### 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>American College of Physicians</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>American Urological Association Foundation</strong></td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Midwest CEPAC-ICER</strong></td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHLBI</strong></td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>U.S. Department of Veterans Affairs</strong></td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Title: Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VA Preventive Medical Advisory Committee</strong></td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Category: Consultant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Intellectual Property

**Disclosure Purpose:** ACP-CGC January 2020
**Other Intellectual Property - Research grants/contracts from VA, AHRQ, AUA, and ACP to conduct evidence synthesis reports.**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Type</th>
<th>Year</th>
<th>Payment Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000.00</td>
<td>Estimated</td>
<td>2020</td>
<td>Direct Payment</td>
</tr>
<tr>
<td>$200,000.00</td>
<td>Estimated</td>
<td>2019</td>
<td>Payment through home institution</td>
</tr>
</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 $10,000 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.

   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
Disclosures of Interests: Supplemental Questions

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

**Acute Musculoskeletal Pain**

- [x] I have publications to report (please list in space below).
- [ ] I have no publications to report.

**Depression**

- [ ] I have publications to report (please list in space below).
- [x] I have no publications to report.

**Type 2 Diabetes (newer medications)**

- [ ] I have publications to report (please list in space below).
- [x] I have no publications to report.

**Migraine**

- [ ] I have publications to report (please list in space below).
- [x] I have no publications to report.

**Osteoporosis**

- [x] I have publications to report (please list in space below).
- [ ] I have no publications to report.
Please list any relevant publications in space below (or send list of relevant publications as attachment).

RE: acute pain: our EPC conducted an evidence map for AHRQ on acute pain treatments. This was previously declared and there are no new publication related to that.

Re: osteoporosis: I do not know specific articles but my wife does research on, and publishes articles about, osteoporosis including diagnosis and treatment. She serves as an unpaid member of the National Osteoporosis Foundation board (I believe that is the role).

In reviewing the osteoporosis key questions I remembered that I also was involved with an AHRQ-EPC report our group did (and my wife was also a co-investigator) on treatment duration for an NIH Pathways to Prevention Conference about 1-2 years ago. This should be noted in my disclosure. I and our institutional research team received funding from AHRQ to conduct this review. Howard Fink was the lead.
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Tim Wilt

Print Name

4/27/2020

Signature Date
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

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

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   none

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
   a. Are you submitting your disclosures to ACP as a member of one of the following groups:
      ■ ACP board, committee, council, task force, and/or other governance group?
      ■ Chapter Council or other Chapter leadership role?
      ■ National or chapter staff?
      ■ Annals of Internal Medicine editorial staff?
      ■ Other (meeting guests, contractors, authors, etc.)
         Yes
         i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.
            Yes
         ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
            Yes
         iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
            Yes
         iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.
            Yes

Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
# Disclosure of Interests: Supplemental Questions and Attestation

## Disclosures of Interests: Supplemental Questions

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

### Acute Musculoskeletal Pain

- [ ] I have publications to report (please list in space below).
- [x] I have no publications to report.

### Depression

- [ ] I have publications to report (please list in space below).
- [x] I have no publications to report.

### Type 2 Diabetes (newer medications)

- [ ] I have publications to report (please list in space below).
- [x] I have no publications to report.

### Migraine

- [x] I have publications to report (please list in space below).
- [ ] I have no publications to report.

### Osteoporosis

- [x] I have publications to report (please list in space below).
- [ ] I have no publications to report.
Please list any relevant publications in space below (or send list of relevant publications as attachment).

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

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


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

Batur P, Deal C. Osteoporosis: Cleveland Clinic Facebook live. Assessed 12/22/18 at:
https://www.facebook.com/ClevelandClinic/videos/336803320431318/ or
https://www.youtube.com/watch?v=fuMaTOFPu4I
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Pelin Batur

Print Name

Pelin Batur MD

Digitally signed by Pelin Batur MD
Date: 2020.04.24 19:16:45 -04'00'
**Disclosure Purpose:** Annual Governance Disclosure 2020-2021, Faculty

### 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>American College of Physicians</td>
<td>Fiduciary Officer</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Official Title:</strong> Chair, Board of Governors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Compensation Type:</strong> Cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 04/22/2017</td>
<td><strong>End Date:</strong> 04/19/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>U.S. Department of Veterans Affairs</th>
<th>Employment</th>
<th>Self</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong> Staff Physician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 08/08/1979</td>
<td><strong>End Date:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information:

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

Yes

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

Yes
## Disclosures of Interests: Supplemental Questions

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

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Publication Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td></td>
</tr>
<tr>
<td>- I have publications to report</td>
<td>✔️</td>
</tr>
<tr>
<td>- I have no publications to report</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>- I have publications to report</td>
<td></td>
</tr>
<tr>
<td>- I have no publications to report</td>
<td>✔️</td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td></td>
</tr>
<tr>
<td>- I have publications to report</td>
<td></td>
</tr>
<tr>
<td>- I have no publications to report</td>
<td>✔️</td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
</tr>
<tr>
<td>- I have publications to report</td>
<td></td>
</tr>
<tr>
<td>- I have no publications to report</td>
<td>✔️</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
</tr>
<tr>
<td>- I have publications to report</td>
<td></td>
</tr>
<tr>
<td>- I have no publications to report</td>
<td>✔️</td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Thomas G. Cooney, MD MACP

