Williams Jr Grant / Contract Description: Subcontract from Oregon Health Sciences Center; Associate Editor for PCORI Grant / Contract Valuation Date: 12/26/2019 Additional Information: Total Costs - 2020		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$46,899.00 Contract Start Date: 06/08/2015 Contract End Date: 12/31/2020										
Promega	Other	Spouse/Partner	-									
Category: Other Start Date: 06/01/2018 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:										

Siemens	Stock	Self	\$0.00
Percentage Ownership: 0		Estimated Value: \$0.00	
Valuation Date:		Divestment Date: 03/15/2019	
Additional Information:			
Tiantan Hospital	Other	Self	\$2,500.00
Category: Other		Consultant Description:	
Start Date: 12/12/2019		Compensation Type: Cash	
End Date: 12/12/2019		Annual Compensation:	
Other Compensation:			
		Year	Amount
		2019	\$2,500.00
			Type
			Actual
Additional Information: Honoraria for teaching a research methods workshop			
University of Washington	Data And Safety Monitoring	Self	\$500.00
Category: Data And Safety Monitoring		Consultant Description:	
Start Date: 06/22/2016		Compensation Type: Cash	
End Date:		Annual Compensation:	
Other Compensation:			
		Year	Amount
		2019	\$500.00
			Type
			Actual
Additional Information:			

Intellectual Property

Type	Is Licensed	Interest Held By	Value								
Other Intellectual Property - Chapter in UpToDate (Depression Screening)	-	Self	\$935.00								
Description: Chapter in UpToDate (Depression Screening) Yearly Income: <table border="1"> <thead> <tr> <th>Amount</th><th>Type</th><th>Year</th><th>Payment Receipt</th></tr> </thead> <tbody> <tr> <td>\$935.00</td><td>Actual</td><td>2018</td><td>Direct Payment</td></tr> </tbody> </table>		Amount	Type	Year	Payment Receipt	\$935.00	Actual	2018	Direct Payment	Income Source: Wolters Klewler Additional Information:	
Amount	Type	Year	Payment Receipt								
\$935.00	Actual	2018	Direct Payment								

Additional Information:

- Please specify any additional information which you consider relevant to this disclosure.
 - ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
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 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)
- Yes.
- I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).
- Yes

- ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**
- Yes
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- Yes
- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**
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**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

Within the past 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).

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- ☒ I have no publications to report.

Depression

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Crowley M, Williams JW, Buse JB, Kosinski A. Metformin use may moderate the effect of DPP-4 inhibitors on cardiovascular outcomes. *Diabetes Care* 2017 Oct 19. pii: dc171528. doi: 10.2337/dc17-1528.

Nieuwsma JA, Williams JW Jr, Namdari N, Washam JB, Raitz G, Blumenthal JA, Jian W, Yapa R, McBroom AJ, Lallinger K, Schmidt R, Kosinski AS, Sanders GD. Diagnostic Accuracy of Screening Tests and Treatment for Post-Acute Coronary Syndrome Depression: A Systematic Review. *Ann Intern Med* 2017 Nov 21;167(10):725-735. doi: 10.7326/M17-1811. Epub 2017 Nov 14. PMID: 29132152 Abstracted in ACP Journal Wise

Williams JW Jr, Nieuwsma JA, Namdari N, Washam JB, Raitz G, Blumenthal JA, Jiang W, Yapa R, McBroom AJ, Lallinger K, Schmidt R, Kosinski AS, Sanders GD. Diagnostic Accuracy of Screening Tests and Treatment of Post-Acute Coronary Syndrome Depression: A Systematic Review. Rockville (MD): Agency for Healthcare Research and Quality (US); 2017 Nov. PMID: 29697225.

El Husseini N, Goldstein LB, Peterson ED, Zhao X, Olson DM, Williams JW, Bushnell C, Laskowitz DT. Depression Status is Associate with Functional Decline over One-Year Following Acute Stroke. *Journal of Stroke and Cerebrovascular Diseases*. 2017 Apr 4. pii: S1052-3057(17)30131-3. doi: 10.1016/j.jstrokecerebrovasdis.2017.03.026.

