Lisa Affengruber

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

**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
   
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
**Summary of Financial Interests**

### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Dynamics</td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
</tbody>
</table>
| **Title**: Sr. Advanced Systems Engineer  
**Start Date**: 04/04/2019  
**End Date**: | Engineer      | Engineer               |       |
| Minneapolis VA Health Care System | Employment    | Self                   | -     |
| **Title**: Staff Physician  
**Start Date**: 08/06/2018  
**End Date**: | Staff Physician. Pulmonary and Critical Care Section. |       |
| Northrop Grumman        | Employment    | Spouse/Partner         | -     |
| **Title**: SIGNAL AND IMAGE PROCESSING ENGINEER  
**Start Date**: 06/11/2012  
**End Date**: | ENGINEER       | ENGINEER               |       |

**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.

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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
Pelin Batur

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, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

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         Yes

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Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Pelin Batur MD
For the Clinical Guidelines Committee: 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)

<table>
<thead>
<tr>
<th>Topic</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>Point of Care Ultrasound</td>
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<td>☒</td>
</tr>
<tr>
<td>High flow nasal oxygen</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☐</td>
<td>☒</td>
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</tbody>
</table>

For the Scientific Medical Policy Committee: 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)

<table>
<thead>
<tr>
<th>Topic</th>
<th>YES</th>
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<td>Antibiotics</td>
<td>☐</td>
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<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

**DECLARATION**

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

Signature   Pelin Batur MD   Date   12/23/19
Wayne Bylsma

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

<table>
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<th>Entity</th>
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<tr>
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<td>Self</td>
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<tr>
<td><strong>Title</strong>: Chief Operating Officer</td>
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<td><strong>Additional Information:</strong></td>
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<tr>
<td>Ewing Cole</td>
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<td><strong>Title</strong>: Project Manager</td>
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<td><strong>Additional Information:</strong></td>
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</table>

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 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.
# Summary of Financial Interests

## Company or Organization

<table>
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<th>Entity</th>
<th>Type</th>
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<th>Value</th>
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<td>-</td>
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<tr>
<td>The Beasley Firm, LLC</td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** Manager, Clinical Policy  
**Start Date:** 08/26/2014  
**End Date:**  

**Title:** Technology Specialist  
**Start Date:** 09/01/2009  
**End Date:**  

### 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.

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   Yes

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   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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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
# Disclosure of Interests: Summary Report

**Name:** Stephanie M. Chang, MD, MPH

**Role:**
- [ ] Clinical Guidelines Committee
- [ ] Performance Measurement Committee
- [X] Guest
- [ ] ACP Staff or Leadership
- [ ] High Value Care Committee

## ACTIVE (Current)

<table>
<thead>
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<th>Description including amount of value or income</th>
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<tr>
<td>Self</td>
<td>Department of Health and Human Services/Agency for Healthcare Research and Quality</td>
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<td>Self</td>
<td>Arlington Free Clinic Volunteer</td>
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<td>Household</td>
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<td>Research &amp; Consulting Roles</td>
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<td>Self</td>
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<tr>
<td>Household</td>
<td>None</td>
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<tr>
<td>Investment &amp; Proprietary Interests</td>
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<td>Self</td>
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<td>Household</td>
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<tr>
<td>Self</td>
<td>Member of following Guidelines International Network workgroups: Allied Health; Implementation; Membership; Conference</td>
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<tr>
<td>Self</td>
<td>Patient-Centered Outcomes Research Institute: Methodology Committee (member)</td>
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<tr>
<td>Household</td>
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<tr>
<td>Other Interests</td>
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<tr>
<td>Self</td>
<td>None</td>
</tr>
<tr>
<td>Household</td>
<td>None</td>
</tr>
</tbody>
</table>

## 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)

- Hepatitis C [Yes] [No]  

## INACTIVE (Last 3 years)

<table>
<thead>
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<th>Description including amount of value or income</th>
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<tbody>
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<td>Employment</td>
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<tr>
<td>Self</td>
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<td>Household</td>
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<tr>
<td>Research &amp; Consulting Roles</td>
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<td>Self</td>
<td>None</td>
</tr>
<tr>
<td>Household</td>
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<tr>
<td>Investment &amp; Proprietary Interests</td>
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<td>Household</td>
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</table>
**INACTIVE (Last 3 years)**

<table>
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<tr>
<td><strong>Committees, Boards, &amp; Workgroups/Panels</strong></td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>None</td>
</tr>
<tr>
<td>Household</td>
<td>None</td>
</tr>
</tbody>
</table>

| **Other Interests**  | other affiliations, advocacy, etc. | |
|----------------------|-----------------------------------|---|---|---|
| Self                 | Led workshop at Global Evidence Summit on updating reviews | $0 | + | - |
|                      | Presented on systematic reviews to National Academies of Medicine | -- | + | - |
| Household            | None                                          | -- | + | - |

### DECLARATION

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

Stephanie M. Chang -S

Signature: ____________________________ Date: Dec 14, 2018

### RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.
Andrea Chapman

**Disclosure Purpose:** Annual Governance Disclosure 2020

### 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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      - 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.
      
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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.
      
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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
Thomas Cooney

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.
   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 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.