Print Name

Signature Date

04/28/2020
## 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>American Society for Bone and Mineral Research</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>California Institute for Regenerative Medicine</td>
<td>Grant / Contract</td>
<td>Spouse/Partner</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>David Geffen School of Medicine, University of California, Los Angeles</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>David Geffen School of Medicine, University of California, Los Angeles</td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td>Dr. Miriam and Sheldon G. Adelson Medical Research Foundation</td>
<td>Grant / Contract</td>
<td>Spouse/Partner</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>International Society for Clinical Densitometry</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>Grant / Contract</td>
<td>Spouse/Partner</td>
<td>$100,000.00</td>
</tr>
</tbody>
</table>

### Disclosures

- **Recipient Name:** Harley Kornblum
  - **Grant / Contract Description:** Spinal cord injury basic science research
  - **Grant / Contract Amount:** $100,000.00
  - **Grant / Contract Valuation Date:** 12/23/2019
- **Recipient Type:** Institution
  - **Grant / Contract Purpose:** Research
- **Additional Information:**

- **Recipient Name:** Harley Kornblum
  - **Grant / Contract Description:** Neural repair and brain cancer
  - **Grant / Contract Amount:** $100,000.00
  - **Grant / Contract Valuation Date:** 12/23/2019
- **Recipient Type:** Institution
  - **Grant / Contract Purpose:** Research
- **Additional Information:**

- **Recipient Name:** Carolyn J. Crandall
  - **Grant / Contract Description:** Contract from Western Regional Center for NHLBI-funded Women's Health Initiative Study
  - **Grant / Contract Amount:** $25,000.00
  - **Grant / Contract Valuation Date:** 12/23/2019
- **Recipient Type:** Institution
  - **Grant / Contract Purpose:** Research
- **Additional Information:**
### North American Menopause Society

**Official Title:** Secretary  
**Compensation Type:** Unpaid  
**Start Date:** 01/01/2019  
**End Date:**  
**Years of Service:**  
**Annual Compensation:**  
**Position Description:** Secretary of the Board of Trustees, not compensated

**Other Compensation:**

### North American Menopause Society

**Category:** Consultant  
**Start Date:** 01/01/2017  
**End Date:**  
**Years of Service:**  
**Annual Compensation:**  
**Consultant Description:**

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

**Other Compensation:**

**Certification**

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

---

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
**Disclosures of Interests: Supplemental Questions**

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

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Has Publications to Report?</th>
<th>Has No Publications to Report?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td><img src="false" alt=" " /></td>
<td><img src="true" alt="✓" /></td>
</tr>
<tr>
<td>Depression</td>
<td><img src="false" alt=" " /></td>
<td><img src="true" alt="✓" /></td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td><img src="false" alt=" " /></td>
<td><img src="true" alt="✓" /></td>
</tr>
<tr>
<td>Migraine</td>
<td><img src="false" alt=" " /></td>
<td><img src="true" alt="✓" /></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td><img src="true" alt="✓" /></td>
<td><img src="false" alt=" " /></td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).

See attached publication list at end of this form.
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Carolyn Crandall

Print Name

4/24/2020

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

Similar articles


8. Association between soft drink consumption and osteoporotic fractures among postmenopausal women: the Women's Health Initiative. 
PMID: 31613830 [PubMed - in process]

Similar articles
PMID: 31538675 [PubMed - in process]

Similar articles
10. Strong Bones, Strong Body. 
PMID: 31378294 [PubMed - indexed for MEDLINE]

Similar articles
11. Can We Pave the Pathway to Fracture Prevention? 
PMID: 31009937 [PubMed - indexed for MEDLINE]

Similar articles
12. Performance of FRAX and FRAX-Based Treatment Thresholds in Women Aged 40 Years and Older: The Manitoba BMD Registry. 
PMID: 30920022 [PubMed - in process]

Similar articles

Similar articles

Similar articles
15. Bone Health During the Menopause Transition and Beyond.


Similar articles


Similar articles


Similar articles

PMID: 29459962 [PubMed - indexed for MEDLINE]

Similar articles


Similar articles


Similar articles

PMID: 28761958 [PubMed - indexed for MEDLINE]

Similar articles


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

Similar articles

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

**Disclosure Purpose:** Annual Governance Disclosure 2020-2021

### Summary of Financial Interests

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

### Additional Information:

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

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.
Disclosures of Interests: Supplemental Questions

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Nick Fitterman

________________________________________________________
Print Name

__________________________
Signature

4/24/2020

Date
### 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>Title:</strong> Director, Office of Antibiotic Stewardship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 07/15/2007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>End Date:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Position Description:</strong> I lead CDC’s public health efforts related to improving antibiotic use.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td></td>
<td></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>Title:</strong> Physician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 09/01/2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>End Date:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Position Description:</strong> Patient care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Society for Healthcare Epidemiology of America</strong></td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Category:</strong> Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 09/01/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>End Date:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Consultant Description:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Compensation Type:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td></td>
<td></td>
<td></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:
      i. ACP board, committee, council, task force, and/or other governance group?
      ii. Chapter Council or other Chapter leadership role?
      iii. National or chapter staff?
      iv. Annals of Internal Medicine editorial staff?
      v. 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
### Disclosures of Interests: Supplemental Questions

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Publications Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report</td>
<td></td>
</tr>
<tr>
<td>![✔️] I have no publications to report</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report</td>
<td></td>
</tr>
<tr>
<td>![✔️] I have no publications to report</td>
<td></td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report</td>
<td></td>
</tr>
<tr>
<td>![✔️] I have no publications to report</td>
<td></td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report</td>
<td></td>
</tr>
<tr>
<td>![✔️] I have no publications to report</td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report</td>
<td></td>
</tr>
<tr>
<td>![✔️] I have no publications to report</td>
<td></td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Lauri Hicks

Print Name

Lauri Hicks -S5

Digitally signed by Lauri Hicks -S5

Date: 2020.04.27 17:47:23 -04'00' 4/27/2020

Signature

Date
Jennifer Lin

Discloser Identifier: 1195711
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>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: also practicing NW Permanente general internal medicine physician since 2011

Display all interest details ()

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   I am the PI on several AHRQ contracts to support the USPSTF I am a non-voting member on Kaiser Permanente’s National Guideline Directors primarily in a consultancy role

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 (https://www.acponline.org/sites/default/files/documents/about_acp/who_we_are/disclosure-of-interests-and-management-of-conflict-policy.pdf).

   Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement (https://www.acponline.org/sites/default/files/documents/about_acp/who_we_are/governance-non-disclosure-agreement.pdf) 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 (https://www.acponline.org/sites/default/files/documents/about_acp/who_we_are/intellectual-property-policy.pdf).

   Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy (https://www.acponline.org/sites/default/files/documents/about_acp/who_we_are/anti_harassment_2019.pdf).

   Yes

Supporting Documents:

LINJ_CV Dec 2019.pdf
Dec 2019 CV
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
<table>
<thead>
<tr>
<th>Topic</th>
<th>Publications to Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td>✔️</td>
</tr>
<tr>
<td>Depression</td>
<td>✔️</td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td>✔️</td>
</tr>
<tr>
<td>Migraine</td>
<td>✔️</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>✔️</td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).

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

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

By signing this form,

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

Print Name

________________________________________

Signature  Date
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:**

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

         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. **Chapter Council or other Chapter leadership role?**

         Yes

      iii. **National or chapter staff?**

         Yes

      iv. **Annals of Internal Medicine editorial staff?**

         Yes

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

         Yes

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

      i. **National or chapter staff?**

         Yes

      ii. **Annals of Internal Medicine editorial staff?**

         Yes

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

         Yes

   c. **Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations**

      Yes

   d. **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)**

      Yes

   e. **Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations**

      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
### Disclosures of Interests: Supplemental Questions

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Publications to Report</th>
<th>No Publications to Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have publications to report (please list in space below).</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>I have no publications to report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have publications to report (please list in space below).</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>I have no publications to report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have publications to report (please list in space below).</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>I have no publications to report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have publications to report (please list in space below).</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>I have no publications to report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have publications to report (please list in space below).</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>I have no publications to report.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Reem Mustafa

Print Name

Reem Mustafa

Digitally signed by Reem Mustafa
Date: 2020.04.27 04:11:52 -05'00'

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

**Start Date:** 07/01/1999  
**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>
<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

**Certification**

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
### Disclosures of Interests: Supplemental Questions

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

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td>![Yes]</td>
<td>![No]</td>
</tr>
<tr>
<td>Depression</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td>Migraine</td>
<td>![Yes]</td>
<td>![No]</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>![Yes]</td>
<td>![No]</td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).


Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Jeffrey A. Tice, MD

Print Name

Signature

Date: 4/24/2020
## 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>Endocrine Society</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Category:</strong> Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 02/01/2019</td>
<td><strong>End Date:</strong> 12/31/2019</td>
<td><strong>Consultant Description:</strong></td>
<td>\n</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td></td>
<td><strong>Annual Compensation:</strong></td>
<td></td>
</tr>
<tr>
<td>Medical School, University of Michigan</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Title:</strong> Professor, Medical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 06/24/1992</td>
<td><strong>End Date:</strong></td>
<td><strong>Position Description:</strong> Professor of Internal Medicine, Director of Analytics/Quality</td>
<td></td>
</tr>
<tr>
<td>National Institute of Health</td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$1,820,000.00</td>
</tr>
<tr>
<td><strong>Recipient Name:</strong> Regents of the University of Michigan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Description:</strong> Systematic design of meaningful presentation of medical test data for patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Valuation Date:</strong> 09/30/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>National Institute of Health</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$1,820,000.00</td>
</tr>
<tr>
<td><strong>Recipient Name:</strong> Regents of the University of Michigan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Description:</strong> Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Valuation Date:</strong> 01/28/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Title:</strong> Physician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 07/01/1997</td>
<td><strong>End Date:</strong></td>
<td><strong>Position Description:</strong> Physician</td>
<td></td>
</tr>
<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$900,000.00</td>
</tr>
<tr>
<td><strong>Recipient Name:</strong> Michele Heisler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Description:</strong> Technologically Enhanced Coaching (TEC): A Program for Improving Diabetes Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Valuation Date:</strong> 02/01/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$615,000.00</td>
</tr>
<tr>
<td><strong>Recipient Name:</strong> Sameer Saini</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Description:</strong> Promoting Veteran-Centered Colorectal Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Valuation Date:</strong> 01/28/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wolters Kluwer Health, Inc.</td>
<td>Consultant</td>
<td>Self</td>
<td>$4,900.00</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Category: Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date: 11/15/2011</td>
</tr>
<tr>
<td>End Date:</td>
</tr>
<tr>
<td>Other Compensation:</td>
</tr>
<tr>
<td>Consultant Description:</td>
</tr>
<tr>
<td>compensation Type: Cash</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Compensation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>2019</td>
</tr>
<tr>
<td>2018</td>
</tr>
<tr>
<td>2017</td>
</tr>
</tbody>
</table>

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   None

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
   a. Are you submitting your disclosures to ACP as a member of one of the following groups:
      - ACP board, committee, council, task force, and/or other governance group?
      - Chapter Council or other Chapter leadership role?
      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)
   Yes.
   i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.
      Yes
   ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
      Yes
   iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
      Yes
   iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.
      Yes
- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
**Disclosures of Interests: Supplemental Questions**

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

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Publications to Report</th>
<th>Publications to Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Depression</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Migraine</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).


Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Print Name

Signature __________________________ Date __________________________
**John Williams**

**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>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  
**Additional Information:**

<table>
<thead>
<tr>
<th>ArcherDx</th>
<th>Other</th>
<th>Spouse/Partner</th>
<th>-</th>
</tr>
</thead>
</table>
| **Category:** Other  
**Start Date:** 07/01/2018  
**End Date:** 12/31/2018  
**Other Compensation:**  
**Additional Information:** | **Consultant Description:** | **Compensation Type:** Cash  
**Annual Compensation:** |

<table>
<thead>
<tr>
<th>Associate for Molecular Pathology</th>
<th>Other</th>
<th>Spouse/Partner</th>
<th>-</th>
</tr>
</thead>
</table>
| **Category:** Other  
**Start Date:** 09/01/1995  
**End Date:**  
**Other Compensation:**  
**Additional Information:** | **Consultant Description:** | **Compensation Type:** Cash  
**Annual Compensation:** |

<table>
<thead>
<tr>
<th>Debbie's Dream Foundation</th>
<th>Other</th>
<th>Spouse/Partner</th>
<th>$500.00</th>
</tr>
</thead>
</table>
| **Category:** Other  
**Start Date:** 05/13/2018  
**End Date:** 05/13/2018  
**Other Compensation:**  
**Additional Information:** | **Consultant Description:** | **Compensation Type:** Cash  
**Annual Compensation:** |

**Additional Information:** Honorarium for a scientific presentation

<table>
<thead>
<tr>
<th>Duke University</th>
<th>Employment</th>
<th>Self</th>
<th>-</th>
</tr>
</thead>
</table>
| **Title:** Professor of Medicine and Psychiatry  
**Start Date:** 07/01/2001  
**End Date:** | **Position Description:** Faculty  
**Additional Information:** |

<table>
<thead>
<tr>
<th>Durham Veterans Affairs Medical Center</th>
<th>Employment</th>
<th>Self</th>
<th>-</th>
</tr>
</thead>
</table>
| **Title:** Staff Physician  
**Start Date:** 07/01/2001  
**End Date:** | **Position Description:** Physician and HSR&D Researcher  
**Additional Information:** |

<table>
<thead>
<tr>
<th>General Electric</th>
<th>Stock</th>
<th>Self</th>
<th>$0.00</th>
</tr>
</thead>
</table>
| **Percentage Ownership:** 0  
**Valuation Date:**  
**Additional Information:** | **Estimated Value:** $0.00  
**Divestment Date:** 12/26/2018 |

<table>
<thead>
<tr>
<th>Healthwise</th>
<th>Other</th>
<th>Self</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category: Other</td>
<td>Start Date: 05/25/2017</td>
<td>End Date: 06/01/2019</td>
<td>Consultant Description: Grant / Contract</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------</td>
<td>---------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td><strong>HSR&amp;D, U.S. Department of Veterans Affairs</strong></td>
<td></td>
<td></td>
<td><strong>Recipient Name:</strong> John W. Williams Jr</td>
</tr>
<tr>
<td><strong>JWW Scientific Consulting, LLC</strong></td>
<td></td>
<td></td>
<td><strong>Form of Business Description:</strong> Provide Medical/Scientific editing and research methods education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Year</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2018</td>
</tr>
<tr>
<td><strong>National Academies of Sciences, Engineering, and Medicine</strong></td>
<td></td>
<td></td>
<td><strong>Recipient Name:</strong> Duke University</td>
</tr>
<tr>
<td><strong>National Institutes of Health</strong></td>
<td></td>
<td></td>
<td><strong>Recipient Name:</strong> John W Williams Jr</td>
</tr>
<tr>
<td><strong>Oak Ridge Associated Universities</strong></td>
<td></td>
<td></td>
<td><strong>Title:</strong> Consultant</td>
</tr>
<tr>
<td><strong>Patient Centered Outcomes Research Institute</strong></td>
<td></td>
<td></td>
<td><strong>Grant / Contract Description:</strong></td>
</tr>
<tr>
<td><strong>Promega</strong></td>
<td></td>
<td></td>
<td><strong>Category:</strong> Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Start Date:</strong> 06/01/2018</td>
</tr>
</tbody>
</table>
### Siemens

<table>
<thead>
<tr>
<th>Type</th>
<th>Is Licensed</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock</td>
<td>Self</td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

**Tiantan Hospital**

<table>
<thead>
<tr>
<th>Type</th>
<th>Is Licensed</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Self</td>
<td></td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

**Category:** Other  
**Start Date:** 12/12/2019  
**End Date:** 12/12/2019  
**Consultant Description:** 
**Compensation Type:** Cash  
**Annual Compensation:**  
<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$2,500.00</td>
<td>Actual</td>
</tr>
</tbody>
</table>

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

### University of Washington

<table>
<thead>
<tr>
<th>Type</th>
<th>Is Licensed</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data And Safety Monitoring</td>
<td>Self</td>
<td></td>
<td>$500.00</td>
</tr>
</tbody>
</table>

**Category:** Data And Safety Monitoring  
**Start Date:** 06/22/2016  
**End Date:**  
**Consultant Description:** 
**Compensation Type:** Cash  
**Annual Compensation:**  
<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$500.00</td>
<td>Actual</td>
</tr>
</tbody>
</table>