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

Note: although I have no current publications on osteoporosis, I am part of an evidence synthesis team conducting a current review a instruments (e.g., FRAX) to determine diagnostic accuracy.

Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

John W. Williams Jr

Print Name

John W Williams Jr

Digitally signed by John W Williams Jr
Date: 2020.04.25 10:24:53 -04'00'

04/25/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value									
Academy Health	Consultant	Self	-									
<div><div><div>Category: Consultant</div><div>Start Date: 03/30/2020</div><div>Other Compensation:</div><div>Additional Information: Developing Guidance with Learning Health System Stakeholders for Evaluation of COVID19 projects for national Foundations future funding of projects</div></div><div><div>Consultant Description:</div><div>Compensation Type: Unpaid</div><div>Annual Compensation:</div></div></div>												
AcademyHealth	Travel	Self	\$3,000.00									
<div><div><div>Location(s): Seattle to DC</div><div>Estimated Value: \$3,000.00</div><div>Purpose: Meetings & Conferences</div></div><div><div>Travel Start Date: 03/08/2017</div><div>Travel End Date: 01/24/2020</div><div>Valuation Date: 01/23/2020</div><div>Additional Information: Attended Health Data Palooza, Annual Research Meeting and Project Paradigm co sponsored and 2xs listed as RWJ conferences and Meetings</div></div></div>												
Acumen LLC	Travel	Self	\$380.00									
<div><div><div>Location(s): Seattle to DC</div><div>Estimated Value: \$380.00</div><div>Purpose: PCMP CMS Measures</div></div><div><div>Travel Start Date: 02/05/2020</div><div>Travel End Date: 02/08/2020</div><div>Valuation Date: 01/23/2020</div><div>Additional Information: Physician Cost Measure Patient Relationship Code TEP Patient Panel member</div></div></div>												
Boston Medical Center	Other	Self	\$500.00									
<div><div><div>Category: Other</div><div>Start Date: 09/18/2018</div><div>Other Compensation:</div><div>End Date: 12/19/2019</div></div><div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div><table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$500.00</td><td>Estimated</td></tr></table></div><div>Additional Information: \$500 stipend Open Notes BIDMC presenting PFCC conference and \$750 total for Patient Advisory Position stipends</div></div>				Year	Amount	Type	2018	\$500.00	Estimated			
Year	Amount	Type										
2018	\$500.00	Estimated										
Camden Coalition	Other	Self	\$1,250.00									
<div><div><div>Category: Other</div><div>Start Date: 01/01/2018</div><div>Other Compensation:</div><div>End Date:</div></div><div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div><table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$750.00</td><td>Estimated</td></tr><tr><td>2019</td><td>\$500.00</td><td>Actual</td></tr></table></div><div>Additional Information: Consumer Scholar work and Travel for Putting Care at the Center conference</div></div>				Year	Amount	Type	2020	\$750.00	Estimated	2019	\$500.00	Actual
Year	Amount	Type										
2020	\$750.00	Estimated										
2019	\$500.00	Actual										
Cochrane Consumers	Consultant	Self	-									

