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David Rothman, PhD  
New York, NY

January 15, 2010

## Sent via electronic mail

The Honorable Charles E. Grassley  
Ranking Member, Senate Committee on Finance  
135 Hart Senate Office Building  
Washington, DC 20510-1501

Dear Senator Grassley:

As President of the North American Spine Society (NASS), I am writing in response to your letter on December 7, 2009 concerning disclosure of financial relationships between medical device and pharmaceutical industries, physicians and professional medical associations. As the leader in multidisciplinary spine care, representing more than 5,500 providers across the United States, NASS appreciates your leadership on this important issue and understands the impact these relationships can have on the care provided to patients.

NASS agrees with the spirit of transparency in relationships between the medical device and pharmaceutical industries, physicians and professional medical associations. NASS supports legislative efforts such as the "Physician Payments Sunshine Act" (see addenda eight and nine) and will continue to work with our members and corporate partners to ensure that relationships are fully disclosed and appropriate. NASS will also share the information provided in this document with our membership to demonstrate the importance it places on transparency in all interactions with industry. As a leader in this area, we have made strong improvements in our ethics policies but recognize that more work is needed in this arena. Over the past several years, NASS has set forth a robust participant disclosure and **leadership divestment plan** to ensure that industry relationships with NASS, its leadership, and its members are fully transparent and that these relationships do not influence the work of our organization or its leadership.

NASS continually evaluates its requirements for disclosure at both the individual and organizational levels and updates its policies to address changes in the field.

## North American Spine Society Response to Questions on Industry Funding and Disclosure

### **Question #1: Please describe the policies for accepting industry funding and whether or not NASS allows companies to place restrictions or provide guidance on how funding will be spent.**

On November 9, 2009, the NASS Board of Directors approved the most recent iteration of its code of ethics, entitled "Code of Ethics for Industry Interactions with NASS." (see addendum one). **Adherence to this code is required by any commercial entity wishing to participate with NASS in corporate relationships.**

NASS spent much of 2007 and 2008 focused on implementing policies regarding individual participants' (meaning all committee members, leaders, paper authors, presenters, etc) relationships with industry through the *NASS Disclosure Policy*, *Disclosure Module*, and *NASS Policy on Conflict of Interest in Leadership Positions*. In January 2009 the NASS Board asked its Ethics Committee to develop a policy to address NASS' own organizational

conflicts. The Ethics Committee studied the policies of other Professional Medical Associations (PMAs), spoke with industry compliance officers during an Ethics Roundtable on closing loopholes around problems posed by issues such as smaller companies and distributorships, and consulted with NASS' own legal counsel as well as counsel for Advanced Medical Technology Association (AdvaMed). The Ethics Committee developed a policy that is very similar to the current *AdvaMed Code of Ethics*, with the most significant difference being that in order to do business with NASS (as an exhibitor, course sponsor, or otherwise) company adherence is **mandatory**.

This *Code of Ethics for Industry Interactions with NASS* sets a high standard for NASS/industry partnerships; the preamble is excerpted here:

"The North American Spine Society (NASS) is dedicated to educating its members and promoting quality spine care for patients. In pursuing its mission, NASS (administration) and its members (NASS membership) collaborate with device manufacturers as inventors, scientific advisors and consultants. In the interest of avoiding conflicts of interest with respect to patient care, **adherence to ethical standards by all parties that participate in this collaborative effort is essential**. Therefore, NASS has adopted the following **mandatory Code of Conduct for itself and those entities conducting business with NASS**, to ensure ethical business practices and responsible relationships between NASS and device or drug manufacturers, and their representatives. For the purposes of this document, vendors of devices, biologics, and spine-related products are defined as 'device manufacturers.' There are many forms of interactions between 'device manufacturers' and professional organizations (NASS and its members) that potentially contribute to the advancement of medical science and/or improvement of patient care, and concurrently raise the issue of conflict of interest (COI) These include:

Advancement of Medical Technology: the development of medical technology and improvement of existing products require collaboration between 'device manufacturers' and NASS' membership.

Safe and Effective Use of Medical Technology: The safe and effective use of medical technology may require that the 'device manufacturers' offer NASS membership appropriate instruction, education, training, service and technical support. The FDA and/or companies may also require this type of training as a condition of use.

Research: NASS supports medical research through assignment of grants which come from funds donated by 'device manufacturers' to the Society. Other medical research is conducted with direct funding by 'device manufacturers' to members of NASS who are faculty at academic institutions and/or in private practice.

Education: Both CME and non-CME events have come under increased scrutiny, with questions regarding bias in the information provided. ACCME guidelines must be followed for CME related events; however, non-CME events may be viewed as commercial in nature, and provide an opportunity for marketing that may result in perception of unprofessional relationships.

**Adherence to this code is *required* by those commercial entities wishing to participate with NASS in corporate relationships."**

In addition to this new policy (adopted in November 2009), NASS has always followed the rules and guidelines set forth by the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support. Each commercial supporter of CME activities must abide by the ACCME Standards as indicated on the Letters of Agreement signed by both the commercial supporter and the CME provider (NASS). Commercial supporters provide NASS with educational grants to be used relative to the CME activity they are supporting. These grants follow strict ACCME guidelines and require that the donor not be allowed to influence any educational related decisions. Each Letter of Agreement clearly states:

**“The commercial support provided under this agreement is for scientific and educational purposes only and will not promote the Commercial Supporter's (defined below) products, directly or indirectly. Independence of NASS in the Use of Contributed Funds:**

1. Funds should be in the form of an educational grant made payable to NASS (accredited sponsor).
2. All administrative support associated with this activity (e.g., distributing marketing brochures, preparing slides) must be given with the full knowledge and approval of NASS (accredited sponsor).
3. No funds from the Commercial Supporter may be paid directly to the activity director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).
4. NASS shall, upon request, furnish the Commercial Supporter a report concerning the expenditure of the funds provided.”

**Question #2: If NASS allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company, and restriction placed on funding.**

Attached are spreadsheets with information on monies accepted *for each year* from industry (see addendum 10). NASS has included a column on that report that addresses Question #2. When applicable, restrictions may include such stipulations as direct donations to the Annual Research Fund (ARF).

**Question #3: Please explain what policies, if any that NASS plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.**

In the past two years NASS has taken the following actions and adopted the following policies (in addition to the brief summaries below, each policy in its entirety is included as an addendum to this letter):

- **David Rothman, PhD of Columbia University was added to the NASS Board of Directors to occupy a newly created position as Board Ethicist (January 2009).** Dr. Rothman is a recognized leader in medical ethics, professionalism, and relationships between medical societies and industry and has published extensively on the subject. Dr. Rothman's role on the NASS Board is to educate and advise the rest of the NASS Board of Directors on the science behind principles of conflicts of interest, to make recommendations regarding “best practices” that NASS may implement, and to provide context based on his extensive analysis of the policies of universities and other PMAs.
- **Disclosure Policy (January 2009)** (see addendum two) - requires all participants in any NASS activity, including those who serve in committee and leadership positions within the society, speakers, and authors on NASS publications to disclose any relationship with industry in the previous calendar year with an estimated value greater than \$100. **Disclosure must be made to NASS in actual estimated dollar amounts.** This includes:

- any remuneration from or relationship with a company (example: stock ownership, stock options, stock warrants, royalties, consulting fees, loans from the sponsor, speaking arrangements),
  - receiving gifts from a company (example: endowments, equipment, biomaterials, discretionary funds, support of office or research staff, support of training such as fellowships, sponsorship of trips, other sponsorships) and
  - holding office in a company (example: board of directors, scientific advisory board, other office) or in another Professional Medical Association (PMA)
- Sheila Rothman, PhD of Columbia University was added as an Ethics and Professionalism consultant to the NASS Board in 2009. Sheila Rothman is a Professor of Public Health in the Division of Sociomedical Sciences at the Joseph L. Mailman School of Public Health, Columbia University, and is Deputy Director of the Center for the Study of Society and Medicine at the Columbia College of Physicians and Surgeons. She has a particular specialization in the relationship between industry and consumer health organizations.
- *Policy on Conflicts of Interest in Leadership Positions* (October 2008, revised February 2009) (see addendum three). Elaborated upon in the answer to question #4.
- *Policy on Speaking Engagements for Leadership* (November 2009) (see addendum four): NASS will not organize or provide speakers to commercial events sponsored by industry, and neither NASS as an organization nor those in leadership positions should act in ANY official capacity relative to an industry-sponsored course. Those in leadership positions may accept speaking invitations only for educational events hosted by government bodies, public groups, other not-for-profits (a not-for-profit foundation created as an arm of a corporation would *not* be acceptable), insurance carriers/third-party payors, and other limited CME-accredited activities.
- *Code of Ethics for Industry Interactions with NASS* (November 2009) Elaborated upon in the answer to question #1.
- *Action Item passed to strictly limit the number and type of sponsorships that NASS will allow at its educational events* (November 2009) - Certain "industry standard" annual meeting sponsorship opportunities are not in line with NASS' high standards for firewalls between education and industry. The passage of this action item brought NASS' future sponsorships more in line with current views on the appropriate way to work with industry. NASS has eliminated, for example, industry sponsorship of hotel keycards, registration badge lanyards worn by attendees, welcome receptions, resident/fellow receptions, and other meals. We have modified sponsorships such as totebags to eliminate the name of the sponsoring company from the outside of the bag.
- Elimination of corporate member class, income from corporate member dues and representation on NASS Advocacy Committee (February 2009).
- Creation of *Conflict of Interest Review Panel* (COIRP) (approved by Board in May 2008, populated and given a charge by the Board in October 2008; full protocol for COIRP approved in January 2009 and revised in November 2009). This panel reviews all potential conflicts of interest at the board and committee level. All NASS Board Members

and certain committee members (including the Chairs of the Annual Meeting Program Committee, and others) must be vetted by this committee.