### 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)  
**Income Source:** Wolters Kluwer  
**Additional Information:**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Type</th>
<th>Year</th>
<th>Payment Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>$935.00</td>
<td>Actual</td>
<td>2018</td>
<td>Direct Payment</td>
</tr>
</tbody>
</table>

### 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.
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

Yes

<table>
<thead>
<tr>
<th>i.</th>
<th>I, the undersigned, enter into the <strong>Non-Disclosure Agreement</strong> 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.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii.</td>
<td>Yes</td>
</tr>
<tr>
<td>iii.</td>
<td>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 <strong>ACP Intellectual Property Policy</strong>.</td>
</tr>
<tr>
<td>iv.</td>
<td>Yes</td>
</tr>
<tr>
<td>v.</td>
<td>I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s <strong>Anti-Harassment Policy</strong>.</td>
</tr>
<tr>
<td>vi.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Disclosures of Interests: Supplemental Questions

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Publications to Report</th>
<th>No Publications to Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td>☑️</td>
<td>☐️</td>
</tr>
<tr>
<td>Depression</td>
<td>☑️</td>
<td>☐️</td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td>☑️</td>
<td>☐️</td>
</tr>
<tr>
<td>Migraine</td>
<td>☐️</td>
<td>☑️</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>☐️</td>
<td>☑️</td>
</tr>
</tbody>
</table>


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

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

By signing this form,

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

John W. Williams Jr

__________________________________________
Print Name

John W Williams Jr  Digitally signed by John W Williams Jr 
Date: 2020.04.25 10:24:53 -04'00'  04/25/2020

Signature       Date
### 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>Academy Health</strong></td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Category:</strong> Consultant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 03/30/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Description:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Type:</td>
<td>Unpaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Location(s):</strong> Seattle to DC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated Value:</strong> $3,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Purpose:</strong> Meetings &amp; Conferences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Travel Start Date:</strong> 03/08/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Travel End Date:</strong> 01/24/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated Value:</strong> $3,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Valuation Date:</strong> 01/23/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Purpose:</strong> PCMP CMS Measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Location(s):</strong> Seattle to DC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated Value:</strong> $380.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Purpose:</strong> Meetings &amp; Conferences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Travel Start Date:</strong> 02/05/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Travel End Date:</strong> 02/08/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated Value:</strong> $380.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Valuation Date:</strong> 01/23/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Purpose:</strong> TEP Patient Panel member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Location(s):</strong> Seattle to DC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated Value:</strong> $500.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Valuation Date:</strong> 01/23/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Purpose:</strong> Consumer Scholar work and Travel for Putting Care at the Center conference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Category:</strong> Other</td>
<td></td>
<td>Self</td>
<td>$1,250.00</td>
</tr>
<tr>
<td><strong>Start Date:</strong> 01/01/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td><strong>Amount</strong></td>
<td><strong>Type</strong></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>$750.00</td>
<td>Estimated</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>$500.00</td>
<td>Actual</td>
<td></td>
</tr>
<tr>
<td><strong>Category:</strong> Other</td>
<td></td>
<td>Self</td>
<td>$1,250.00</td>
</tr>
<tr>
<td><strong>Start Date:</strong> 01/01/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td><strong>Amount</strong></td>
<td><strong>Type</strong></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>$750.00</td>
<td>Estimated</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>$500.00</td>
<td>Actual</td>
<td></td>
</tr>
<tr>
<td><strong>Category:</strong> Other</td>
<td></td>
<td>Self</td>
<td>$1,250.00</td>
</tr>
<tr>
<td><strong>Start Date:</strong> 01/01/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Compensation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td><strong>Amount</strong></td>
<td><strong>Type</strong></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>$750.00</td>
<td>Estimated</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>$500.00</td>
<td>Actual</td>
<td></td>
</tr>
</tbody>
</table>

**Consultant Description:** Consultation work and Travel for Putting Care at the Center conference.
### Hassanah Consulting

**Consultant**

**Category:** Consultant  
**Start Date:** 04/11/2020  
**End Date:**  
**Other Compensation:**  
**Consultant Description:** Reviewing guidance materials for consumer involvement in reviews for crisis management  
**Compensation Type:** Unpaid  
**Annual Compensation:** $25,000.00

### Healthcare for the Homeless Seattle King County

**Other**

**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>
<tbody>
<tr>
<td>2019</td>
<td>$9,000.00</td>
<td>Actual</td>
</tr>
<tr>
<td>2018</td>
<td>$8,000.00</td>
<td>Estimated</td>
</tr>
<tr>
<td>2017</td>
<td>$8,000.00</td>
<td>Estimated</td>
</tr>
</tbody>
</table>

**Additional Information:** This is total income, and includes compensation such as stipends listed on CVM, Muslim Resource Guides, Islamic Civic Engagement, general consulting 1099s https://janicetufte.com/cvm-patient-partner

### Humana Foundation

**Travel**

**Location(s):** Seattle to DC  
**Estimated Value:** $500.00  
**Purpose:** Food Insecurity Brochure development  
**Travel Start Date:** 08/01/2019  
**Travel End Date:** 08/03/2019  
**Valuation Date:** 01/23/2020  
**Additional Information:** Patient Partner informing on food insecurity for a brochure to accompany measures