Category: Consultant Start Date: 04/11/2020 Other Compensation: Additional Information: Reviewing guidance materials for consumer involvement in reviews for crisis management		Consultant Description: Compensation Type: Unpaid Annual Compensation:													
Hassanah Consulting	Consultant	Self	\$25,000.00												
Category: Consultant Start Date: 01/01/2017 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$9,000.00</td><td>Actual</td></tr><tr><td>2018</td><td>\$8,000.00</td><td>Estimated</td></tr><tr><td>2017</td><td>\$8,000.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2019	\$9,000.00	Actual	2018	\$8,000.00	Estimated	2017	\$8,000.00	Estimated
Year	Amount	Type													
2019	\$9,000.00	Actual													
2018	\$8,000.00	Estimated													
2017	\$8,000.00	Estimated													
Additional Information: This is total income, and includes compensation such as stipends listed on CVM, Muslim Resource Guides, Islamic Civic Engagement, general consulting 1099s https://janicetufte.com/cvm-patient-partner															
Healthcare for the Homeless Seattle King County	Other	Self	\$2,200.00												
Category: Other Start Date: 01/01/2018 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$2,200.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2019	\$2,200.00	Estimated						
Year	Amount	Type													
2019	\$2,200.00	Estimated													
Additional Information: Consumer Representative advisor															
Humana Foundation	Travel	Self	\$500.00												
Location(s): Seattle to DC Estimated Value: \$500.00 Purpose: Food Insecurity Brochure development		Travel Start Date: 08/01/2019 Travel End Date: 08/03/2019 Valuation Date: 01/23/2020 Additional Information: Patient Partner informing on food insecurity for a brochure to accompany measures													
IHI	Travel	Self	\$1,050.00												
Location(s): Seattle-Florida Estimated Value: \$1,050.00 Purpose: IHI Forum Scholarship as a Patient Advisor		Travel Start Date: 12/05/2019 Travel End Date: 12/09/2019 Valuation Date: 01/23/2020 Additional Information: IHI Forum Scholarship as a Patient Advisor													
Mathematica	Other	Self	\$800.00												
Category: Other Start Date: 01/01/2016 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$200.00</td><td>Actual</td></tr><tr><td>2017</td><td>\$600.00</td><td>Actual</td></tr></table>		Year	Amount	Type	2018	\$200.00	Actual	2017	\$600.00	Actual			
Year	Amount	Type													
2018	\$200.00	Actual													
2017	\$600.00	Actual													
Additional Information:															
Minnesota Evidence Practice Center	Other	Self	-												

Category: Other Start Date: 01/01/2019 Other Compensation: Additional Information: CLPC TEP MN-EPC Public perspective Prostrate Cancer Systematic Review/ Protocol		Consultant Description: Compensation Type: Unpaid Annual Compensation:										
National Institute on Aging	Other	Self	\$750.00									
Category: Other Start Date: 06/01/2019 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$500.00</td><td>Actual</td></tr><tr><td>2019</td><td>\$250.00</td><td>Actual</td></tr></table>		Year	Amount	Type	2020	\$500.00	Actual	2019	\$250.00	Actual
Year	Amount	Type										
2020	\$500.00	Actual										
2019	\$250.00	Actual										
Additional Information: Aging Initiative Advisor												
National Quality Forum	Travel	Self	\$1,000.00									
Location(s): Seattle to DC to Seattle Estimated Value: \$1,000.00 Purpose: LTSS work group and Core Set MAP		Travel Start Date: 01/01/2017 Valuation Date: 01/29/2020 Additional Information: See CVM Travel End Date: 12/31/2018										
Patient CenteredResearch Institute	Travel	Self	\$3,000.00									
Location(s): Seattle to DC Estimated Value: \$3,000.00 Purpose: Conference Attendance		Travel Start Date: 01/01/2017 Valuation Date: 01/23/2020 Additional Information: PCORI paid for multiple conference scholarships and prioritization projects Travel End Date: 09/20/2019										
Robert Wood Johnson Foundation	Travel	Self	\$1,000.00									
Location(s): Seattle to DC Estimated Value: \$1,000.00 Purpose: Paradigm Project HSR		Travel Start Date: 06/14/2019 Valuation Date: 01/23/2020 Additional Information: Travel only, no stipends, Health Services Research project (also listed under Academy Health) Travel End Date: 06/28/2021										
Society for Participatory Medicine	Travel	Self	\$650.00									
Location(s): Seattle to Boston Estimated Value: \$650.00 Purpose: Panel Organizer and presenter SDoH		Travel Start Date: 09/07/2019 Valuation Date: 01/23/2020 Additional Information: Travel to Boston as a SPM Planning Committee member and panel presenter Travel End Date: 09/10/2019										
University of Washington Instituite for Translational Health Sciences	Consultant	Self	-									
Category: Consultant Start Date: 03/22/2020 Other Compensation: Additional Information: A professional review committee for COVID19 studies for possible work done at University of Washington		Consultant Description: Compensation Type: Unpaid Annual Compensation:										
University of Washington SORCE	Other	Self	\$1,250.00									
Category: Other Start Date: 01/01/2017 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$900.00</td><td>Estimated</td></tr><tr><td>2018</td><td>\$350.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2020	\$900.00	Estimated	2018	\$350.00	Estimated
Year	Amount	Type										
2020	\$900.00	Estimated										
2018	\$350.00	Estimated										
Additional Information: Patient Advisor on the COSMID project started 2019 on going and Patient Advisor on CERTAIN Patient Advisory Grioup												

