

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

Name: George M Abraham, MD, MPH, FACP

Role:

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

<b>ACTIVE (Current)</b>	<b>Belongs to</b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	Partners in Internal Medicine, PC	--	+	-
	<i>Household</i>	Partners in Internal Medicine, PC	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	Malpractice case review - standards of care for general internal medicine or infectious disease	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	ABIM Infectious Disease Board	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

Diabetes  Yes  No

For staff use: ADD NEW RESET

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

## DECLARATION

---

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

George M. Abraham, MD, MPH, FACP, FIDSA Digitally signed by George M. Abraham, MD, MPH, FACP, FIDSA  
Date: 2018.01.28 19:09:58 -05'00'

---

Signature

Date

## RELEVANT PUBLICATIONS

---

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

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

Name: Robert M. Centor, MD, MACP

Role:

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

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	Birmingham VA Hospital	--	+	-
	<i>Household</i>	Valley Foundation	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	MDCalc Advisory Board (member)	\$0	+	-
	<i>Household</i>	The Curbsiders Podcast (contributor)	\$0	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

\_\_\_\_\_ cardiac imaging  Yes  No

\_\_\_\_\_ electronic use of nicotine delivery systems  Yes  No

For staff use:

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

Yes  No

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

Yes  No

<b>INACTIVE (Last 3 years)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	University of Alabama at Birmingham	--	+	-
	<i>Household</i>	None	--	+	-

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

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Provided expert opinion for malpractice case related to sore throats	--	+	-
		Diatherix, gave speech related to sore throats	--	+	-
		Diatherix, designing a clinical study of their new product for diagnosing bacterial infection in sore throats	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>		\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Centor, Robert M (Campus)

Digitally signed by Centor, Robert M (Campus)  
Date: 2018.01.10 09:26:05 -06'00'

Jan 10, 2018

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Douglas M. DeLong, MD, FACP

Role:

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

ACTIVE (Current)	Belongs to	Description including amount of value or income		+	-
<b>Employment</b>	<i>Self</i>	Bassett Healthcare	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	New York Medicaid Basic Benefit Review Committee (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	ACP Leadership day (participant)	\$0	+	-
	<i>Self</i>	NYACP advocacy day (participant)	\$0	+	-
	<i>Self</i>	Medical Society of the State of New York (member)	\$0	+	-
	<i>Household</i>	None	--	+	-

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

Diabetes  Yes  No

For staff use:

**ADD NEW**

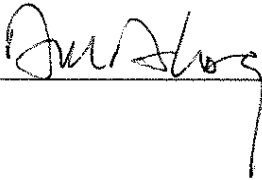
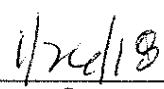
**RESET**

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

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

**DECLARATION**

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

Signature  Date 

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

Name: Heather E. Gantzer, MD, FACP

Role:

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

<b>ACTIVE (Current)</b>	<b>Belongs to</b>	<b>Description including amount of value or income†</b>	
<b>Employment</b>	<i>Self</i>	Park Nicollet Clinic and Methodist Hospital, St. Louis Park Minnesota	--
	<i>Household</i>		--
<b>Research &amp; Consulting Support</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--
	<i>Household</i>		--
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	I have received reimbursement from ACP for travel expenses, but no honoraria or other compensation. I was MN ACP Governor 2011 to 2015, and have been on the ACP BOR since 2015, and multiple ACP committees.	Up to \$1,000
	<i>Household</i>	None	--
<b>Other Interests</b>	<i>Self</i>	ACP Services member more than 3 years, attend Leadership Day each year	\$0
		Minnesota Medical Association member more than three years, attend Day at the Capitol (in St. Paul) each year	\$0
	<i>Household</i>	None	--

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

Diabetes                      Yes                      X                      No

†To report amount of value or income, use these ranges:  
 a) \$0    d) \$10,001 to 50,000  
 b) ≤\$5,000                                      e) \$50,001 to 100,000  
 c) \$5,001 to 10,000                          f) ≥\$100,001