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Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Thomas G. Cooney MD
For the Clinical Guidelines Committee: 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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Care Ultrasound</td>
<td>☒</td>
</tr>
<tr>
<td>High flow nasal oxygen</td>
<td>☒</td>
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<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☒</td>
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</table>

For the Scientific Medical Policy Committee: 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)

<table>
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<tr>
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<tr>
<td>Hematuria</td>
<td>☐</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>☐</td>
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<tr>
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<td>☐</td>
</tr>
</tbody>
</table>

**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.
RELEVANT PUBLICATIONS

If you have published on any of the above topics within the last 3 years, please copy and paste relevant publications below or you may also upload your CV or bibliography into Convey as a separate attachment.
### Carolyn Crandall

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

---

## Summary of Financial Interests

<table>
<thead>
<tr>
<th>Company or Organization</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
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<tr>
<td><strong>American Society for Bone and Mineral Research</strong></td>
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<td>Self</td>
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<td>Spouse/Partner</td>
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<td>Self</td>
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<td><strong>David Geffen School of Medicine, University of California, Los Angeles</strong></td>
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<tr>
<td><strong>Dr. Miriam and Sheldon G. Adelson Medical Research Foundation</strong></td>
<td>Grant/Contract</td>
<td>Spouse/Partner</td>
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<td><strong>International Society for Clinical Densitometry</strong></td>
<td>Consultant</td>
<td>Self</td>
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<td>Grant/Contract</td>
<td>Spouse/Partner</td>
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<td><strong>National Institutes of Health</strong></td>
<td>Grant/Contract</td>
<td>Self</td>
<td>$25,000.00</td>
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**Category:** Consultant

**Recipient Name:** Harley Kornblum

**Grant/Contract Description:** Neural repair and brain cancer

**Contract Start Date:** 01/01/2017  
**Contract End Date:** 01/01/2019

**Recipient Type:** Institution

**Grant/Contract Purpose:** Research  
**Grant/Contract Valuation Date:** 12/23/2019

**Additional Information:** Brain cancer research

---

**Category:** Consultant

**Recipient Name:** Harley Kornblum

**Grant/Contract Description:** Research on brain cancer

**Contract Start Date:** 01/01/2017  
**Contract End Date:** 01/01/2019

**Recipient Type:** Institution

**Grant/Contract Purpose:** Research  
**Grant/Contract Valuation Date:** 12/23/2019

**Additional Information:** Brain cancer research
Recipient Name: Carolyn J. Crandall
Grant / Contract Description: Contract from Western Regional Center for NHLBI-funded Women's Health Initiative Study
Grant / Contract Valuation Date: 12/23/2019
Additional Information:

Recipient Type: Institution
Grant / Contract Purpose: Research
Grant / Contract Amount: $25,000.00
Contract Start Date: 01/01/2019 Contract End Date:

**North American Menopause Society**

Fiduciary Officer Self -

Official Title: 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: Additional Information:

Consultant Description: Menopause competency exam committee
Compensation Type: Cash
Annual Compensation:

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<th>Amount</th>
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<tr>
<td>2019</td>
<td>$1,000.00</td>
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</tr>
</tbody>
</table>

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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      - 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
### 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

---

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

*Yes*
**Purpose:** This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Carolyn J. Crandall
For the Clinical Guidelines Committee: 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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Point of Care Ultrasound ☐ ☒
High flow nasal oxygen ☐ ☒

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above? ☐ ☒

For the Scientific Medical Policy Committee: 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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hematuria ☐ ☐
Antibiotics ☐ ☐

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above? ☐ ☐

DECLARATION

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

Signature [Signature]
Date 1/22/2020
Douglas DeLong

**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.**

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.
**Sarah Dinwiddie**

**Disclosure Purpose:** Annual Staff Disclosure 2020

---

### Summary of Financial Interests

**Company or Organization**

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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
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<tr>
<td><strong>Title:</strong> Associate, Performance Measurement</td>
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<td><strong>Start Date:</strong> 11/14/2014</td>
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<td>smartworkingmom.com</td>
<td>Other Business Ownership</td>
<td>Self</td>
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<tr>
<td><strong>Form of Business Description:</strong> Educational resource offering proven strategies on how to build an online business and monetize it for passive income</td>
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<td><strong>Investment Amount:</strong> $1,000.00</td>
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**Town Sports International**

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<tr>
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<td><strong>Start Date:</strong> 09/01/2013</td>
<td><strong>End Date:</strong></td>
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### 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

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

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

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

**Disclosure Purpose:** Annual Governance Disclosure 2020

### 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
   
   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
nick fitterman

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.

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

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

- research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: nick fitterman
For the Clinical Guidelines Committee: 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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tr>
<td>☐</td>
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</tr>
</tbody>
</table>

Point of Care Ultrasound  
High flow nasal oxygen  
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

For the Scientific Medical Policy Committee: 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)

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</tbody>
</table>

Hematuria  
Antibiotics  
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

DECLARATION

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

Signature nick fitterman  Date 1/21/2020
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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      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)

      No.

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
Nancy Greer

**Disclosure Purpose:** Annual Governance Disclosure 2020

**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.

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   - Yes.