- Strengthening of NASS' bylaws and Code of Ethics to support the Disclosure Policy, making a violation of the Disclosure Policy a sanctionable offense, adjudicated by the COIRP, with sanctions to be ratified by the Board of Directors. Sanctions may include but are not limited to: one- or two-year suspension of membership, membership expulsion, public letters of censure, and/or—in conjunction with NASS Education Council Chairs—barring the participant from presenting at a specified number of future meetings.

These policies are in addition to the *NASS Code of Ethics* (adopted in 2002 and covering a wide range of interactions between spine care providers and entities such as patients, industry, global issues, etc) (see addendum five), and *Expert Witness Guidelines* (2002). The NASS Board and its Ethics Committee continually review ways to improve ethics policies in order to increase transparency. NASS considers its ethics policies “living documents” which may be revised in order to increase their impact and facility.

NASS has created policies addressing industry relationships from both the individual and organizational perspectives, and continues to search for ways to raise the bar even higher in terms of creating public trust in the medical field.

**Question #4: Please explain your policies on disclosure of outside income by your top executives and board members.**

NASS strictly monitors and restricts outside income made by its top executives and Board members.

**NASS requires from all participants (presenters, paper authors, board and committee members, etc) a very strict and detailed disclosure (including estimated dollar amounts of all relationships).**

The NASS Board believes that **disclosure in and of itself is not enough in some cases**, and for certain positions of great influence within NASS there are **restrictions on outside income**. While NASS recognizes that connections with industry are vital and necessary for the development of spinal technologies and advancement in the field, even the appearance of a conflict of interest should be avoided whenever possible and conflicts of interest should not influence deliberations or decisions by key leaders. To support that belief, the NASS Board adopted the *Policy on Conflict of Interest in Leadership Positions* in October 2008.

As stated in the preamble of the *Policy on Conflict of Interest in Leadership Positions*,

**“This policy governs the level of connection that any Committee or Board member may have with industry and still be allowed to serve in the specified volunteer role. Management of the conflict includes divestment or suspension of named activities for the period of service in the leadership position. .... All candidates for any leadership position with the society will be vetted by the Conflict of Interest Review Panel (COIRP) as part of the selection process. Any alleged violations of these rules will be handled by the Professional Conduct and Ethics Committee (with advisory input from the COIRP) per current procedures. Questions about relationships related to a specific individual/position should be brought to the COIRP for decision.”**

The *Policy on COI in Leadership Positions* outlines three levels of leadership, each with its own restrictions. For “Level 1” positions - including all members of the Board of Directors, all members of the Conflict of Interest Review Panel, Chairs of Several key NASS committees (especially those that deal with coding and reimbursement for spine technologies), and Annual Meeting Program Chairs - **stringent management of conflict is required. NASS prohibits any and all payments by industry to Level 1 NASS leaders for consulting, speaking arrangements / honoraria, or travel expenses.** This policy is being phased in, and compliance for every board member will be completed by October, 2010.

The only types of relationships allowed under Level 1 are:

*Royalties, previously existing stock and stock options (may not be added to during time of service), and other ownership relationships. (for definitions see Disclosure Policy); Positions in non-profits/government agencies/professional medical associations (PMA's) only; Research and Fellowship support reviewed on individual basis, vetted by COIRP. **ALL other direct payments by industry to Level 1 NASS leaders (including consulting fees, speaking fees, honoraria, and travel expenses) are PROHIBITED, in a phased-in process that will be complete (i.e., no remaining conflicts outside level 1 for any NASS board members) before November 2010.*** At the beginning of 2009, the COIRP undertook an extensive review to vet the disclosures and relationships of all members of the Board of Directors. The seven COIRP members spent approximately 20 hours (140 man hours) reviewing the individual disclosure of each Board Member, identifying areas (if applicable) where relationships were not in compliance with the newly adopted Level 1 restrictions. The COIRP then sent a letter to each Board member identifying areas of concern and making recommendations for how each relationship in question should be managed. In each case, the remedies suggested by the COIRP were copied to the Executive Committee, and a reply was requested from the individual. Because the policy was new, the deadline for compliance (in phasing out relationships held by current Board members who were appointed before the implementation of said policy) was set at November 2010. All Board members who will remain on the Board past November 2010 have agreed in writing to eliminate their conflicts as specified by the COIRP. NASS also requires disclosure from anyone who sits in on a meeting of the Board of Directors, including invited Committee Chairs, the Executive Director, speakers, Senior Staff and any other guests.

Disclosure is made by all parties both prior to each Board meeting via NASS' online disclosure module (included in print form as the first item in the Agenda Book for every Board meeting), as well as verbally.

**Question #5: Please provide the disclosures of outside income filed with your organization by your top executives and board members.**

The current disclosures of the Board of Directors are listed below, along with a key indicating dollar range categories. **NASS makes this information available publicly** both on its website and (along with the Program Chairs' disclosures) in print in the program for the NASS Annual Meeting. ***Please note that, although NASS adopted the policy in October 2008, some of the disclosures provided below are in various stages of compliance with NASS' Level 1 as individual Board Members work to eliminate noncompliant relationships (some of which are governed by contracts) before the November 2010 deadline.***

**NASS BOARD OF DIRECTORS' DISCLOSURES AS OF 01/14/2010**

**Please see Disclosure Policy for rules regarding disclosure.**

**RANGE KEY:**

Level A. \$100 to \$1000  
Level B. \$1,001 to \$10,000  
Level C. \$10,001 to \$25,000  
Level D. \$25,001 to \$50,000  
Level E. \$50,001 to \$100,000  
Level F. \$100,001 to \$500,000  
Level G. \$500,001 to \$1M  
Level H. \$1,000,001 to \$2.5M  
Level I. Greater than \$2.5M

**Akuthota, Venu:** Other Office: AAPMR Musculoskeletal Council Chair (Nonfinancial, other than expenses for meeting), Emerging Technologies in Spine Course (Financial, I am being paid an honorarium for

January 2010 course, which is TBD. I am no longer course director [ended in 2009]); Grants: Bob Doctor Grant (Level B, none to me directly), American Physical Therapy Association Level D, none to me directly); Other: PM&R Journal Senior Editor (Financial, Level B).

**Baker, Ray M. (current President):** Stock Ownership: Relievant MedSystems (100,000 warrants, 0.137% of company; I received Level C over the past 12 months as part of my SAB involvement.); Private Investments: Nocimed (190,706 shares, 2.45% of company), Laurimed (30,000 shares, 0.5% of company; I received Level C as a dividend from this stock in the past 12 months.); Consulting: Medtronic (Financial, I was paid Level C over the past 12 months. Discontinued in 2009.); Board of Directors: ISIS (None, President-elect of ISIS).

**Bono, Christopher M.:** Royalties: Wolters Kluwer (Lippincott Williams and Wilkins) (Level B, Royalties from an edited textbook), Informa (Level B, Royalties from an edited textbook); Consulting: DePuy Spine (Financial, Level B for didactic lectures at courses for engineers at DePuy Spine headquarters), Stryker Spine (Financial, Level B for teaching at courses); Speaking and/or teaching arrangements: DePuy Spine (Financial, Level B Teaching at a Fellows Course); Board of Directors: Journal of the American Academy of Orthopaedic Surgeons (Financial, Level B), The Spine Journal (Nonfinancial, No remuneration except for travel expenses related to Board Meetings); Other Office: Applied Spine (Financial, Level B serving on Clinical Events (Adverse Events) Panel); Research Support (Staff/Materials): Archus Orthopedics (Level B remuneration to the Research Fund for enrollment in an RCT comparing facet replacement versus fusion); Grants: Stryker Spine (Level D, Research funding for a non-industry related research project); Fellowship Support: DePuy Spine (Level E, Funding for spine fellow salary).