### IHI

**Travel**

**Location(s):** Seattle-Florida  
**Estimated Value:** $1,050.00  
**Purpose:** IHI Forum Scholarship as a Patient Advisor  
**Travel Start Date:** 12/05/2019  
**Travel End Date:** 12/09/2019  
**Valuation Date:** 01/23/2020  
**Additional Information:** IHI Forum Scholarship as a Patient Advisor

### Mathematica

**Other**

**Category:** Other  
**Start Date:** 01/01/2016  
**End Date:** 12/31/2018  
**Other Compensation:**  
**Consultant Description:**  
**Compensation Type:** Cash  
**Annual Compensation:**  
<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$200.00</td>
<td>Actual</td>
</tr>
<tr>
<td>2017</td>
<td>$600.00</td>
<td>Actual</td>
</tr>
</tbody>
</table>

**Additional Information:**

### Minnesota Evidence Practice Center

**Other**

**Category:** Other  
**Start Date:**  
**End Date:**  
**Other Compensation:**  
**Consultant Description:**  
**Compensation Type:**  
**Annual Compensation:** -
### National Institute on Aging

*Category:* Other  
*Start Date:* 01/01/2019  
*End Date:*  
*Other Compensation:*  
*Consultant Description:*  
*Compensation Type:* Unpaid  
*Annual Compensation:* $750.00

**Additional Information:** CLPC TEP MN-EPC Public perspective Prostate Cancer Systematic Review/ Protocol

### National Quality Forum

*Category:* Other  
*Start Date:* 06/01/2019  
*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>
<tbody>
<tr>
<td>2020</td>
<td>$500.00</td>
<td>Actual</td>
</tr>
<tr>
<td>2019</td>
<td>$250.00</td>
<td>Actual</td>
</tr>
</tbody>
</table>

### Patient Centered Research Institute

*Category:* Travel  
*Description:* Self  
*Start Date:* 01/01/2017  
*End Date:* 12/31/2018  
*Other Compensation:*  
*Consultant Description:*  
*Compensation Type:* Cash  
*Annual Compensation:* $3,000.00

**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  
**Valuation Date:** 01/23/2020  
**Additional Information:** PCORI paid for multiple conference scholarships and prioritization projects

### Robert Wood Johnson Foundation

*Category:* Travel  
*Description:* Self  
*Start Date:* 06/14/2019  
*End Date:* 06/28/2021  
*Other Compensation:*  
*Consultant Description:*  
*Compensation Type:* Cash  
*Annual Compensation:* $1,000.00

**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  
**Valuation Date:** 01/23/2020  
**Additional Information:** Travel only, no stipends, Health Services Research project (also listed under Academy Health)

### Society for Participatory Medicine

*Category:* Travel  
*Description:* Self  
*Start Date:* 09/07/2019  
*End Date:* 09/10/2019  
*Other Compensation:*  
*Consultant Description:*  
*Compensation Type:* Cash  
*Annual Compensation:* $650.00

**Location(s):** Seattle to Boston  
**Estimated Value:** $650.00  
**Purpose:** Panel Organizer and presenter SDH  
**Travel Start Date:** 09/07/2019  
**Travel End Date:** 09/10/2019  
**Valuation Date:** 01/23/2020  
**Additional Information:** Travel to Boston as a SPM Planning Committee member and panel presenter

### University of Washington Institute for Translational Health Sciences

*Category:* Consultant  
*Start Date:* 03/22/2020  
*End Date:*  
*Other Compensation:*  
*Consultant Description:*  
*Compensation Type:* Unpaid  
*Annual Compensation:*  

**Additional Information:** A professional review committee for COVID19 studies for possible work done at University of Washington

### University of Washington SORCE

*Category:* Other  
*Start Date:* 01/01/2017  
*End Date:*  
*Other Compensation:*  
*Consultant Description:*  
*Compensation Type:* Cash  
*Annual Compensation:* $1,250.00

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>$900.00</td>
<td>Estimated</td>
</tr>
<tr>
<td>2018</td>
<td>$350.00</td>
<td>Estimated</td>
</tr>
</tbody>
</table>

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

1. **Please specify any additional information which you consider relevant to this disclosure.**
   All details are included in CVM I filled this out correctly to the best of my abilities https://janicetufte.com/cvm-patient-partner

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**
   a. **Are you submitting your disclosures to ACP as a member of one of the following groups:**
      - ACP board, committee, council, task force, and/or other governance group?
      - Chapter Council or other Chapter leadership role?
      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)
      Yes.
      i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.**
          Yes
      ii. **I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed “Proprietary Information.”**
          Yes
      iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.**
          Yes
      iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.**
          Yes

**Certification**

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians  
Scientific Medical Policy Committee  
Disclosure of Interests: Supplemental Questions and Attestation  

Disclosures of Interests: Supplemental Questions  

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

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Publication Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report (please list in space below). ![ ] I have no publications to report.</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report (please list in space below). ![ ] I have no publications to report.</td>
<td></td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report (please list in space below). ![ ] I have no publications to report.</td>
<td></td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report (please list in space below). ![ ] I have no publications to report.</td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
</tr>
<tr>
<td>![ ] I have publications to report (please list in space below). ![ ] I have no publications to report.</td>
<td></td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

_______________________________
Print Name

_______________________________  ______________________________
Signature                            Date
Summary of Financial Interests

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

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   None

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process.
   a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?
      Yes.
      i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.
         Yes
      ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
         Yes
      iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
         Yes
      iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.
         Yes

Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly disclose any changes.
American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation

Disclosures of Interests: Supplemental Questions

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

**Acute Musculoskeletal Pain**

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

✔ I have no publications to report.