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      - 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

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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
Lauri Hicks

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

### Summary of Financial Interests

#### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centers for Disease Control and Prevention</strong></td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>GI Specialists of Georgia</strong></td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td><strong>Society for Healthcare Epidemiology of America</strong></td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** Director, Office of Antibiotic Stewardship  
**Start Date:** 07/15/2007  
**End Date:**  
**Position Description:** I lead CDC’s public health efforts related to improving antibiotic use.  
**Additional Information:**

**Title:** Physician  
**Start Date:** 09/01/2010  
**End Date:**  
**Position Description:** Patient care  
**Additional Information:**

**Category:** Other  
**Start Date:** 09/01/2018  
**End Date:**  
**Other Compensation:**  
**Additional Information:** Participation on annual conference committee

### 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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      - 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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- 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

Convey Global Disclosure System

AAMC
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Lauri Hicks
**For the Clinical Guidelines Committee:** 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)

<table>
<thead>
<tr>
<th>YES</th>
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</tr>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Point of Care Ultrasound</td>
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<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
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</tr>
</tbody>
</table>

**For the Scientific Medical Policy Committee:** 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)

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<tr>
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<td>Antibiotics</td>
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</tr>
<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☐</td>
</tr>
</tbody>
</table>

**DECLARATION**

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

Signature Lauri Hicks                                      Date 1/9/2020
If you have published on any of the above topics within the last 3 years, please copy and paste relevant publications below or you may also upload your CV or bibliography into Convey as a separate attachment.

**Antibiotic-related publications 2016-2019**


11. King Laura M, Fleming-Dutra Katherine E, Hicks Lauri A. Advances in optimizing the prescription of antibiotics in outpatient settings BMJ 2018; 363 :k3047.


Devan Kansagara

**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 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:

- 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 |
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Devan Kansagara
For the Clinical Guidelines Committee: 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)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Care Ultrasound</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>High flow nasal oxygen</td>
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<td>☒</td>
</tr>
<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

For the Scientific Medical Policy Committee: 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)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
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<td>Hematuria</td>
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</tr>
<tr>
<td>Antibiotics</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
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<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

DECLARATION

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

Signature ______________________ Date 1/9/20
Jennifer Lin

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

### Summary of Financial Interests

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** research physician, investigator  
**Position Description:** investigator, center for health research, Kaiser Permanente NW  
**Start Date:** 11/28/2005  
**End Date:**

**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

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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      - 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

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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

Yes
**Purpose:** This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

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

Name: Jennifer S Lin
### For the Clinical Guidelines Committee:

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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
| ☐  | ☒  | Point of Care Ultrasound
| ☐  | ☒  | High flow nasal oxygen

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### For the Scientific Medical Policy Committee:

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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
| ☐  | ☒  | Hematuria
| ☐  | ☒  | Antibiotics

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### DECLARATION

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

Signature: [Signature]

Date: 12/26/19
RELEVANT PUBLICATIONS

If you have published on any of the above topics within the last 3 years, please copy and paste relevant publications below or you may also upload your CV or bibliography into Convey as a separate attachment.

No relevant publications to the above mentioned topics.
Roderick MacDonald

**Disclosure Purpose:** Annual Governance Disclosure 2020

**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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      - 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

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      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
Summary of Financial Interests

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

Additional Information:

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

Additional Information:

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      Yes.

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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
Michael Maroto

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.

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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.
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

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

Name: Michael Maroto
For the Clinical Guidelines Committee: 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)

<table>
<thead>
<tr>
<th>YES</th>
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</table>

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

For the Scientific Medical Policy Committee: 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)

<table>
<thead>
<tr>
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<td>![ ]</td>
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</tbody>
</table>

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

---

**DECLARATION**

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

Michael Maroto, Esq.

Signature

Date: 2020.01.23 14:44:25 -05'00'
Robert McLean

**Disclosure Purpose:** annual disclosure

### Summary of Financial Interests

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<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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</thead>
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<td>Northeast Medical Group</td>
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<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** Employed Physician  
**Start Date:** 11/01/2012  
**End Date:**

**Position Description:** Physician & Medical Director of Clinical Quality  
**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.**

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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.
## 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.**

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      Yes

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
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<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td>Employment</td>
<td>Self</td>
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<tr>
<td><strong>Title:</strong> EVP/CEO</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Start Date:</strong> 01/01/2017</td>
<td><strong>End Date:</strong></td>
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<tr>
<td><strong>Position Description:</strong> EVP/CEO</td>
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<td><strong>Additional Information:</strong></td>
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<td><strong>End Date:</strong></td>
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<td><strong>Consultant Description:</strong></td>
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<td><strong>Compensation Type:</strong> Unpaid</td>
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<td><strong>Council of Medical Subspecialty Societies</strong></td>
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<td>Self</td>
<td>-</td>
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<tr>
<td><strong>Official Title:</strong> CMSS Board Member</td>
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<tr>
<td><strong>Compensation Type:</strong> Unpaid</td>
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<tr>
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<tr>
<td><strong>Title:</strong> Physician Staff- Inspira Medical Group</td>
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<td><strong>Additional Information:</strong> Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360</td>
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<td><strong>Official Title:</strong> PCPCC Board Chair Elect</td>
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<td>Additional Information:</td>
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### Consultant Description:

**Consultant Description:**

### 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.

![Convey Logo](Convey_Global_Disclosure_System_AAMC.png)
Reem Mustafa

**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.**

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  
Department of Clinical Policy  
Disclosure of Interests: Supplement

**Purpose:** This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Reem Mustafa
### For the Clinical Guidelines Committee:
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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
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</table>

- Point of Care Ultrasound
- High flow nasal oxygen
- Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

### For the Scientific Medical Policy Committee:
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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
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</tbody>
</table>

- Hematuria
- Antibiotics
- Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

### DECLARATION

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

Signature: [Signature]

Date: Jan 9th 2020
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<th>Entity</th>
<th>Type</th>
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<tr>
<td>Measures Application Partnership</td>
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<tr>
<td>MedBiquitous</td>
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**Disclosure Purpose:** Clinical Policy, test

**Position Description:** Clinical Policy

**Additional Information:**
- don't have the exact dates
- I do not know the exact start date.
- I do not remember the exact start date.
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<th>End Date</th>
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<th>Additional Information</th>
<th>Annual Compensation</th>
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<td>Other</td>
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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 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?
   
      No.

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

Convey
Global Disclosure System
AAMC
Jeff Shafiroff

Disclosure Purpose: Clinical Policy Committees ACP Staff

Summary of Financial Interests

<table>
<thead>
<tr>
<th>Company or Organization</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
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</table>

Title: Senior Analyst
Start Date: 11/07/2016
End Date: 

Position Description:

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 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
- 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
Patricia Siemion

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

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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- 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
Summary of Financial Interests

Company or Organization

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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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**Title:** Research Associate

| Start Date: 02/06/2016 | End Date: | **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
|------------------------|-----------|------------------|-------|

**Additional Information:**

Sigma Health Consulting LLC

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<td><strong>Annual Compensation:</strong></td>
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**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?

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

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

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

Yes
## Summary of Financial Interests

### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
<th>Additional Information</th>
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<td>Institute for clinical and economic review</td>
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<td>University of California San Francisco</td>
<td>Employment</td>
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<td>Faculty</td>
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### Institute for Clinical and Economic Review

**Recipient Name:** UCSF  
**Grant / Contract Description:** Produce comparative effectiveness reviews in support of ICER  
**Grant / Contract Valuation Date:** 05/22/2019  
**Additional Information:**  
**Recipient Type:** Institution  
**Grant / Contract Purpose:** Research  
**Grant / Contract Amount:** $495,000.00  
**Contract Start Date:** 01/01/2018  
**Contract End Date:**  
**Contract Valuation Date:** 05/22/2019

### Irving Street Pet Hospital

**Category:** Other  
**Start Date:** 08/01/2018  
**End Date:** 06/14/2020  
**Other Compensation:**  
**Additional Information:**  
**Consultant Description:**  
**Compensation Type:** Cash  
**Annual Compensation:**

### National MS Society

**Category:** Other  
**Start Date:** 01/01/2012  
**End Date:**  
**Other Compensation:**  
**Additional Information:**  
**Consultant Description:**  
**Compensation Type:** Unpaid  
**Annual Compensation:**

### Patient-Centered Outcomes Research Institute

**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:**  
**Recipient Type:** Institution  
**Grant / Contract Purpose:** Research  
**Grant / Contract Amount:** $10,000,000.00  
**Contract Start Date:** 09/15/2015  
**Contract End Date:**  
**Contract Valuation Date:** 05/22/2019

### Society of General Internal Medicine

**Category:** Other  
**Start Date:** 01/01/2017  
**End Date:**  
**Other Compensation:**  
**Additional Information:**  
**Consultant Description:**  
**Compensation Type:** Unpaid  
**Annual Compensation:**

### University of California San Francisco

**Title:** Professor of Medicine  
**Start Date:** 07/01/1999  
**End Date:**  
**Position Description:** Faculty  
**Additional Information:**  
**Employment Type:**  
**Annual Compensation:** $1,000.00
**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)

**Category:** Other

**Consultant Description:**

**Start Date:** 07/01/1999  
**End Date:**

**Compensation Type:** Cash  
**Annual Compensation:**

<table>
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<tr>
<th>Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>2019</td>
<td>$1,000.00</td>
<td>Estimated</td>
</tr>
</tbody>
</table>

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement

**Purpose:** This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

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

Name: Jeffrey A. Tice, MD
**For the Clinical Guidelines Committee:** 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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
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<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

For the Scientific Medical Policy Committee: 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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
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</tr>
</tbody>
</table>

**Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**DECLARATION**

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

Signature: [Signature]
Date: 1/21/2020
### Summary of Financial Interests

#### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td><strong>AcademyHealth</strong></td>
<td>Travel</td>
<td>Self</td>
<td>$3,000.00</td>
</tr>
<tr>
<td><strong>Acumen LLC</strong></td>
<td>Travel</td>
<td>Self</td>
<td>$380.00</td>
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<tr>
<td><strong>American College of Physicians</strong></td>
<td>Other</td>
<td>Self</td>
<td>$3,000.00</td>
</tr>
<tr>
<td><strong>Boston Medical Center</strong></td>
<td>Other</td>
<td>Self</td>
<td>$500.00</td>
</tr>
<tr>
<td><strong>Camden Coalition</strong></td>
<td>Other</td>
<td>Self</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