**Branch, Charles L.:** Royalties: Medtronic (Level G, Wake Forest University, my employer, has a licensing agreement with Medtronic for products that I developed. Per my employment contract with WFU, I receive a percentage of these royalty payments. The amount I received in 2008 is noted above.); Consulting: Medtronic (Financial, In calendar year 2008 I received Level D in payments for consulting services. I have an ongoing consulting contract with Medtronic. To be compliant with our NASS policy for the Presidential Line, I am limiting this activity to continuation of development or improvement of products that Wake Forest has licensed to Medtronic or related technology, and to continue as a faculty for hands-on minimally invasive spine surgical technique education. My current consulting contract (2008 and 2009) provides compensation of \$531/hr for services rendered.); Trips/Travel: Degenerative Spine Study Group (Financial, I am the Chair of the Degenerative Spine Study Group. This is a multi-institutional group driven to develop and harvest prospective spine outcome data. It is supported by Medtronic and they pay for travel and accommodations for twice each year meetings. I have a copy of the policies and procedures of this study group for perusal if needed. Travel, accommodations and per diem expenses amount to a total of Level B per year based on \$250/hotel night, \$500 air travel, and \$250 per trip honorarium.); Board of Directors: American Board of Neurological Surgery (None, other than travel expenses for meetings), Board of Regents of Pepperdine University (None, no remuneration), Board of the Childress Institute for Pediatric Trauma (None, no remuneration), Board of Directors of Eastern European Missions (None, no remuneration).

**Eskey-Auerbach, Marjorie:** Consulting: Stryker Spine (Financial, Level B/ last 12 months [hourly]), DePuy Spine (Financial, Level D last twelve months [hourly]).

**Ghanayem, Alexander J.:** Research Support (Staff/Materials): Synthes Spine (Level E Resident research grants, all paid to C.A.R.E.S (Chicago Association for Research and Education in Science) based at the Hines VA hospital); Grants: Department of Veterans Affairs (Level F for 2009).

**Heggeness, Michael H.:** Royalties: Relievant Medsystems (Level C, My institution has licensed technology that I invented. A royalty distribution was made to my employer, the Baylor College of medicine, the legal owner of the patent. A percentage of the royalty is shared with me, as the inventor, in the amount stated, according to institutional policy); Stock Ownership: Relievant

Medsystems (45,000 shares, 1.6% of the company); Consulting: Relievant Medsystems (Financial, I am paid for consulting to support the development of the licensed technology that I invented, as an employee of the Baylor College of Medicine. I was paid Level D in calendar year 2009. My consulting activity with Relievant will terminate before October of 2010.); Research Support (Investigator Salary): Department of Defense (Level E, Salary support for research efforts is provided by peer review federal grants. This supports (offsets) my salary from my medical school, but does not result in any change in my actual pay.); Grants: Department of Defense, Level I - I am Principal investigator on a large grant awarded for the tissue engineering of bone for the healing of long bone fractures. The awarded funding is distributed to support multiple investigators at Baylor College of Medicine, Rice University, the University of Texas, and the University of Georgia. The work is not directly related to the spine, and has not changed my salary.).

**Mick, Charles A.:** Nothing to Disclose

**Mitchell, William:** Speaking and/or teaching arrangements: DePuy Spine (Financial, Level B + travel expenses incurred to teach resident spine surgery course for two days (coach airfare, lodging, food, tolls, mileage) discontinued 3/09; Trips/Travel: Other: Fellowship Spine Surgery Center (Financial, Lost money on this investment, no longer own any shares), Cooper CyberKnife Center (Financial, Level B return of half investment, no profit).

**Muehlbauer, Eric J.:** Consulting: International Spinal Injection Society (Financial, Consulting/mentoring of senior staff on board relations, staff and professional development. Approximately Level B for 2009); Trips/Travel: International Spinal Injection Society (Financial, ISIS will cover any travel related to said duties. Approximately \$750 per trip; two to three trips during the year: Level B total for 2009.); Other: NASS Exhibitors (Financial, NASS offers exhibit space and sponsorships largely in conjunction with its Annual Meeting. Though these are not personal relationships and no benefit accrues to me personally, as Executive Director of NASS, I believe I should disclose these relationships. The total amount of exhibit revenue is \$3,230,000.00 Those in excess of \$50,000 are as follows: Abbott Spine Level E; Alphatec Spine, Inc. Level E; DePuy Spine, A Johnson & Johnson Company Level F; Globus Medical Inc. Level E; Medtronic Spinal and Biologics Level F; NuVasive, Inc. Level F; Orthofix, Inc. Level E; Osteotech, Inc. Level E; Stryker Level F; Synthes Spine Level E; Zimmer Spine Level F. Sponsorships are as follows: K2M Level C plus cost of production: tote bags for 2008 annual meeting; Alphatec Level C plus cost of production: Spine Keycards for 2008 annual meeting; , DePuy Spine - Level B: one resident fellow travel grant, Level C: Presidential Guest Speaker, Level B: Resident Fellow Reception).

**Prather, Heidi:** Other Office: AAPM&R (Nonfinancial, Nonfinancial-Senior Editor of PM&R).

**Przybylski, Gregory J.:** Stock Ownership: United Healthcare (300 shares, 0%, Personal investment portfolio); Private Investments: South Jersey CK Leasing (1 shares, 0.02%, Personal investment. No referrals or treatment performed); Speaking and/or teaching arrangements: DePuy Spine (Financial, Level B Annual Resident/Fellow Teaching Course, discontinued 3/09), NASS Coding Courses (Financial, Level B Live coding courses), Eli Research (Financial, Level B Teleconference and live coding courses); Trips/Travel: Practicing Physicians Advisory Council to CMS (Financial, Level A Travel reimbursement only, reimbursed by CMS Rotated off in 2009), Relative-value Update Committee of AMA (Financial, Level B Travel reimbursement only, reimbursed by AANS); Board of Directors: Scientific Advisory Board: United Health Group (Financial, Level B Spine Advisory Board based on Fixed daily meeting and hourly rate), Humana (Financial, Level C Physicians Advisory Board AMA-appointed, court-mandated monitor for class-action settlement, total based on Fixed daily meeting and hourly rate, discontinued 11/09), DePuy Spine (Financial, Level B Leadership Council Fixed daily meeting and hourly rate, discontinued 2009); Other Office: Eli Research Advisory Editor (Financial, Level B Neurosurgery Coding Alert monthly publication), Council of State Neurosurgical Societies (Financial, Level B Treasurer, Travel expenses).



**Rao, Raj D.:** Scientific Advisory Board: US Food and Drug Administration Scientific Advisory Panel on Orthopaedic and Rehabilitation Devices (Both, receive reimbursement for travel / expenses on behalf of United States FDA. Hourly rate for time spent at panel meetings at approximately \$57/hour. Received Level B in 2008 from US FDA, and additional Level A for travel reimbursement); Other Office: American Academy of Orthopaedic Surgeons - Diversity Advisory Board (Nonfinancial, receive reimbursement for travel / expenses on behalf on American Academy of Orthopaedic Surgeons - Diversity Advisory Board. No remuneration for participating on board.).

**Resnick, Daniel K.:** Nothing to Disclose

**Rothman, David:** Nothing to Disclose.

**Schofferman, Jerome:** Board of Directors: American Academy of Pain Medicine (None, none); Fellowship Support: Medtronic Sofamor Danek (Level F Fellowship support, none to me personally), Nuvasive (Level D, Fellowship support; no personal funds received).

**Truumees, Eeric:** Royalties: Stryker Spine (Level D, I receive partial royalties for a lumbar plate in quarterly installments); Stock Ownership: Doctor's Research Group (approx 10 shares, approx 1%, I have a Level D investment; Private Investments: IP Evolutions (1 share, 33%, This is a small group I started with two partners to develop our own IP independent of larger implant companies); Board of Directors: Cervical Spine Research Society (None, There is no compensation except expenses); Scientific Advisory Board: Doctors Research Group (Both, Travel and Options, part is an investment I made. Additional shares may have been given for participation in SAB. This company is not yet public and it's difficult to determine what, if any, value these investments have.).