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Food Insecurity Brochure to accompany NQF measur	-	Self	-
Description: Food Insecurity Brochure to accompany NQF measures Yearly Income:		Income Source: NQF/ Human travel only Additional Information: https://store.qualityforum.org/products/food-insecurity-and-health-overcoming-food-insecurity-through-healthcare-based-interventions document I am included in as a co author	
Other Intellectual Property - Low Value Research Work Group AA/Latinx Donaghue ...	-	Self	-
Description: Low Value Research Work Group AA/Latinx Donaghue Foundation Yearly Income:		Income Source: Travel for meeting Additional Information: https://www.academyhealth.org/blog/2019-12/focus-patients-key-reducing-low-value-care Continuation of this work	
Other Intellectual Property - MuSE Systematic Review Protocol and Reviews	-	Self	-
Description: MuSE Systematic Review Protocol and Reviews Yearly Income:		Income Source: 0 Additional Information: Under Development	
Other Intellectual Property - Development of Communication Resource Guide for ...	-	Self	-
Description: Development of Communication Resource Guide for Low income Individuals, Internet and Phone services Yearly Income:		Income Source: none Additional Information: Development of communication resources available for low income individuals compiled for COVID19 telehealth and more for WA State Health Care Authority and other organizations	
Other Intellectual Property - Paradigm Project RWJ Academy Health	-	Self	-
Description: Paradigm Project RWJ Academy Health Yearly Income:		Income Source: Academy Health for travel Additional Information: https://www.academyhealth.org/ParadigmProject I am serving on Design Team 3 B	
Other Intellectual Property - Building out Core Competencies for Complex Care ...	-	Self	-
Description: Building out Core Competencies for Complex Care meetings and build out of documents Yearly Income:		Income Source: Camden Coalition Travel Additional Information: https://www.nationalcomplex.care/our-work/blueprint-for-complex-care/core-competencies-working-group/ A member	
Other Intellectual Property - Mitre HealthLab	-	Self	-
Description: Mitre HealthLab Yearly Income:		Income Source: Additional Information: Webinar provided to Mitre HealthLab on COVID19 Response and Vulnerable Populations King County WA https://janicetufte.com/covid19-vulnerable	
Other Intellectual Property - MuSE Systematic Review Paper	-	Self	-
Description: MuSE Systematic Review Paper Yearly Income:		Income Source: Additional Information: https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-020-1272-5	
Other Intellectual Property - IHI Institute for Health Improvement Developed ...	-	Self	-
Description: IHI Institute for Health Improvement Developed out webinars for Goals Driven Care / Patient Safety Yearly Income:		Income Source: 1000 Additional Information: Honorarium though MEF Doha, Qatar conference was cancelled	
Other Intellectual Property - Peer Reviewer of Cochrane Protocol Musculoskelet ...	-	Self	-

Description: Peer Reviewer of Cochrane Protocol Musculoskeletal Group for Systematic Review
Yearly Income:

Income Source: none

Additional Information:

Additional Information:

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

All details are included in CVM I filled this out correctly to the best of my abilities <https://janicetufte.com/cvm-patient-partner>

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

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

- **ACP board, committee, council, task force, and/or other governance group?**
- **Chapter Council or other Chapter leadership role?**
- **National or chapter staff?**
- **Annals of Internal Medicine editorial staff?**
- **Other (meeting guests, contractors, authors, etc.)**

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

**American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

Within the past 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).