#### Additional Information:

**Location(s):** Seattle to DC  
**Estimated Value:** $3,000.00  
**Purpose:** Meetings & Conferences

**Location(s):** Seattle to DC  
**Estimated Value:** $380.00  
**Purpose:** PCMP CMS Measures

**Category:** Other  
**Start Date:** 01/01/2017  
**End Date:**  
**Other Compensation:**

**Consultant Description:**  
**Compensation Type:** Cash  
**Annual Compensation:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
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<tr>
<td>2019</td>
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<tr>
<td>2018</td>
<td>$1,000.00</td>
<td>Estimated</td>
</tr>
<tr>
<td>2017</td>
<td>$1,000.00</td>
<td>Estimated</td>
</tr>
</tbody>
</table>

**Category:** Other  
**Start Date:** 09/18/2018  
**End Date:** 12/19/2019  
**Other Compensation:**

**Consultant Description:**  
**Compensation Type:** Cash  
**Annual Compensation:**

<table>
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<tr>
<th>Year</th>
<th>Amount</th>
<th>Type</th>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td>$500.00</td>
<td>Estimated</td>
</tr>
</tbody>
</table>

**Additional Information:** $500 stipend Open Notes BIDMC presenting PFCC conference and $750 total for Patient Advisory Position stipends
### Hassanah Consulting
- **Category:** Consultant
- **Start Date:** 01/01/2018
- **End Date:**
- **Other Compensation:**
- **Consultant Description:**
- **Compensation Type:** Self
- **Year** | **Amount** | **Type**
<table>
<thead>
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<tbody>
<tr>
<td>2019</td>
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</tbody>
</table>

**Additional Information:** Consumer Scholar work and Travel for Putting Care at the Center conference

### Healthcare for the Homeless Seattle King County
- **Category:** Other
- **Start Date:** 01/01/2018
- **End Date:**
- **Other Compensation:**
- **Consultant Description:**
- **Compensation Type:** Self
- **Year** | **Amount** | **Type**
<table>
<thead>
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<tbody>
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<td>2019</td>
<td>$2,200.00</td>
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</tbody>
</table>

**Additional Information:** Consumer Representative advisor

### Humana Foundation
- **Location(s):** Seattle to DC
- **Estimated Value:** $500.00
- **Purpose:** Food Insecurity Brochure development
- **Consultant Description:**
- **Compensation Type:** Travel
- **Travel Start Date:** 08/01/2019
- **Travel End Date:** 08/03/2019
- **Valuation Date:** 01/23/2020
- **Valuation Date:**
- **Year** | **Amount** | **Type**
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>2019</td>
<td>$500.00</td>
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</tr>
</tbody>
</table>

**Additional Information:** Patient Partner informing on food insecurity for a brochure to accompany measures

### IHI
- **Location(s):** Seattle-Florida
- **Estimated Value:** $1,050.00
- **Purpose:** IHI Forum Scholarship as a Patient Advisor
- **Consultant Description:**
- **Compensation Type:** Travel
- **Travel Start Date:** 12/05/2019
- **Travel End Date:** 12/09/2019
- **Valuation Date:** 01/23/2020
- **Valuation Date:**
- **Year** | **Amount** | **Type**
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>2019</td>
<td>$1,050.00</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information:** IHI Forum Scholarship as a Patient Advisor

### National Institute on Aging
- **Category:** Other
- **Start Date:** 06/01/2019
- **End Date:**
- **Other Compensation:**
- **Consultant Description:**
- **Compensation Type:** Self
- **Year** | **Amount** | **Type**
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<thead>
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<tr>
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<td>Actual</td>
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<tr>
<td>2019</td>
<td>$250.00</td>
<td>Actual</td>
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</table>

**Additional Information:** Aging Initiative Advisor

### Patient Centered Research Institute
- **Consultant Description:**
- **Compensation Type:** Travel
- **Travel Start Date:**
- **Travel End Date:**
- **Valuation Date:**
- **Valuation Date:**
- **Year** | **Amount** | **Type**
<table>
<thead>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$3,000.00</td>
<td></td>
</tr>
</tbody>
</table>

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| **Location(s):** | Seattle to DC |
| **Estimated Value:** | $3,000.00 |
| **Purpose:** | Conference Attendance |
| **Travel Start Date:** | 01/01/2017 |
| **Travel End Date:** | 09/20/2019 |
| **Travel Self:** | $1,000.00 |

**Additional Information:** PCORI paid for multiple conference scholarships and prioritization projects.

| **Location(s):** | Seattle to DC |
| **Estimated Value:** | $1,000.00 |
| **Purpose:** | Paradigm Project HSR |
| **Travel Start Date:** | 06/14/2019 |
| **Travel End Date:** | 06/28/2021 |
| **Travel Self:** | $650.00 |

**Additional Information:** Travel only, no stipends, Health Services Research project (also listed under Academy Health).

| **Location(s):** | Seattle to Boston |
| **Estimated Value:** | $650.00 |
| **Purpose:** | Panel Organizer and presenter SDoH |
| **Travel Start Date:** | 09/07/2019 |
| **Travel End Date:** | 09/10/2019 |
| **Travel Self:** | $650.00 |

**Additional Information:** Patient Advisor on the COSMID project started 2019 on going and Patient Advisor on CERTAIN Patient Advisory Group.

| **Category:** | Other |
| **Start Date:** | 01/01/2017 |
| **End Date:** | |
| **Other Compensation:** | |
| **Consultant Description:** | |
| **Compensation Type:** | Cash |
| **Annual Compensation:** | |
| **Year** | **Amount** | **Type** |
| 2020 | $900.00 | Estimated |
| 2018 | $350.00 | Estimated |

**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.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP’s annual disclosure process.
   