**Wang, Jeffrey C.:** Royalties: Medtronic (Level D, royalty for 2008), Stryker (Level E), Seaspine (Level E), Osprey (Level B), Aesculap (Level B), Biomet (Level F), DePuy (Level B), Amedica (Level B), Zimmer (Level C), Alphatech (Level F); Stock Ownership: Fziomed (2500 options, less than 1%, 2500 now vested. No more options pending to vest); Private Investments: Promethean Spine (unknown, less than 1%, Level B initial investment, Paradigm Spine (unknown, less than 1%, Level B investment), Benevenue (unknown, less than 1%, Level C investment), NexGen (unknown, less than 1%, Level B investment), K2 Medical (unknown, less than 1%, Level B investment), Pioneer (unknown, less than 1%, Level B investment), Amedica (unknown, less than 1%, Level D investment), Vertiflex (unknown, less than 1%, Level B investment), ElectroCore (unknown, less than 1%, Level C investment), surgitech (unknown, less than 1%, Level C investment), Invuity (10,000 shares, less than 1%), Axiomed (25,000, less than 1%); Board of Directors: Cervical Spine Research Society (Nonfinancial, but do get reimbursed for travel to meetings); Scientific Advisory Board: VG Innovations (Financial, 5,000 options valued at less than 1% of company), Corespine (Financial, 2,000 options valued at less than 1% of company), expanding orthopaedics (Financial, 33,000 options valued at less than 1% of company), Syndicom (Financial, 66,125 shares valued at less than 1% of company), Osprey (Financial, 10 options, less than 1% of company), Amedica (Financial, 35,416 options, less than 1% of company), Bone Biologics (Financial, 51,255 shares, less than 1% of company), Curative Biosciences (Financial, 1875 options, less than 1% of company), Facet Solutions (Financial, 35,000 options, less than 1% of company), PearlDiver (Financial, 25,000 options, less than 1% of company), Pioneer (Financial, 3,636 options, less than 1% of company), SeaSpine (Financial, 11 options, less than 1% of company), Axis (Nonfinancial, no options vested thus far).

**Watters, William C.:** Stock Ownership: Intrinsic Therapeutics (10,000 options, unknown %, of no current value); Consulting: Stryker (Financial level B); Board of Directors: American College of Spine Surgeons (None, No remuneration); Scientific Advisory Board: Intrinsic Therapeutics (Nonfinancial, Stock Options (No current value)); Other: Blackstone Medical Inc (Financial, Clinical Events Committee for clinical Trial comparing the Blackstone Advent Cervical Disc to Anterior Cervical discectomy and Fusion I(ACDF) for the Treatment of One Level Degenerative Disc Disease (to be terminated in near future). No remuneration in 2009), The Spine Journal (Nonfinancial, Assistant

Editor - no remuneration), Spine Arthroplasty Journal (Nonfinancial, Assistant Editor - no remuneration), Spine (Nonfinancial, Reviewer - no remuneration), MedCenter Surgical Center (Financial, 1/22nd minority interest ownership).

**Wetzel, F. Todd:** Stock Ownership: Relievent Medical (45,000 shares, %?); Private Investments: Neurospine Ventures LLC (1 share, unknown value, bought a share in my son's name. This firm investigates new technologies and offers investments opportunities. This will be place in the hands of a trustee during any board related activities for NASS.); Board of Directors: McKenzie Institute International (None, Must attend board meetings. No financial relationship with this nonprofit whatsoever.); Scientific Advisory Board: Relievent Medical (Nonfinancial, reimbursement for trips to and from board meetings and training sessions).

Enclosed you will find each of the policies, financials and disclosures requested. All questions relating to this issue can be forwarded to Nicholas Schilligo, Senior Manager of Advocacy. Mr. Schilligo can be reached at 630/230-3600 or [nschilligo@spine.org](mailto:nschilligo@spine.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Baker, MD". The signature is stylized with a large "R" and "B".

Ray Baker, MD  
President

cc: Brian Downey  
Paul Thacker

## Code of Ethics for Industry Interactions with NASS

### **Preamble- Goal and Scope**

The North American Spine Society (NASS) is dedicated to educating its members and promoting quality spine care for patients. In pursuing its mission, NASS (administration) and its members (NASS membership) collaborate with device manufacturers as inventors, scientific advisors and consultants. In the interest of avoiding conflicts of interest with respect to patient care, adherence to ethical standards by all parties that participate in this collaborative effort is essential. Therefore, NASS has adopted the following mandatory Code of Conduct for itself and those entities conducting business with NASS, to ensure ethical business practices and responsible relationships between NASS and device or drug manufacturers, and their representatives. For the purposes of this document, vendors of devices, biologics, and spine-related products are defined as 'device manufacturers.'

There are many forms of interactions between 'device manufacturers' and professional organizations (NASS and its members) that potentially contribute to the advancement of medical science and/or improvement of patient care, and concurrently raise the issue of conflict of interest (COI) These include:

Advancement of Medical Technology: the development of medical technology and improvement of existing products require collaboration between 'device manufacturers' and NASS' membership

Safe and Effective Use of Medical Technology: The safe and effective use of medical technology may require that the 'device manufacturers' offer NASS membership appropriate instruction, education, training, service and technical support. The FDA and/or companies may also require this type of training as a condition of use.

Research: NASS supports medical research through assignment of grants which come from funds donated by 'device manufacturers' to the Society . Other medical research is conducted with direct funding by 'device manufacturers' to members of NASS who are faculty at academic institutions and/or in private practice.

Education: Both CME and non-CME events have come under increased scrutiny, with questions regarding bias in the information provided. ACCME guidelines must be followed for CME related events; however, non-CME events may be viewed as commercial in nature, and provide an opportunity for marketing that may result in perception of unprofessional relationships.

Adherence to this code is *required* by those commercial entities wishing to participate with NASS in corporate relationships.

### **I. 'Device manufacturers' Sponsored Product Training and Education (non-CME)**

- i. NASS has a responsibility to ensure that its members have access to appropriate education and training. In the course of disseminating new technologies or alternate surgical procedures for previously used products, this may require that prior to use, the

- NASS member participates in training provided by 'device manufacturers', whether of their own accord, or under direction of regulatory agencies.
- ii. This type of non-CME education will usually require NASS members to act as faculty, in conjunction with company representatives. These presentations require full transparency and disclosure by participating faculty; including the type of relationship with the represented 'device manufacturer' and the financial value of that relationship to the individual.
  - iii. Payments to faculty should be at fair market value (FMV), and provided only in the context of a signed contract, designating the services provided by the faculty member (see IV). On a contractual basis only, reimbursement for airfare (coach), hotel stays and food (modest) may be provided.
  - iv. Programs or events often occur at centralized locations, necessitating out of town travel and may extend more than one day. Programs focused on the education and training in the safe and effective use of products should be conducted in clinical, educational, conference or other meeting facilities conducive to the effective transmission of knowledge. Programs requiring "hands on" training in medical procedures should be held at training facilities, medical institutions, laboratories or other appropriate facilities. Training staff should have the proper qualifications and expertise to conduct such training. Hospitality in the form of modest meals and receptions in connection with these events must be subordinate in time and focus to the educational or training purpose of the meeting.
  - v. Any remuneration going to non-faculty physicians who subsequently use the products being demonstrated may be grounds for investigation by the Department of Justice (DOJ). However, reimbursement of reasonable travel expenses may be allowed.
  - vi. 'Device manufacturers' may not pay for meals, hospitality, travel or other expenses for guests of NASS members in attendance, or any other person who does not have a *bona fide* professional interest in the information being shared at the meeting.

## II. Supporting Third Party Educational Conferences (CME)

- i. To the extent that educational programs for physicians are supported by any commercial entity, including pharmaceutical, device, equipment, and service entities, the programs should be offered only by ACCME-accredited providers according to ACCME standards. ACCME guidelines for exhibits and commercial interactions should be followed.
- ii. Participating 'device manufacturers' interested in supporting NASS educational activities may contribute unrestricted funds (grants) to NASS for CME activities. All contributors to the CME fund will be acknowledged equally.
- iii. Compliance with the standards of ACCME, and appropriate content validation and hospitality (a.k.a. "food & beverage") as required by ACCME will be enforced.

## III. Sales and Promotional Meetings

- i. It is appropriate for 'device manufacturers' to meet with NASS officers and committee members and other NASS members to discuss rules governing appropriate interactions between individual physicians and product development practices in the field; as well as determine educational needs of the membership or company representatives.
- ii. It is appropriate for 'device manufacturers' to pay for, and for NASS members to expect, only occasional modest meals and receptions conducive to the exchange of information.

- iii. Reasonable travel costs (coach airfare, hotel, meals) of attendees for demonstrations of non-portable equipment may be paid for or reimbursed, based on a *bona fide* contractual relationship that is already in place.