Acute Musculoskeletal Pain

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Depression

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Print Name

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

None

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process.**

- a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly disclose any changes.

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

Disclosures of Interests: Supplemental Questions

Within the past 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).

Acute Musculoskeletal Pain

- ☐ I have publications to report (please list in space below).
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- ☒ I have no publications to report.

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- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

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- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

MICHAEL MARUTO

Print Name



Signature

4/27/2020

Date

Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

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

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

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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Yes

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

Yes

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

Yes

Certification

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

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

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



Disclosure Purpose: CGC/PMC/SMPC, Entry

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

Disclosure Purpose: Annual Staff Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
<div><div>Title: Associate, Performance Measurement</div><div>Start Date: 11/14/2014End Date:</div><div>Position Description: Assist the clinical policy department in the execution of all performance measurement-related activities</div><div>Additional Information:</div></div>			
smartworkingmom.com	Other Business Ownership	Self	-
<div><div>Form of Business Description: Educational resource offering proven strategies on how to build an online business and monetize it for passive income</div><div>Investment Amount Valuation Date: 01/14/2020</div><div>Additional Information:</div><div>Ownership Category: Founder</div><div>Partnership Category:</div><div>Investment Amount: \$1,000.00</div><div>Annual Compensation:</div></div>			
Town Sports International	Employment	Spouse/Partner	-
<div><div>Title: Fitness Manager</div><div>Start Date: 09/01/2013End Date:</div><div>Position Description: Manage the personal training programs for Philadelphia Sports Clubs within the PA region</div><div>Additional Information:</div></div>			

Additional Information:

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

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.
- a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?

Yes.

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

Yes

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Yes

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

Yes

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

Yes

Certification

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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

Disclosure Purpose: Clinical Policy

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Vice President Start Date: 12/07/2003End Date:Position Description: Clinical Policy Additional Information:			
Centers for Disease Control and Prevention	Other	Self	-
Category: Other Start Date: 01/01/2016End Date:Consultant Description: Compensation Type: Unpaid Other Compensation: Annual Compensation: Additional Information: don't have the exact dates			
Cochrane	Other	Self	-
Category: Other Start Date: 06/01/2019End Date:Consultant Description: Compensation Type: Annual Compensation:			
Dynamed	Other	Self	-
Category: Other Start Date: 07/01/2014End Date:Consultant Description: Compensation Type: Other Annual Compensation:			
Dynamed	Other	Self	-
Category: Other Start Date: 01/01/2013End Date:Consultant Description: Compensation Type: Unpaid Annual Compensation: Additional Information: I do not know the exact start date.			
GRADE Working Group	Other	Self	-
Category: Other Start Date: 01/01/2003End Date:Consultant Description: Compensation Type: Unpaid Annual Compensation: Additional Information: I do not have the exact start date			
Measures Application Partnership	Other	Self	-
Category: Other Start Date: 01/01/2014End Date:Consultant Description: Compensation Type: Unpaid Annual Compensation: Additional Information: I do not remember the exact start date.			
MedBiquitous	Other	Self	-