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

---

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
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Janice Tufte
For the Clinical Guidelines Committee: 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)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Point of Care Ultrasound</td>
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</tr>
<tr>
<td>High flow nasal oxygen</td>
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<td>☒</td>
</tr>
<tr>
<td>Any other intellectual interests</td>
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<td>☒</td>
</tr>
<tr>
<td>that you feel are relevant but</td>
<td></td>
<td></td>
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<tr>
<td>have not been captured in Convey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or above?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the Scientific Medical Policy Committee: 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)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
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<td>Hematuria</td>
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<tr>
<td>Antibiotics</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Any other intellectual interests</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>that you feel are relevant but</td>
<td></td>
<td></td>
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<tr>
<td>have not been captured in Convey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or above?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DECLARATION

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

Signature: Janice E. Tuft Date: 1/21/2020
## Summary of Financial Interests

### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Endocrine Society</td>
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<td><strong>Category:</strong> Other</td>
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<tr>
<td><strong>Start Date:</strong> 02/01/2019</td>
<td><strong>End Date:</strong> 12/31/2019</td>
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<td><strong>Other Compensation:</strong></td>
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<td><strong>Additional Information:</strong></td>
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<td>Hypoglycemia performance measure development</td>
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<tr>
<td>Medical School, University of Michigan</td>
<td>Employment</td>
<td>Self</td>
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<tr>
<td><strong>Title:</strong> Professor, Medical Director</td>
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<td></td>
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<tr>
<td><strong>Start Date:</strong> 06/24/1992</td>
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<tr>
<td>National Institute of Health</td>
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<td><strong>Recipient Name:</strong> Regents of the University of Michigan</td>
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<tr>
<td><strong>Grant / Contract Description:</strong> Systematic design of meaningful presentation of medical test data for patients</td>
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<td><strong>Grant / Contract Valuation Date:</strong> 09/30/2013</td>
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<tr>
<td>National Institute of Health</td>
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<td><strong>Recipient Name:</strong> Regents of the University of Michigan</td>
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<tr>
<td><strong>Grant / Contract Description:</strong> Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo</td>
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<td><strong>Grant / Contract Valuation Date:</strong> 01/28/2020</td>
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<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Employment</td>
<td>Self</td>
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<tr>
<td><strong>Title:</strong> Physician</td>
<td></td>
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<tr>
<td><strong>Start Date:</strong> 07/01/1997</td>
<td><strong>End Date:</strong></td>
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<td>U.S. Department of Veterans Affairs</td>
<td>Grant / Contract</td>
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<td><strong>Recipient Name:</strong> Michele Heisler</td>
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<td><strong>Grant / Contract Description:</strong> Technologically Enhanced Coaching (TEC): A Program for Improving Diabetes Outcomes</td>
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<td><strong>Recipient Name:</strong> Sameer Saini</td>
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<tr>
<td><strong>Grant / Contract Description:</strong> Promoting Veteran-Centered Colorectal Cancer Screening</td>
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<tr>
<td>Wolters Kluwer Health, Inc.</td>
<td>Consultant</td>
<td>Self</td>
<td>$4,900.00</td>
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**Disclosure Purpose:** Annual Governance Disclosure 2019, Annual Governance Disclosure 2020
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.
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Thank You.

If in doubt, err on the side of full disclosure

Name: Sandeep Vijan
For the Clinical Guidelines Committee: 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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Care Ultrasound</td>
<td>☒</td>
</tr>
<tr>
<td>High flow nasal oxygen</td>
<td>☒</td>
</tr>
<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☒</td>
</tr>
</tbody>
</table>

For the Scientific Medical Policy Committee: 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)

<table>
<thead>
<tr>
<th>YES</th>
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<tr>
<td>Hematuria</td>
<td>☒</td>
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</tr>
</tbody>
</table>

**DECLARATION**

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

Signature: [Signature]

Date: 1/28/20
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:
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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. 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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- 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
# Summary of Financial Interests

## Company or Organization

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<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Health Care Policy and Research</td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$4,500.00</td>
</tr>
</tbody>
</table>

**Recipient Name:** Gillian Sanders  
**Grant / Contract Description:** Evidence Based Practice Center, Associate Editor  
**Grant / Contract Valuation Date:** 03/15/2019  
**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  
**Consultant Description:**  
**Compensation Type:** Cash  
**Annual Compensation:**

| Associate for Molecular Pathology | Other | Spouse/Partner | - |

**Category:** Other  
**Start Date:** 09/01/1995  
**End Date:**  
**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  
**Consultant Description:**  
**Compensation Type:** Cash  
**Annual Compensation:**  