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

<b>INACTIVE (Last 3 years)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income†</b>	
<b>Employment</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Research &amp; Consulting Support</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Other Interests</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--

### **DECLARATION**

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

Heather E. Gantzer

1-31-2018

Signature

Date

### **RELEVANT PUBLICATIONS**

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

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

- a) \$0
- b) ≤\$5,000
- c) \$5,001 to 10,000
- d) \$10,001 to 50,000
- e) \$50,001 to 100,000
- f) ≥\$100,001



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

Name: Carrie Horwitch, MD, MPH, FACP

Role:

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

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

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

Breast cancer screening  Yes  No

Obesity  Yes  No

Low testosterone treatment  Yes  No

For staff use:

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


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

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

**DECLARATION**

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

Carrie A. Horwitch

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

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

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

Role:

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

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

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

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

For staff use: ADD NEW RESET

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

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

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

**DECLARATION**

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

**Linda L Humphrey 387759**

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

Signature

Date

**RELEVANT PUBLICATIONS**

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

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

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

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

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

Name: Janet A. Jokela, MD, MPH, FACP

Role:

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

<b>ACTIVE (Current)</b>	<b>Belongs to</b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	University of Illinois College of Medicine; VA Illiana Healthcare System, Danville, IL	\$100,001 or more	+	-
	<i>Household</i>	Spouse: University of Illinois at Urbana-Champaign	\$100,001 or more	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	Spouse: National Science Foundation, Broader Impact Initiative; Air Force Office of Scientific Research, real-time decision making under certainty, until 02/2018	\$100,001 or more	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Association of American Medical Colleges, Entrustable Professional Activities Core Working Group, University of Illinois College of Medicine Team (member)	\$0	+	-
		American Board of Medical Specialties, Committee on Certification (COCERT, member)	\$0	+	-
		Champaign County Audubon Board member	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**In the last 3 years, have you or any 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)

Diabetes  Yes  No

For staff use: ADD NEW RESET

<b>INACTIVE (Last 3 years)</b>	<b>Belongs to</b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	Spouse: Law firm, expert witness (issue pertaining to pharmaceuticals--I do not know anything further about this due to confidentiality constraints)	\$10,001 – 50,000	+	-
Spouse: National Science Foundation, pediatric vaccine research, ended August 2017		\$100,001 or more	+	-	

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

<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	Spouse: National Academy of Medicine, standing committee for the CDC Strategic National Stockpile (member)	\$0	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Janet A. Jokela, MD

 Digitally signed by Janet A. Jokela, MD  
DN: cn=Janet A. Jokela, MD, o=U of I College of Medicine at Urbana, ou=Administration, Dean's Office,  
email=jokela@illinois.edu, c=US  
Date: 2018.01.26 14:38:16 -06'00'

01//26/2018

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

Name: Joseph Ming Wah Li, MD, FACP

Role:

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

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

<b>Employment</b>	<i>Self</i>	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Advisory Board, Elsevier Clinical Key	\$1,001 – 5,000	+	-
		Neuroendocrine Tumor Research Foundation Board of Directors	\$0	+	-
		Editorial board member - Journal of Hospital Medicine	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

Diabetes     Yes     No

For staff use:

ADD NEW

RESET

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

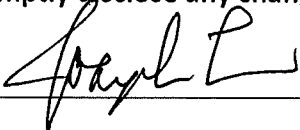
<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Editor - Hospital Medicine Clinics	\$0	+	-
		Member, ABIM Hospital Medicine MOC Exam Test writing committee	\$0	+	-
		Boston Chapter leadership, Society of Hospital Medicine	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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



Signature

2/2/18

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.





<b>INACTIVE (Last 3 years)</b>	<b>Belongs to</b>	<b>Description including amount of value or income†</b>	
<b>Employment</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Research &amp; Consulting Support</b>	<i>Self</i>	Research Grants, Department of Medicine, Mayo Clinic	\$5,001 – 10,000
	<i>Household</i>	None	--
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	ACP Governance; Health and Public Policy Committees	\$0
	<i>Household</i>	None	--
<b>Other Interests</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--

### DECLARATION

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

Signature

Date

### RELEVANT PUBLICATIONS

Copy and paste below or send as attachment.