Category: Other Start Date: 01/01/2013 End Date: 01/01/2019 Other Compensation: Additional Information: Do not have exact start or end dates Consultant Description: Compensation Type: Annual Compensation:			
National Academies of Sciences, Engineering, and Medicine	Other	Self	-
Category: Other Start Date: 01/01/2019 End Date: Other Compensation: Additional Information: don't have the exact dates Consultant Description: Compensation Type: Unpaid Annual Compensation:			
National Quality Forum	Other	Self	-
Category: Other Start Date: 01/01/2018 End Date: Other Compensation: Additional Information: don't have the exact dates Consultant Description: Compensation Type: Unpaid Annual Compensation:			
National Quality Forum	Other	Self	-
Category: Other Start Date: 01/01/2019 End Date: Other Compensation: Additional Information: don't have the exact dates Consultant Description: Compensation Type: Unpaid Annual Compensation:			
National Quality Forum	Other	Self	-
Category: Other Start Date: 01/01/2015 End Date: Other Compensation: Additional Information: Don't have the exact start date Consultant Description: Compensation Type: Unpaid Annual Compensation:			
PCPI	Other	Self	-
Category: Other Start Date: 01/01/2015 End Date: Other Compensation: Additional Information: Do not have exact start date Consultant Description: Compensation Type: Unpaid Annual Compensation:			
PCPI	Other	Self	-
Category: Other Start Date: 01/01/2017 End Date: Other Compensation: Additional Information: don't have the exact start date Consultant Description: Compensation Type: Unpaid Annual Compensation:			
RIGHT Working Group	Other	Self	-
Category: Other Start Date: 01/01/2014 End Date: Other Compensation: Additional Information: I do not have the exact start date Consultant Description: Compensation Type: Unpaid Annual Compensation:			
Thomas Jefferson University	Other	Self	-
Category: Other Start Date: 01/01/2017 End Date: Other Compensation: Additional Information:			
Women's Preventive Services Initiative	Other	Self	-

Category: Other

Start Date: 05/01/2016

End Date:

Other Compensation:

Additional Information: don't have the exact dates

Consultant Description:

Compensation Type: Unpaid

Annual Compensation:

Additional Information:

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

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

- ACP board, committee, council, task force, and/or other governance group?
- Chapter Council or other Chapter leadership role?
- National or chapter staff?
- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

Disclosure Purpose: Clinical Policy Committees ACP Staff

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Senior Analyst Start Date: 11/07/2016		Position Description: Additional Information:	
End Date:			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
No information to report
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

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

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

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

Disclosures of Interests: Supplemental Questions

Within the past 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).

Acute Musculoskeletal Pain

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Depression

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Jeff Shafiroff

Print Name

04/28/2020

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2019, Annual Staff Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Coordinator, Clinical Policy		Position Description: Provides administrative support to the Clinical Policy Department and CGC, PMC and SMPC meetings and webinars.	
Start Date: 04/14/2014		End Date:	
Additional Information:			

Additional Information:

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

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

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

Disclosures of Interests: Supplemental Questions

Within the past 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).

Acute Musculoskeletal Pain

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Depression

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Type 2 Diabetes (newer medications)

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Migraine

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Osteoporosis

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

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- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Trish Siemion

Print Name

Trish Siemion

Digitally signed by Trish Siemion
Date: 2020.05.01 13:23:41 -04'00'

5/1/2020

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
<div><div>Title: Research Associate</div><div>Start Date: 02/06/2016End Date:</div><div>Position Description: Provide clinical input on evidence reviews, guidelines, performance measures, and high value care topics. Lead Scientific Medical Policy Committee (SMPC), and support the work of the SMPC, and other</div><div>Additional Information:</div></div>			
Sigma Heath Consulting LLC	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 05/16/2019End Date: 12/16/2019</div><div>Other Compensation:</div><div>Additional Information: Part-time contract position (inactive)</div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div></div>			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
None
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?
Yes.

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

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

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

Yes

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

Yes

Certification

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

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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