**Depression**

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

✔ I have no publications to report.

**Type 2 Diabetes (newer medications)**

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

✔ I have no publications to report.

**Migraine**

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

✔ I have no publications to report.

**Osteoporosis**

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

✔ I have no publications to report.
Please list any relevant publications in space below (or send list of relevant publications as attachment).
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Michael Maruto

Signature Date

4/27/2020
Laura Baldwin

**Disclosure Purpose:** Annual Staff Disclosure 2019

---

### Summary of Financial Interests

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

---

### Additional Information:

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

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

   Yes.

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

   Yes

   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
Kate Carroll

Disclosure Purpose: CGC/PMC/SMPC, Entry

Summary of Financial Interests

<table>
<thead>
<tr>
<th>Company or Organization</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Title: Manager, Clinical Policy</td>
<td>Start Date: 08/26/2014</td>
<td>End Date:</td>
<td>Position Description:</td>
</tr>
<tr>
<td>The Beasley Firm, LLC</td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td>Title: Technology Specialist</td>
<td>Start Date: 09/01/2009</td>
<td>End Date:</td>
<td>Position Description:</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 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)
- 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
Sarah Dinwiddie

Disclosure Purpose: Annual Staff 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>
</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Title: Associate, Performance Measurement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 11/14/2014</td>
<td>End Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>smartworkingmom.com</td>
<td>Other Business Ownership</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Form of Business Description: Educational resource offering proven strategies on how to build an online business and monetize it for passive income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Amount Valuation Date: 01/14/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town Sports International</td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td>Title: Fitness Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 09/01/2013</td>
<td>End Date:</td>
<td></td>
<td></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 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
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. 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
## 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>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Title: Vice President</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 12/07/2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position Description: Clinical Policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 01/01/2016</td>
<td>End Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Description:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Type: Unpaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Compensation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
<td>don't have the exact dates</td>
</tr>
<tr>
<td>Cochrane</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 06/01/2019</td>
<td>End Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Description:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Type: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Compensation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dynamed</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 07/01/2014</td>
<td>End Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Description:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Type: Other</td>
<td>Other</td>
<td></td>
<td></td>
<td>Other Compensation: honorarium</td>
</tr>
<tr>
<td>Annual Compensation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dynamed</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 01/01/2013</td>
<td>End Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Description:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Type: Unpaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Compensation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
<td>I do not know the exact start date</td>
</tr>
<tr>
<td>GRADE Working Group</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 01/01/2003</td>
<td>End Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Description:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Type: Unpaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Compensation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
<td>I do not have the exact start date</td>
</tr>
<tr>
<td>Measures Application Partnership</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 01/01/2014</td>
<td>End Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Description:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Type: Unpaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Compensation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
<td>I do not remember the exact start date</td>
</tr>
<tr>
<td>MedBiquitous</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Category: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Description:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation Type:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Compensation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Consultant Description</td>
<td>Start Date</td>
<td>End Date</td>
<td>Other Compensation</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------</td>
<td>------------</td>
<td>----------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>National Academies of Sciences, Engineering, and Medicine</strong></td>
<td>Other</td>
<td>01/01/2013</td>
<td>01/01/2019</td>
<td>-</td>
</tr>
<tr>
<td><strong>National Quality Forum</strong></td>
<td>Other</td>
<td>01/01/2018</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>National Quality Forum</strong></td>
<td>Other</td>
<td>01/01/2019</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>National Quality Forum</strong></td>
<td>Other</td>
<td>01/01/2018</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>PCPI</strong></td>
<td>Other</td>
<td>01/01/2015</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>PCPI</strong></td>
<td>Other</td>
<td>01/01/2015</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>RIGHT Working Group</strong></td>
<td>Other</td>
<td>01/01/2014</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Thomas Jefferson University</strong></td>
<td>Other</td>
<td>01/01/2017</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Women's Preventive Services Initiative</strong></td>
<td>Other</td>
<td>01/01/2013</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
### 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

### 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
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>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</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 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
Disclosures of Interests: Supplemental Questions

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

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Publications Report</th>
<th>Household Members Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Musculoskeletal Pain</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Type 2 Diabetes (newer medications)</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>
Please list any relevant publications in space below (or send list of relevant publications as attachment).
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Jeff Shafiroff

Print Name

04/28/2020

Signature Date
Patricia Siemion

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

---

### Summary of Financial Interests

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

**Title:** Coordinator, Clinical Policy

**Position Description:** Provides administrative support to the Clinical Policy Department and CGC, PMC and SMPC meetings and webinars.

**Start Date:** 04/14/2014  
**End Date:**

---

### Additional Information:

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Disclosures of Interests: Supplemental Questions

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

**Acute Musculoskeletal Pain**
- [ ] I have publications to report (please list in space below).
- [✓] I have no publications to report.

**Depression**
- [ ] I have publications to report (please list in space below).
- [✓] I have no publications to report.

**Type 2 Diabetes (newer medications)**
- [ ] I have publications to report (please list in space below).
- [✓] I have no publications to report.