#### IV. Arrangements with Consultants

- i. Many NASS members serve as consultants or faculty to 'device manufacturers' and provide *bona fide* consulting services, including research, collaboration, participation on scientific advisory boards, presentations and 'device manufacturers'-sponsored training sessions.
- ii. Consulting in these situations should take place only with an explicit contract in place, with specific deliverables that are restricted to scientific issues.. The contract should define the deliverables and consulting fee rates at fair market value, and the term of the contract.
- iii. NASS members providing consulting as described above should adhere to the following:
  - a. Member consulting arrangements should be written, signed by the parties and specify all services to be provided.
  - b. Compensation paid to consultants should be consistent with fair market value for the services provided.
  - c. Consulting agreements should be entered into only where a legitimate need and purpose for the services is identified in advance.
  - d. Selection of consultants should be on the basis of the consultant's unique qualifications and expertise to address the identified purpose, and should not be on the basis of volume or value of business generated by the consultant.
  - e. The venue and circumstances for Member meetings with consultants should be appropriate to the subject matter of the consultation. These meetings should be conducted in clinical, educational, conference, or other settings, including hotel or other commercially available meeting facilities, conducive to the effective exchange of information.
  - f. 'Device manufacturer'-sponsored hospitality that occurs in conjunction with a consultant meeting should be modest in value and subordinate in time and focus to the primary purpose of the meeting.
  - g. 'Device manufacturers' may pay for reasonable and actual expenses incurred by consultants in carrying out the subject of the consulting arrangement, including reasonable and actual travel (coach airfare), modest meals and lodging costs incurred by consultants attending meetings with, or on behalf of, 'device manufacturers' provided that the intent to do so is included in the contractual agreement.
  - h. When a 'device manufacturer' contracts with a consultant for research services, there should be a written research protocol.
- iv. Modest gifts may be provided to NASS members only if the gifts benefit patients and/or serve a genuine educational function. Fair market value gifts should be less than \$100 – the exception being textbooks that provide medical education. Branded promotional items are prohibited. Gifts may not be given in the form of cash or cash equivalents.

#### V. Provision of Reimbursement and Other Economic Information

- i. Reimbursement information related to appropriate coverage, coding or billing of 'device manufacturers' or vendor products may be provided, only if and when that information has been reviewed and approved by the leadership of the NASS Medical and/or Surgical coding committees within the Advocacy Council..
- ii. Only accurate and responsible billing to Medicare and other payors will be supported by 'device manufacturers' and NASS membership.
- iii. NASS will collaborate with 'device manufacturers' to assist in the development of and promulgation of correct coding for new devices and/or methods of delivering previously developed products.

#### VI. Ghostwriting

- i. Ghostwriting of manuscripts is strictly forbidden. However, 'device manufacturers' scientific personnel may participate in the writing of and ultimately publication of articles related to specific products, including the results of IDE trials and post-market studies. These authors should be acknowledged properly in all written materials relative to manuscript preparation.
- ii. All authors must be acknowledged, including those who are employees of the 'device manufacturers' publishing the article. Primary authorship may only be attributed to affiliated investigators who actively participated in the study. All authors should disclose their level of involvement with development of any manuscript. Furthermore, authors must disclose their financial and/or other relationship with the 'device manufacturer'. .
- iii. Authors who played no significant role in a study or review should not be named as authors. Failing to disclose "ghostwriters" may lead to the reader's assumption that the principal investigator was involved with writing the manuscript from the beginning.

#### VII. Sanctions

- i. 'Device manufacturers' and members who fail to abide by the rules set out in this document will be subject to sanctions.
- ii. Violations of these policies will be heard by the PCEC Committee. The recommendations for censure submitted to the BOD must be ratified by the BOD before they take effect. The BOD has the option to overrule a sanction recommendation for any reason.

# NASS Disclosure Policy



- Purpose
- Scope
- Definitions
- Types of Relationships that Must Be Disclosed
  - Classification of Relationships
  - Persons with Interest Requiring Disclosure
- Process for Disclosure
  - DISCLOSURE FORM
  - Speakers Faculty and Moderators
  - Board Members
  - Committee and Task Force Members
- Process for Review of Disclosures
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## Purpose

NASS is a multidisciplinary medical organization dedicated to fostering the highest quality, evidence-based, and ethical spine care by promoting education, research, and advocacy. Our members strive for the highest standards of academic rigor, intellectual veracity and professionalism. To maintain the integrity of professional judgment of our members, volunteers and leaders, and to maintain public confidence, the society hereby adopts the following policy for the disclosure, management, and when indicated, divestment of financial conflicts of interest.

The society recognizes that professional relationships with industry are essential for development of new spinal technologies and medical advancement. These relationships do not in any way reflect negatively on the character of an individual or of industry. The goal of this policy is to establish uniform procedures for transparent disclosure of these relationships so the possibility for confusion or misrepresentation is minimized.

As professionals, we rely on the honor of our colleagues in matters of trust and disclosure. With regard to our professional obligations, even the appearance that any member, volunteer or leader is in a position where financial considerations potentially could influence his or her professional behavior is damaging. Accordingly, the intent of this policy is to encourage disclosure of situations in which there is even the potential for bias, without any implications regarding actual bias. The establishment of uniform disclosure requirements frees the individual from having to decide which relationships might influence his or her decision-making and which might be irrelevant.

It is further recognized that disclosure in and of itself is not an adequate remedy for conflicts, and may even in some cases serve to increase the potential harm (see AAMC, "The Science of Reciprocity"); even gifts as small as fountain pens and prescription pads have been proven to create a feeling of obligation in the recipient. The original disclosure policy adopted by the NASS Board of Directors in January, 2006 was intended to be and was always perceived as just the first step toward more transparency in the society.

## Scope

In contrast to the original policy adopted in 2006, which was limited to disclosure of financial conflict of interest, the revised policy applies universally to include any activity, remunerative or non-financial, engaged in by a NASS member, which may have the potential of creating bias in the individual. This includes unpaid faculty positions at educational events directly supported by industry, unpaid service on a company's Scientific Advisory Board, and private investments in venture capital firms and start-ups that have no current value but hold the potential for future return on investment. The society recognizes that conflicts other than financial ones also exist, including friendship or animosity, the motivation for professional advancement through academic achievements, and competition for research and other grants. Indeed, conflicts of interest are an inescapable component of all human endeavors. These intrinsic conflicts associated with the practice of medicine are not the focus of this policy.

This disclosure policy applies to all participants in all NASS activities, including those who serve in committee and leadership positions within the society, speakers, and authors on NASS publications, including but not limited to *The Spine Journal* (TSJ), *SpineLine*, Contemporary Concepts and Clinical Guidelines.

### Definitions

We apply the definition of a conflict of interest as a set of conditions in which professional judgment concerning a primary interest (such as the health of patients, the integrity of research, and the education of students, the public, and other health care professionals) has the potential to be unduly influenced by a secondary interest (such as financial gain).<sup>1</sup>

For this policy, **company** is defined as “a corporation... that carries on a commercial or industrial enterprise.”<sup>2</sup> Company is further defined herein as an entity that produces or sells products or services to the spine market. We include in this definition companies that are in a development stage, that is, a company that devotes substantially all of its efforts to establishing a new business in which the principal operations either have not yet begun or have begun but without significant revenue.

**Product** is defined as “something that is distributed commercially for use or consumption.” It is usually (1) tangible personal property; (2) the result of fabrication or processing; and (3) time that has passed through a chain of approval and commercial distribution before ultimate use or consumption.

**Stock/security** indicates an interest based on an investment in a common enterprise and includes any interest or instrument relating to finances, including a note, stock, treasury stock, bond, debenture, evidence of indebtedness, certificate of interest or participation in a profit sharing agreement. It is further defined to include private investments such as venture capital or investments in start-up companies which have undetermined future value potential. It does not include investments in publicly available stocks such as mutual funds.

### Types of Relationships that Must be Disclosed

Required elements of disclosure include:

- any remuneration from or relationship with a company (example: stock ownership, stock options, stock warrants, royalties, consulting fees, loans from the sponsor, speaking arrangements),
- receiving gifts from a company (example: endowments, equipment, biomaterials, discretionary funds, support of office or research staff, support of training such as fellowships, sponsorship of trips, other sponsorships) and
- holding office in a company (example: board of directors, scientific advisory board, other office) or in another professional medical association (PMA)

### Classification of Relationships

Relationships that have taken place within the prior calendar year are to be held to a robust disclosure standard. NASS members participating in an activity should disclose all financial relationships that have occurred during the prior calendar year with an estimated value of greater than one hundred dollars (\$100), using the estimated dollar amount to the nearest one thousand dollars (\$1,000). The universal deadline for disclosure will be May 1, so that any income information required to complete the disclosure will have already been collected for tax purposes. However, in some cases the deadline for a disclosure for a CME activity will precede the May 1 deadline; in such cases, the education-imposed deadline will be in effect for participants in that activity. In the case of stock holdings, the relationships will be alternately classified in terms of “percentage of company” or “number of shares”).