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

Name: Melanie D. Bird, 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 Academy of Family Physicians	\$50,001 – 100,000	+ -
	Household	American Academy of Family Physicians	\$50,001 – 100,000	+ -
Research & Consulting Roles	Self	Project Manager--CDC Grant awarded to AAFP to Increase Awareness of Risky Alcohol Use and Implementation of Alcohol SBI	\$5,001 – 10,000	+ -
		Project Manager--Quest Diagnostics Grant to AAFP to Provide Resources for Family Physicians to Increase STI Screening Rates	\$5,001 – 10,000	+ -
		Project Staff--SAMHSA/AAAP Grant to AAFP to serve as a partner to Support the Opioid Response Network (formerly STR-TA)	\$1,001 – 5,000	+ -
	Household		--	+ -
Investment & Proprietary Interests	Self		--	+ -
	Household		--	+ -
Committees, Boards, & Workgroups/Panels	Self	Council of Medical Specialty Societies Guideline Component Group	\$0	+ -
	Household		--	+ -
Other Interests other affiliations, advocacy, etc.	Self		--	+ -
	Household		--	+ -

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)

n/a - only calling in for discussion on acute pain evidence review

☐ Yes ☐ No

Acute Musculoskeletal Pain

☐ Yes ☐ No

Depression

☐ Yes ☐ No

Type 2 Diabetes (newer medications)

☐ Yes ☐ No

Migraine

☐ Yes ☐ No

Osteoporosis

☐ Yes ☐ 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

Employment	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
Research & Consulting Roles	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
Investment & Proprietary Interests	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-

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.

Melanie Bird

 Digitally signed by Melanie Bird
Date: 2019.08.06 13:43:04 -05'00'

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

Disclosure Purpose: Contractor Disclosure 2020-21, Contractor/Guest
Disclosure 2020-21

Summary of Financial Interests

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

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**
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 - ACP board, committee, council, task force, and/or other governance group?
 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)
 - Yes.
 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

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

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

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

Yes

Certification

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

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



Disclosure Purpose: Contractor Disclosure 2020-21, Contractor/Guest
Disclosure 2020-21

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Pennsylvania Department of Health	Grant / Contract	Self	\$500,000.00
Recipient Name: Temple Health Grant / Contract Description: Advance a hub and spoke network of health care providers for Medication Assisted Treatment (MAT) Grant / Contract Valuation Date: 01/01/2020 Additional Information: Co-PI on grant - grant is related to treatment of OUD and not related to pain or pain management			
Recipient Type: Institution Grant / Contract Purpose: Other - development of addiction services Grant / Contract Amount: \$500,000.00 Contract Start Date: 09/01/2019 Contract End Date: 09/30/2020			
Pennsylvania Department of Health	Grant / Contract	Self	\$1,000,000.00
Recipient Name: Temple Health Grant / Contract Description: Pennsylvania Coordinated Medication Assisted Treatment (PacMAT) Program Grant / Contract Valuation Date: 04/29/2020 Additional Information: Co-PI - grant is related to treatment of OUD and not related to pain or pain management			
Recipient Type: Institution Grant / Contract Purpose: Other - establish addiction hub and spoke Grant / Contract Amount: \$1,000,000.00 Contract Start Date: 09/01/2018 Contract End Date: 09/30/2019			
Pennsylvania Department of Health	Grant / Contract	Self	\$3,000,000.00
Recipient Name: Temple University Grant / Contract Description: PA CURES Grant Grant / Contract Amount: \$3,000,000.00 Contract Start Date: 06/01/2020 Contract End Date: 05/31/2024			
Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 05/31/2024 Additional Information: CO-PI - grant is related to treatment of OUD and not related to pain or pain management			

Additional Information:

- Please specify any additional information which you consider relevant to this disclosure.**
grants listed were for disclosure of current grant funding but are not inter-related or conflictual with current content of the guideline
- ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**
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 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

Disclosure Purpose: annual disclosure

Summary of Financial Interests

Entity	Type	Interest Held By	Value
North east Medical Group	Employment	Self	-
Title: Employed Physician		Position Description: Physician & Medical Director of Clinical Quality	
Start Date: 11/01/2012		End Date:	
Additional Information:			

Additional Information:

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

American College of Rheumatology Quality of Care Committee term was Nov 2015-Nov 2018 ABIM Rheumatology Sub-specialty Board term was April 2014- June 2018
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?

Yes.

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

Yes

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Yes

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Yes

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

Yes

Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly

disclose any changes.