**Year** | **Amount** | **Type**  
--- | --- | ---  
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:**

| Durham Veterans Affairs Medical Center | Employment | Self | - |

**Title:** Staff Physician  
**Start Date:** 07/01/2001  
**End Date:**

| General Electric | Stock | Self | $0.00 |

**Percentage Ownership:** 0  
**Valuation Date:**  
**Estimated Value:** $0.00  
**Divestment Date:** 12/26/2018

| Healthwise | Other | Self | - |

**Additional Information:**

---
<table>
<thead>
<tr>
<th><strong>Category:</strong> Other</th>
<th><strong>End Date:</strong> 06/01/2019</th>
<th><strong>Consultant Description:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date:</strong> 05/25/2017</td>
<td></td>
<td>Compensation Type: Cash</td>
</tr>
<tr>
<td><strong>Other Compensation:</strong></td>
<td></td>
<td>Annual Compensation:</td>
</tr>
</tbody>
</table>

**HSR&D, U.S. Department of Veterans Affairs**

- **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

<table>
<thead>
<tr>
<th><strong>Category:</strong> Other</th>
<th><strong>End Date:</strong> 05/01/2018</th>
<th><strong>Consultant Description:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date:</strong> 07/08/1995</td>
<td></td>
<td>Compensation Type: Unpaid</td>
</tr>
<tr>
<td><strong>Other Compensation:</strong></td>
<td></td>
<td>Annual Compensation:</td>
</tr>
</tbody>
</table>

**JWW Scientific Consulting, LLC**

- **Form of Business Description:** Provide Medical/Scientific editing and research methods education
- **Investment Amount:** $0.00

<table>
<thead>
<tr>
<th><strong>Year</strong></th>
<th><strong>Amount</strong></th>
<th><strong>Type</strong></th>
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<tbody>
<tr>
<td>2019</td>
<td>$8,000.00</td>
<td>Estimated</td>
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<tr>
<td>2018</td>
<td>$18,500.00</td>
<td>Actual</td>
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</table>

**National Academies of Sciences, Engineering, and Medicine**

- **Other Compensation:** Travel Expenses
- **Additional Information:** No compensation; travel expenses only

**National Institutes of Health**

- **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

**Oak Ridge Associated Universities**

- **Title:** Consultant
- **Start Date:** 03/12/2015
- **End Date:**

**Patient Centered Outcomes Research Institute**

- **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**

- **Category:** Other
- **Start Date:** 06/01/2018
- **End Date:** 12/31/2018
- **Consultant Description:** Compensation Type: Cash
- **Annual Compensation:**

---

**JWW Salary support only**

**Total Costs - 2020**
### Siemens

- **Percentage Ownership:** 0
- **Valuation Date:**
- **Additional Information:**

<table>
<thead>
<tr>
<th>Stock</th>
<th>Self</th>
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### Tiantan Hospital

- **Category:** Other
- **Start Date:** 12/12/2019
- **End Date:** 12/12/2019
- **Other Compensation:**

<table>
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<th>Consultant Description:</th>
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<tbody>
<tr>
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<tr>
<td>Consultant Description:</td>
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<tr>
<td>Compensation Type: Cash</td>
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<tr>
<td>Annual Compensation:</td>
</tr>
<tr>
<td>Year</td>
</tr>
<tr>
<td>2019</td>
</tr>
</tbody>
</table>

**Additional Information:** Honoraria for teaching a research methods workshop

### University of Washington

- **Category:** Data And Safety Monitoring
- **Start Date:** 06/22/2016
- **End Date:**

<table>
<thead>
<tr>
<th>Consultant Description:</th>
</tr>
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<tbody>
<tr>
<td>Category: Data And Safety Monitoring</td>
</tr>
<tr>
<td>Consultant Description:</td>
</tr>
<tr>
<td>Compensation Type: Cash</td>
</tr>
<tr>
<td>Annual Compensation:</td>
</tr>
<tr>
<td>Year</td>
</tr>
<tr>
<td>2019</td>
</tr>
</tbody>
</table>

**Additional Information:**

### Intellectual Property

<table>
<thead>
<tr>
<th>Type</th>
<th>Is Licensed</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Intellectual Property - Chapter in UpToDate (Depression Screening)</td>
<td>-</td>
<td>Self</td>
<td>$935.00</td>
</tr>
</tbody>
</table>

**Description:** Chapter in UpToDate (Depression Screening)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Type</th>
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<tbody>
<tr>
<td>2018</td>
<td>$935.00</td>
<td>Actual</td>
</tr>
<tr>
<td>2019</td>
<td>$2,500.00</td>
<td>Actual</td>
</tr>
</tbody>
</table>

**Income Source:** Wolters Kluwer

**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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   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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| 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 |
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: John W Williams Jr.
**For the Clinical Guidelines Committee:** 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)

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**For the Scientific Medical Policy Committee:** In the last 3 years, have you or any household members published on any of the following topic areas?
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**DECLARATION**