NASS members should further disclose relationships outside of the calendar year prior to disclosure, which would reasonably be judged to have a direct relationship to the topic of the activity (as an example, an author should disclose, during a paper presentation about a device, any grant funding received for research related to that device, regardless of when the relationship existed). Relationships that could reasonably be judged by an observer to be related to the topic at hand (be it a CME presentation, committee or Board discussion, or article in a publication) and which took place earlier than the calendar year prior to disclosure should be disclosed through *general* disclosure (i.e., estimated dollar amounts are encouraged but not required). The “estimated dollar amount” requirement is relaxed on relationship information older than the prior calendar year because of the difficulty in accessing and/or maintaining specific financial records for, for example, five years prior to a presentation.

NASS participants are required to disclose all relationships with industry, including relationships in negotiation.



Relationships still in the negotiation phase will be classified with the same terminology, on the basis of estimated potential future value.

### **Persons with Interest Requiring Disclosure**

The object of this policy is complete disclosure of financial arrangements between a company and participants in NASS activities. Participants in NASS activities include individuals presenting at NASS meetings and courses, audience members who make comments or ask questions during symposia or SIGs, authors for NASS publications such as *The Spine Journal* (TSJ), *SpineLine*, and Clinical Guidelines, NASS office holders, and individuals appointed to NASS committees and task forces. The relationships requiring disclosure include, but are not limited to, those involving these participants, their spouses, de facto spouses, children, siblings, parents, known holdings of all other family members, trusts, organizations or other related enterprises over which the individual exercises a controlling interest.

### **Process for Disclosure**

Disclosure is provided through completion of an online Conflict of Interest Disclosure Module. Completion of this module is mandatory as part of acceptance of speaking engagements, abstracts, article authorships, or NASS official appointments to office, committee, board or other positions. Each author listed on a scientific presentation will be required to submit his or her individual disclosure. NASS office holders, committee members and board members will submit a disclosure form annually by May 1. Authors, abstract reviewers, moderators, and symposia participants for NASS Annual Meetings must adhere to deadlines set forth specific to those meetings. Additional, updated disclosure is required when substantive changes occur in their relationships in the interim.

This module is currently available on-line through the members-only section of the NASS Web site ([www.spine.org](http://www.spine.org)) or at <http://disclosure.spine.org>. Each member may update his or her form at any time throughout the year to keep it up to date.

### **Process for Reporting Disclosed Information**

- **Speakers, Faculty and Moderators.** Disclosure will be acknowledged at the beginning of each presentation (invited presentation, abstract presentation, symposium, course or other speaking engagement) in a manner consistent with ACCME regulations. The disclosure for each author and speaker will also be listed in the program materials (handouts, final program, web content and other published materials). Disclosure must be submitted to NASS in the "estimated dollar amount" format listed above. NASS will classify the amount as a dollar range for disclosure purposes.
- **Audience Members at CME Events.** It should also be noted that audience members who volunteer questions or statements during symposia, SIGs, or other educational events should, before proceeding with their comments, disclose their own conflicts to the assembled group. Due to time constraints for these individuals, those who are volunteering questions from the audience need only state conflicts which they deem to be relevant to the topic being discussed rather than engaging in the robust conflict offered by the invited faculty and speakers.
- **Board Members.** Each board member will ensure that his or her disclosure is updated on the online module prior to each meeting of the Board, and will abide by the NASS Policy on Conflict of Interest in Leadership. A printout of each board member's disclosure information will be included in the first tab of the board agenda book for each board meeting. Individuals with a financial conflict relative to the subject matter about to be discussed will be asked to immediately recuse themselves from the deliberation, unless they have special information of a technical nature that will help the board better understand the issue. In that case, the individual will be allowed to supply such information before recusing herself or himself from the deliberations. Recusal is defined as leaving the room in which the discussion is taking place, or disconnecting from the phone in the case of a telephone or video conference, for the portion of time during which the issue is discussed. Recused individuals will not vote or otherwise influence a decision in any matter related to the issue, and they may not witness the vote or be privy to the vote attribution. After the vote is recorded, the individual may be invited back into the room or call and will be apprised of only the final vote tallies. These individuals may then comment on the matter, but they may not alter the decision or request reconsideration. Disclosure information for the entire Board of Directors will be included in

the password-protected members' section of the NASS website. Disclosure information for Board members as well as each year's Program Chairs will additionally be included in the Final Program for the Annual Meeting.

- **Committee and Task Force Members.** Each member will complete the Conflict of Interest Disclosure Module upon acceptance of appointment. The completed form will be made available to the chair of each committee or task force. If either the Chair or Council Director has questions regarding any portion of a new committee member's level of conflict, the chair or council director may petition the COI Review Panel for review and advice on the nature and management of such conflict. Prior to discussions at the committee level, disclosure will be updated by each individual relative to the topic being discussed, whether in person, via e-mail or on a conference call, and a document outlining disclosures sent out to the committee by the staff liaison. The recusal process shall be the same as in the Board protocol outlined above.

### Process for Review of Disclosures

NASS has established, via a unanimous vote of the Board of Directors in May 2008, a Conflict of Interest Review Panel designed to facilitate the management of financial conflicts of interest. This committee will review disclosures of financial conflicts and establish policies for managing these conflicts. The committee will provide guidance to members on disclosure issues when requested for specific unclear situations,\* advise the Professional Conduct & Ethics Committee (PCEC) regarding complaints related to incomplete disclosure, and vet potential NASS office bearers, especially in regards to specific types of relationships in accordance with the NASS Policy on Conflict of Interest in Leadership.

*\*In some cases it may be difficult to assess a financial relationship and its concomitant potential conflicts. If an individual does not feel that he/she can adequately characterize the relationship, he/she will be referred to the COI Review Panel for guidance*

### Security of Information

We recognize that financial disclosures contain sensitive information. Information submitted via the online disclosure module will be collected and stored on a password-protected secure server. All NASS staff who interact with disclosed information will be required to sign Confidentiality Agreements prior to viewing such information. Members who serve on committees and on the Board are already bound to confidentiality by the *Acceptance of Appointment and Covenant to Disclose* document signed by each volunteer as a condition of acceptance.

### Process for Monitoring Compliance

The membership of NASS is bound by the bylaws of the association. Members who participate in NASS activities are expected to adhere to all codes and guidelines, including the rules set forth in the NASS Code of Ethics and the Disclosure Policy. If a member participant fails to live up to the obligations therein, it is incumbent upon the society and other society members to hold that individual accountable. In cases where an individual fails to disclose a significant relationship, it is an obligation of those members aware of the relationship to remind the forgetful individual of the obligation to disclose. If the failure persists, these members are obligated to report this failure to the COI Review Panel and/or Professional Conduct & Ethics Committee. The Professional Conduct & Ethics Committee may investigate the allegation, with the complainant (if one is not already in place) automatically defaulting to the secretary of the society as per current committee procedure. The committee will follow normal due process in its inquiry into the matter as outlined in the document "Procedural Guidelines of the Professional Conduct & Ethics Committee of the North American Spine Society." Failure to disclose a financial or other significant relationship with industry in accordance with this policy will be punishable according to NASS' Code of Ethics.

### Sanctions for Violations

The Professional Conduct and Ethics Committee will recommend to the Board of Directors the discipline of members who neglect to disclose through the same methods already in place for other PCEC violations, including but not limited to one- or two-year suspensions of membership, membership expulsion, public letters of censure, and/or—in conjunction with the Education Council Chairs—barring the member from presenting at a specified number of future meetings.

### References

1. Thompson DF. Understanding financial conflicts of interest. *N Engl J Med*. 1993;329:573-576.
2. Garner BA (ed). *Black's Law Dictionary*, 8th ed. Eagan, MN: West Publishing; 2004.

## **NASS Disclosure FAQs**

*Adopted by the NASS Board of Directors, January 13, 2006.*

*Revised by the NASS Board of Directors, October, 2008.*

*Revised by the NASS Board of Directors, February 2009*

## **Policy on Conflict of Interest in Leadership Positions**

**Adopted by NASS Board of Directors, October 2008**

**Revised February 2009**

*Preamble:* In an effort to ensure that our Board of Directors, Committees and membership practice the highest possible ethics in these positions, we seek to minimize the connections and therefore possible conflicts of interest that society leadership has with industry. Though no one knowingly allows bias to influence his or her decisions, it is important to eliminate the potential for bias whenever possible. Connections with industry are vital and necessary for the development of spinal technologies and advancement in the field. However, even the appearance of a conflict of interest should be avoided whenever possible, and conflicts of interest should not influence deliberations or decisions by key leaders. This policy governs the level of connection that any Committee or Board member may have with industry and still be allowed to serve in the specified volunteer role. Management of the conflict includes divestment or suspension of named activities for the period of service in the leadership position. These rules apply only to activities of the North American Spine Society (including its publications, educational activities, and committee work), but not the National Association of Spine Specialists. These rules apply to **personal** interests or benefits that accrue to the individual **or a member of his or her family**. This does not include benefits that accrue to any employer (such as a university or clinic). A blind trust may be used to sequester financial dealings during the time that any particular office is held. All candidates for any leadership position with the society will be vetted by the Conflict of Interest Review Panel (COIRP) as part of the selection process. Any alleged violations of these rules will be handled by the Professional Conduct and Ethics Committee (with advisory input from the COIRP) per current procedures. Questions about relationships related to a specific individual/position should be brought to the COIRP for decision.