**Migraine**
- [ ] I have publications to report (please list in space below).
- [✓] I have no publications to report.

**Osteoporosis**
- [ ] I have publications to report (please list in space below).
- [✓] I have no publications to report.
Please list any relevant publications in space below (or send list of relevant publications as attachment).
Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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

Trish Siemion

Print Name

Trish Siemion  Digitally signed by Trish Siemion  5/1/2020

Signature  Date
Farah Sultan

**Disclosure Purpose:** Annual Staff Disclosure 2019

### 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>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Title:</strong> Research Associate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 02/06/2016</td>
<td><strong>End Date:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sigma Heath Consulting LLC</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Category:</strong> Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Start Date:</strong> 05/16/2019</td>
<td><strong>End Date:</strong> 12/16/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Consultant Description:**

**Compensation Type:** Cash

**Annual Compensation:**

### Additional Information:

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

   None

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

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

      Yes

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

         Yes

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

         Yes

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

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

Yes
Name: Melanie D. Bird, PhD

Role:
- Clinical Guidelines Committee
- Performance Measurement Committee
- High Value Care Committee
- Guest

ACTIVE (Current)

<table>
<thead>
<tr>
<th>Belongs to</th>
<th>Description including amount of value or income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>American Academy of Family Physicians $50,001 – 100,000</td>
</tr>
<tr>
<td>Household</td>
<td>American Academy of Family Physicians $50,001 – 100,000</td>
</tr>
<tr>
<td>Research &amp; Consulting Roles</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Project Manager--CDC Grant awarded to AAFP to Increase Awareness of Risky Alcohol Use and Implementation of Alcohol SBI $5,001 – 10,000</td>
</tr>
<tr>
<td>Household</td>
<td>Project Manager--Quest Diagnostics Grant to AAFP to Provide Resources for Family Physicians to Increase STI Screening Rates $5,001 – 10,000</td>
</tr>
<tr>
<td></td>
<td>Project Staff--SAMHSA/AAAP Grant to AAFP to serve as a partner to Support the Opioid Response Network (formerly STR-TA) $1,001 – 5,000</td>
</tr>
<tr>
<td>Investment &amp; Proprietary Interests</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td></td>
</tr>
<tr>
<td>Household</td>
<td></td>
</tr>
<tr>
<td>Committees, Boards, &amp; Workgroups/panels</td>
<td>Council of Medical Specialty Societies Guideline Component Group $0</td>
</tr>
<tr>
<td>Self</td>
<td></td>
</tr>
<tr>
<td>Household</td>
<td></td>
</tr>
<tr>
<td>Other Interests</td>
<td>other affiliations, advocacy, etc.</td>
</tr>
<tr>
<td>Self</td>
<td></td>
</tr>
<tr>
<td>Household</td>
<td></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)

- n/a - only calling in for discussion on acute pain evidence review
- Acute Musculoskeletal Pain
- Depression
- Type 2 Diabetes (newer medications)
- Migraine
- Osteoporosis

For staff use: ADD NEW | RESET

INACTIVE (Last 3 years) Belongs to Description including amount of value or income
<table>
<thead>
<tr>
<th>INACTIVE (Last 3 years)</th>
<th>Belongs to</th>
<th>Description including amount of value or income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Self</td>
<td>-- + -</td>
</tr>
<tr>
<td></td>
<td>Household</td>
<td>-- + -</td>
</tr>
<tr>
<td>Research &amp; Consulting</td>
<td>Self</td>
<td>-- + -</td>
</tr>
<tr>
<td>Roles</td>
<td>Household</td>
<td>-- + -</td>
</tr>
<tr>
<td>Investment &amp; Proprietary Interests</td>
<td>Self</td>
<td>-- + -</td>
</tr>
<tr>
<td></td>
<td>Household</td>
<td>-- + -</td>
</tr>
<tr>
<td>Committees, Boards, &amp; Workgroups/Panels</td>
<td>Self</td>
<td>-- + -</td>
</tr>
<tr>
<td></td>
<td>Household</td>
<td>-- + -</td>
</tr>
<tr>
<td>Other Interests</td>
<td>Self</td>
<td>-- + -</td>
</tr>
<tr>
<td>other affiliations, advocacy, etc.</td>
<td>Household</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.

Melanie Bird

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

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.
Kenneth Lin

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

Summary of Financial Interests

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

Additional Information:

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

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

   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
David O'Gurek

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

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>Pennsylvania Department of Health</td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$500,000.00</td>
</tr>
</tbody>
</table>

**Recipient Name:** Temple Health
**Grant / Contract Description:** Advance a hub and spoke network of health care providers for Medication Assisted Treatment (MAT)
**Grant / Contract Valuation Date:** 01/01/2020
**Additional Information:** Co-PI on grant - grant is related to treatment of OUD and not related to pain or pain management

**Recipient Name:** Temple Health
**Grant / Contract Description:** Pennsylvania Coordinated Medication Assisted Treatment (PacMAT) Program
**Grant / Contract Valuation Date:** 04/29/2020
**Additional Information:** Co-PI - grant is related to treatment of OUD and not related to pain or pain management

**Recipient Name:** Temple University
**Grant / Contract Description:** PA CURES Grant
**Grant / Contract Amount:** $3,000,000.00
**Contract Start Date:** 06/01/2020  **Contract End Date:** 05/31/2024

**Recipient Type:** Institution
**Grant / Contract Purpose:** Research
**Grant / Contract Amount:** $3,000,000.00
**Grant / Contract Valuation Date:** 05/31/2024
**Contract Start Date:** 06/01/2020  **Contract End Date:** 05/31/2024
**Additional Information:** CO-PI - grant is related to treatment of OUD and not related to pain or pain management

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
   - grants listed were for disclosure of current grant funding but are not inter-related or conflictual with current content of the guideline

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.**
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

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
Robert McLean

**Disclosure Purpose:** annual disclosure

### Summary of Financial Interests

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast Medical Group</td>
<td>Employment</td>
<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:**

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-speciality Board term was April 2014-June 2018

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

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

   Yes

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

   Yes

   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.