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

Signature  

Date 12/26/2019
# Summary of Financial Interests

## Company or Organization

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<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American College of Physicians</strong></td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Category: Other</td>
<td><strong>Consultant Description:</strong></td>
<td>Compensation Type: Other</td>
<td>Annual Compensation:</td>
</tr>
<tr>
<td>Start Date: 01/01/2018</td>
<td>End Date:</td>
<td>100000</td>
<td></td>
</tr>
<tr>
<td>Other Compensation:</td>
<td><strong>Additional Information:</strong></td>
<td>Support for our research group to conduct reviews</td>
<td></td>
</tr>
</tbody>
</table>

| **American Urological Association Foundation** | Other    | Self             | -     |
| Category: Other | **Consultant Description:** | Compensation Type: Unpaid | Annual Compensation: |
| Start Date: 01/01/2018 | End Date: 01/01/2021 | | |
| Other Compensation: | **Additional Information:** | I receive support (approximately $150,000) for our research group to conduct reviews. I receive no personal financial support | |

| **Midwest CEPAC-ICER** | Other    | Self             | -     |
| Category: Other | **Consultant Description:** | Compensation Type: Unpaid | Annual Compensation: |
| Start Date: 01/01/2020 | End Date: | | |
| Other Compensation: | **Additional Information:** | | |

| **Midwest CEPAC-ICER** | Other    | Self             | -     |
| Category: Other | **Consultant Description:** | Compensation Type: Unpaid | Annual Compensation: |
| Start Date: 01/01/2020 | End Date: | | |
| Other Compensation: | **Additional Information:** | | |

| **NHLBI** | Other    | Self             | -     |
| Category: Other | **Consultant Description:** | Compensation Type: Unpaid | Annual Compensation: |
| Start Date: 01/01/2019 | End Date: 01/01/2021 | | |
| Other Compensation: | **Additional Information:** | | |

| **U.S. Department of Veterans Affairs** | Employment | Self | -     |
| **Title:** Professor | **Position Description:** Staff Physician | **Additional Information:** | |
| Start Date: 06/15/2018 | End Date: | | |

| **VA Preventive Medical Advisory Committee** | Consultant | Self | -     |
| Category: Consultant | **Consultant Description:** | Compensation Type: Unpaid | Annual Compensation: |
| Start Date: 01/01/2018 | End Date: | | |
| Other Compensation: | **Additional Information:** | | |

## Intellectual Property

- **Description:**
  - Support for our research group to conduct reviews.
  - I receive approximately $150,000 for our research group to conduct reviews. I receive no personal financial support.
**Type**

**Other Intellectual Property - Research grants/contracts from VA, AHRQ, AUA, an...**

<table>
<thead>
<tr>
<th>Type</th>
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<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>-</td>
<td>Self</td>
<td>$210,000.00</td>
</tr>
</tbody>
</table>

**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.

**Additional Information:** The funds of payment through home institution are research support for programs NOT personal salary. I receive approximately 5-10k annually as additional salary beyond my VA salary for grant support.

---

**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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      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.

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**Purpose:** This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

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

Name: Timothy J. Wilt
### For the Clinical Guidelines Committee

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)

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
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### For the Scientific Medical Policy Committee

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)

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<tr>
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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### DECLARATION

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

Signature: Timothy J. Wilt, e-signed
Date: 12/26/19
## Summary of Financial Interests

<table>
<thead>
<tr>
<th>Company or Organization</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<td>Grant / Contract</td>
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<tr>
<td><strong>Recipient Name</strong>: Dr. Michael McGillion</td>
<td>Grant / Contract Purpose: Research</td>
<td>Grant / Contract Value: 10/15/2015</td>
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<tr>
<td><strong>Grant / Contract Description</strong>: The SMArT VIEW, CoVeRed</td>
<td><strong>Grant / Contract Amount</strong>: $9,310,000.00</td>
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<td>Grant / Contract Purpose: Research</td>
<td>Grant / Contract Value: 03/01/2016</td>
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<tr>
<td><strong>Grant / Contract Description</strong>: Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement</td>
<td><strong>Grant / Contract Amount</strong>: $22,600.00</td>
<td><strong>Contract Start Date</strong>: 03/01/2016 <strong>Contract End Date</strong>: 02/28/2018</td>
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<tr>
<td><strong>Recipient Name</strong>: Dr. Michael McGillion</td>
<td>Grant / Contract Purpose: Research</td>
<td>Grant / Contract Value: 03/01/2016</td>
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<tr>
<td><strong>Grant / Contract Description</strong>: THE SMArT VIEW, CoVeRed</td>
<td><strong>Grant / Contract Amount</strong>: $226,000.00</td>
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<tr>
<td><strong>Recipient Name</strong>: Dr. Sandra Carroll</td>
<td>Grant / Contract Purpose: Research</td>
<td>Grant / Contract Value: 03/01/2016</td>
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<td><strong>Grant / Contract Description</strong>: PREPARE: Preparing for Meaningful Patient Engagement at the PopuAtion Health ReSearch</td>
<td><strong>Grant / Contract Amount</strong>: $22,450.00</td>
<td><strong>Contract Start Date</strong>: 03/01/2016 <strong>Contract End Date</strong>: 02/28/2017</td>
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<td>Position Description:</td>
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<td><strong>Title</strong>: Assistant Professor</td>
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<td><strong>Start Date</strong>: 06/01/2010</td>
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<td><strong>Sigma Theta Tau International</strong></td>
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**Additional Information:**

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

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

   Yes.

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

   Yes

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

   Yes

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

   Yes

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

   Yes
Certification
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