### **Leadership Level 1: Stringent Organizational Management of Conflict**

- Applies to:** All members of the NASS Board of Directors  
Chairs of: RUC, CPT, Evidence Compilation & Analysis, Medical and Surgical Coding, CME  
Chair and all members of COIRP  
Annual Meeting Program Chairs
- Allowed:** *Royalties, previously existing stock and stock options (may not be added to during time of service), and other ownership relationships. (for definitions see Disclosure Policy)*  
*Positions in non-profits/government agencies/professional medical associations (PMA's) only*  
*Research and Fellowship support reviewed on individual basis, vetted by COIRP*

### **Leadership Level II: Moderate Organizational Management of Conflict**

- Applies to:** Chairs of committees and task forces not included in the board of directors
- Allowed:** *All categories except commercial, non-ACCME accredited speaking arrangements*  
*Individual basis; relationships vetted by COI Review Panel as needed*

### **Level III: Flexible Organizational Management of Conflict**

- Applies to:** Committee members
- Allowed:** *Individual basis; relationships vetted by COI Review Panel as needed*

*\*Note: If a potential candidate for any leadership position currently has an industry relationship inconsistent with that leadership level, the individual will be given one year to divest him or herself from that relationship before assuming the office.*



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## NASS Policy on Speaking Engagements

In light of concerns that NASS could be perceived as providing tacit approval of specific devices or procedures by providing speakers to industry supported events, **NASS will not organize or provide speakers to commercial events sponsored by industry, and neither NASS as an organization nor those in leadership positions (defined below) should act in ANY official capacity relative to an industry-sponsored course.**

1. For the purposes of this document, “leadership positions” are defined as including:
  - a. Presidential Line (2<sup>nd</sup> VP\*, 1<sup>st</sup> VP, President, Immediate Past President)
  - b. Chairs of the RUC and CPT
  - c. Chair of Evidence-Based Guidelines Committee
  - d. Chairs of Medical and Surgical Coding
  - e. COI Review Chair
  - f. Secretary
  - g. Treasurer
  - h. All Council Directors
  - i. Chair of Ethics
2. Those in leadership positions may accept speaking invitations only for educational events hosted by government bodies, public groups, other not-for-profits (a not-for-profit foundation created as an arm of a corporation would *not* be acceptable), insurance carriers/third-party payors, and other limited CME-accredited activities. When in doubt about the acceptability of an invitation to speak, the COI Review Committee should be consulted. The content of these talks is expected to be policy- (rather than product- or procedure-) oriented, and should be geared towards the ultimate goal of improving the delivery of quality spine care to the patient community.
3. Those in leadership positions (defined above) may not participate as members of a Speaker’s Bureau for commercial entities or their agents. Other members of the leadership who choose to engage in these activities, may do so, with the appropriate disclosures, including a statement that the opinions expressed are their own, and not NASS’s opinions.
4. Any NASS member accepting a speaking engagement should accept only appropriate remuneration for said engagement (i.e., remuneration that reasonably reimburses one for the travel costs and lost income for an average clinical day spent out of the office in order to attend the speaking engagement).
5. Invited speakers should follow NASS disclosure standards when speaking, with both a visual and verbal disclosure statement.
6. Invited speakers should disclose, at the beginning of any talk, that all opinions they might express are their own and not necessarily the opinion of the North American Spine Society (unless otherwise previously agreed upon, with content vetted and approved by the Board of Directors).
7. Invited speakers should discuss only that information which has previously been made public, adhering to NASS’ existing volunteer agreements regarding Confidentiality and Fiduciary Responsibility when sharing information with outside entities. Proprietary information, such as plans or policies that are currently in development or are currently the subject of committee work, is not to be disclosed to outside parties. Until such time as any policy, guideline, or position statement has been officially approved by the NASS Board of Directors, it is not in the public realm and should be treated as confidential. A speaker’s first loyalty is to NASS. Violation of this rule will be made subject to disciplinary action under the NASS Code of Ethics.



## Code of Ethics



### A. General Statement of Purpose

NASS has established a Code of Ethics for its members intended to serve as guidelines in medical, social, and professional relationships which occur in spine care practice. This code is a statement of ideals, commitments, and responsibilities of NASS members to patients, other health professionals, society and themselves, and thus may be considered as one of the measures used to evaluate a member's maintenance of good professional standing, and to evaluate qualifications for membership by applicants.

### B. Ethics as They Relate to the Spine Care Provider

1. A NASS member shall serve as the patient's advocate and exercise all reasonable means to ensure that the most appropriate care is provided to the patient.
2. A NASS member shall not participate in any activity which is not in the best interest of the patient.
3. A NASS member shall recognize the boundaries of his or her particular competencies and expertise, and provide only those services and use only those techniques for which he or she is qualified by education, training, or experience.
4. A NASS member shall not publicize or represent himself or herself in any untruthful, misleading, or deceptive manner to patients, colleagues, other health care professionals, or the public.
5. A NASS member shall be actively involved in continuing medical education in order to keep current on new medical technology and information in spine care.
6. A NASS member shall not become dependent on alcohol, drugs, or involved in any other abusive practice. Should such occur, he or she should submit voluntarily to treatment and should accept recommendations of the local committee for evaluating impaired physicians or similar peer review committee.

### C. Ethics of Relationships Between Health Care Providers

1. In those instances in which a spine care provider is identified as being incompetent, his or her medical colleagues shall bring this circumstance to that person's attention and refer him or her to the appropriate professional committee of his or her hospital or state society, if necessary. A spine care provider is determined to be incompetent, for purposes of this document, when he or she is found to be without adequate ability, knowledge or fitness, being assessed as incapable or unskillful and as failing to meet certain qualifications to practice in accordance with normally accepted national standards.
2. A NASS member shall not practice medicine while impaired by alcohol, drugs, or physical or mental disability. The spine care provider who experiences substance abuse problems or who is physically or emotionally impaired should seek appropriate assistance to address these problems and limit his or her practice until the impairment no longer affects the quality of patient care.

3. A NASS member shall respect the rights of colleagues and of other health professionals.
4. A NASS member shall only receive compensation for services he or she actually delivers or directly supervises. The division of income among members of an organized group, based on the value of the services performed by each member, as determined by group members, is appropriate.
5. A NASS member transferring care of a patient to another health care provider, either by his or her own recommendation or at the request of the patient or patient's family, shall cooperate with the health care provider who receives the transferred patient.
6. A NASS member shall cooperate fully and be actively involved in the educational process of other physicians and health care providers as circumstances permit.
7. A NASS member shall be responsible for helping his or her medical colleagues maintain a high level of performance and integrity in the practice of medicine, and shall refrain from repeating false charges about another health care professional.
8. A NASS member must fully cooperate with the Professional Conduct and Ethics Committee in responding to any charges brought or any reasonable requests by the Committee.

#### **D. Ethics Related to the Patient and Patient's Family**

1. A NASS member and the patient, and patient's family, when appropriate, shall be involved in dialogue so the joint medical decision-making process will be in keeping with the patient's philosophy and desires.
2. Privacy and confidentiality of information shared by the spine care provider and his or her patient, and/or patient's family, including but not limited to, Protected Health Information under the Health Insurance Portability and Accountability Act ("HIPAA"), shall be respected except in those circumstances where societal concerns expressed in the law require disclosure.
3. Sexual misconduct on the part of a NASS member is an abuse of professional power and a violation of patient trust. Sexual contact or a romantic relationship between a spine care provider and a current patient is unethical.
4. A NASS member shall be the advocate of the terminally ill patient to allow dignity in dying while providing relief of pain and suffering and avoiding unnecessary financial burdens for both patient and family. The lawful wishes of the competent patient shall be respected.
5. A NASS member involved in human research and experimentation shall respect the rights of the participants and shall fully inform the participants before proceeding with any treatment or research.

#### **E. Ethics Related to Industry**

1. A NASS member who is not acting as faculty should not accept any subsidy from industry, directly or indirectly, to pay for the costs of travel, lodging or other personal expenses in attending scientific or educational conferences or meetings. However, faculty at such conferences or meetings can accept reasonable honoraria and reimbursement of reasonable expenses if customary.
2. A NASS member should not individually accept any gifts of substantial value or cash from industry. Members may accept modest, occasional gifts from industry if they benefit patients or serve a genuine educational function and have a fair market value less than \$100 (textbooks and anatomical models excepted).
3. A NASS member should not enter into any academic or consulting relationship with industry that might influence his or her care of patients. If a conflict or apparent conflict develops between the physician's financial interest and the physician's responsibilities to the patient, the conflict must be resolved to the patient's benefit.