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

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

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

Name: Ana Maria Lopez, MD, MPH, FACP

Role:

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

ACTIVE (Current)	<i>Belongs to</i>	Description including amount of value or income		
<b>Employment</b>	<i>Self</i>	University of Utah, Huntsman Cancer Institute	--	+ -
	<i>Household</i>	None	--	+ -
<b>Research &amp; Consulting</b>	<i>Self</i>	NIH/NCATS University of Utah Center for Clinical and Translational Science (CCTS)	\$100,001 or more	+ -
		NIH/NCI Cancer Center Support Grant: Geographical Management of Cancer Health Disparities Program (GMAP)	\$100,001 or more	+ -
		NIH/NCI Cancer Center Support Grant: Community Outreach Capacity through Community Health Educator (CHE)	\$100,001 or more	+ -
		NIH/NIMHD Salud Juntos!: A Promotora-Led Home-Based Cancer Care Support Solution	\$100,001 or more	+ -
		NIH/NCI PathMaker Summer Research Program for URM high school/ undergraduate students (CURE)	\$100,001 or more	+ -
		Utah Department of Health Utah Telehealth Network	\$100,001 or more	+ -
		NIH/NCI Cancer Center Support Grant: Fostering Research Training & Education Programs for High School and Undergraduate Students at NCI-Designated Cancer Centers (FRTEP)	\$50,001 – 100,000	+ -
	<i>Household</i>	None	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Bryn Mawr College executive board (member; only reimbursed for expenses)	Up to \$1,000	+ -
	<i>Household</i>	None	--	+ -
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	American Society of Clinical Oncology (Chair of committee)	\$0	+ -
		PCORI (member)	\$0	+ -
		National Hispanic Medical Association (member of the board of directors)	\$0	+ -
		Hispanic Serving Health Profession Schools (member)	\$0	+ -
	<i>Household</i>	None	--	+ -

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

Diabetes  Yes  No

For staff use:

ADD NEW

RESET

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

<b>Employment</b>	<i>Self</i>	University of Arizona	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Arizona Center of Excellence (AZ-COE) Health Resources and Services Administration	\$100,001 or more	+	-
		Phase 1 Dose Finding Trial of Letrozole in Postmenopausal Women at High Risk for Breast Cancer, NCI, National Institutes of Health	\$100,001 or more	+	-
		ACS	\$100,001 or more	+	-
		Hope Foundation	\$50,001 – 100,000	+	-
		Southern Arizona Susan G. Komen Foundation	\$10,001 – 50,000	+	-
		NIH/NCATS University of Utah Center for Clinical and Translational Sciences (CCTS) Supplement to promote diversity in health related research, supports the mentorship and growth of Dr. Candace Show	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Pima County Medical Society (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

  
Signature

1/29/18  
Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

Name: Robert M. McLean, MD, FACP

Role:

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

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

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

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

Breast cancer screening  Yes  No

Obesity  Yes  No

Low testosterone treatment  Yes  No

For staff use:

ADD NEW

RESET

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

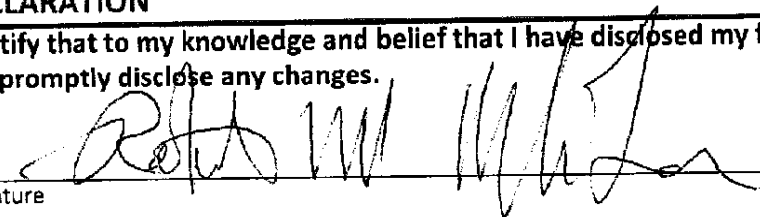
<b>Employment</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	none	\$0	+ -
	<i>Household</i>	None	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -

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

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

**DECLARATION**

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



12/15/17

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.