4. A NASS member must **disclose to colleagues** and patients, in a professional context, any financial relationships that he or she has with industry.
5. A NASS member who fails to disclose financial or other significant relationship with industry in accordance with NASS' current Disclosure Policy is in violation of this Code of Ethics.

#### **F. Ethics as Related to the Legal Profession**

1. A NASS member shall respect the confidentiality of the doctor-patient relationship and shall not release Protected Health Information, as that term is defined in HIPAA, unless the patient has knowingly consented except as required by law.
2. A NASS member, as an **expert witness**, shall diligently and thoroughly prepare himself or herself with relevant facts so that he or she can, to the best of his or her ability, provide the court with accurate and documentable opinions on the matters at hand.
3. A NASS member shall cooperate with members of the legal profession in order that justice with mercy and compassion shall prevail.

#### **G. Responsibilities of the NASS Member to Government**

1. A NASS member shall always abide by the law of the land, but support changes in those laws which are contrary to the best interests of the patient and society.
2. A NASS member shall cooperate and deal honestly with governmental agencies involving those areas of health care of which he or she is a participant, but will preserve patient confidentiality.

#### **H. Ethics Related to the Physician and Insurance, Compensation and Reimbursement Agencies**

1. A NASS member shall be honest in financial dealings with the patient, insurance and health care financing agencies, and shall provide accurate, complete and timely information to those agencies.
2. A NASS member shall respond appropriately to requests for medical reports from private and governmental agencies involved in reimbursement and compensation for medically related services with the consent of the patient or the patient's agent, or as otherwise provided by the law.
3. Financial and administrative constraints imposed by managed care may create disincentives to treatment otherwise recommended by the spine care provider as in the patient's best interest. Any pertinent constraints should be disclosed to the patient.

#### **I. Ethics Related to Community and World Affairs**

NASS members, in addition to providing patient care, have a social obligation to be involved in community and world activities, especially those matters affecting health.

#### **J. Ethics Related to Research**

1. All NASS members who contribute to research will maintain the highest standards of academic integrity. Fraud, falsification of data and other forms of academic dishonesty must not be conducted or condoned. The publication of data from other sources must be adequately acknowledged.
2. Original research data should be held in trust for the scientific and academic community, and should be retained for a reasonable period. Subsequent to publication, all such data should be accessible on a reasonable basis.
3. It is recognized that research is often a collaborative effort. All who have made a significant intellectual contribution to the research activity should be included as authors of its publication or appropriately



acknowledged. The authors should be able to vouch for the quality and integrity of the contributions to the work.

4. In proposing and carrying out research, NASS members must be open about the purposes, potential impacts, and sources of support for research projects with funders, colleagues, persons studied or providing information, and with relevant parties affected by the research.
5. All identified authors must disclose in publications or presentations potential conflicts of interest and sources of funding for that publication or presentation and any resources of the funding entity utilized in the research, analysis, presentation or publication.
6. NASS members engaged in research should undertake logistical tasks and accept responsibilities only if qualified by training or experience, or after full disclosure to all relevant parties of pertinent limitations in training or experience.
7. NASS members engaged in research must do everything in their power to ensure that their research does not harm the safety, dignity, or privacy of the people with whom they work, conduct research, or perform other professional activities.
8. NASS members engaged in research should follow the rules and practice of their local IRB with respect to obtaining an advance informed consent of persons being studied, and with respect to providing information, owning or controlling access to material being studied, or otherwise having interests which might be impacted by the research.
9. NASS members engaged in research must expect to encounter ethical dilemmas at every stage of their work, and must make good faith efforts to identify potential ethical claims and conflicts in advance when preparing proposals and as projects proceed.
10. NASS members engaged in research shall ensure that all reports and projects are complete, are clearly written in language understandable to others not involved in the project; fully distinguish among assumptions, speculations, findings, and judgments; employ appropriate statistics and graphics; adequately describe the limitations of the project, of the analytical method, and of the findings; and allow scholarly norms in the attribution of ideas, methods and expressions and in the sources of data.
11. NASS members engaged in research shall permit no release of information about individual persons that has been guaranteed as confidential, or that is violation of the Health Insurance Portability and Accountability Act (HIPAA).
12. All analysis of data, manuscript preparation and presentation will be free of commercial input, influence or bias. It will be the work solely of authors and colleagues. Authors will be forthright about disclosing all relevant data. All relevant findings regarding benefits, risks, complications and related issues will be disclosed in all prepared materials
13. A NASS member will never submit a paper for publication or presentation under the name of any individual who has not contributed substantially to its preparation and who had not read and approved the paper.

***Revised October 2008***

## **North American Spine Society**

### NASS Actions related to Disclosure & Industry Relationships

#### **TIMELINE**

Oct 1996	NASS Adopts "Acceptance of Appointment and Covenant to Disclose" form, required for all those accepting leadership positions.
Oct 2000	<u>SpineLine Sep/Oct 00 issue</u> – Legal Column: "Conflicts of Interest: Legal Perspectives for Scientific Research and Patient Care" <i>Ed Benzel, MD &amp; Philip Benton, MD, JD</i>
Aug 2001	<u>SpineLine July/Aug 01 issue</u> – Ethical/Legal Column: "Proprietary Interests in Devices and Therapies: Abstinence vs. Full Disclosure" <i>Edward C Benzel, MD.</i>
Nov 2001	Stan Herring becomes NASS President, declares official focus of year to be on Ethics & Professionalism
Dec 2001	<u>SpineLine Nov/Dec 01 issue</u> – Herring President's Message, "Service to Patients and Professionalism: An Important Reaffirmation" < <a href="http://www.spine.org/Documents/pm01novdec.pdf">http://www.spine.org/Documents/pm01novdec.pdf</a> >
Feb 2002	NASS signs AMA House of Delegates Council on Ethical and Judicial Affairs' "Declaration of Professional Responsibility: Medicine's Social Contract with Humanity"
Oct 2002	NASS Board adopts Code of Ethics, Expert Witness Guidelines; expands existing NASS Ethics Committee into "Professional Conduct & Ethics Committee" (PCEC)
Oct 2002	NASS membership at Montreal Business Meeting Ratifies Board's Adoption of Code of Ethics and creation of Professional Conduct Program
Oct 2002	Dr. Stanley A. Herring delivers Presidential Address at NASS Montreal Annual Meeting, titled "A Plea for Professional Behavior," discussing the new <i>Code of Ethics</i> , Professional Conduct Program, and the <i>Declaration of Professional Responsibility</i>
Oct 2002	<u>SpineLine Sep/Oct 02 issue</u> – Ethical/Legal Column: "AMA Ethical Guidelines on Gifts to Physicians from Industry" <i>Edward C Benzel, MD</i>
Dec 2002	Submission of first case to Professional Conduct & Ethics Committee (PCEC)
Jan 2003	Dr. Herring's Presidential Speech published in <i>The Spine Journal</i>
Feb 2003	<u>SpineLine Jan/Feb 03 issue</u> – Ethical/Legal Column: "NASS Adopts Strong Professional Conduct & Ethics Program" <i>Russ Pelton, Esq.</i>
Feb 2003	submission of first case to progress to a Prof. Conduct Hearing
Apr 2003	Section on <i>Ethics Related to Relationships with Industry</i> added to Code of Ethics
Apr 2003	Section on <i>Ethics Related to Research</i> added to Code of Ethics
Oct 2003	PCEC recommends to NASS Board the creation of a Task Force to deal with issue of industry relationships and disclosure

- Jan 2004      AdvaMed adopts voluntary Code of Ethics for Industry members
- Feb 2004      SpineLine Jan/Feb 04 issue – Ethical/Legal Column: “Medical Research Funding and Informed Consent” *Eric J Muehlbauer, MJ, CAE*
- Sep 2004      ACCME approves updated *Standards for Commercial Support*
- Dec 2004      SpineLine Nov/Dec 04 issue – Abitbol President’s Message, “Changing Tide in Health Care Leads to Guidelines on Medical Ethics”  
<<http://www.spine.org/Documents/pm04novdec.pdf>>
- Apr 2005      First meeting of NASS Disclosure Task Force created by Board of Directors
- Aug 2005      SpineLine Jul/Aug 05 issue – Ethical/Legal Column: “NASS Code of Ethics Expanded to Cover Industry Relationships” *Stan Herring, MD*
- Sep 2005      First PC hearing held; PCEC recommends censure, recommendation accepted by Board and letter of censure published in next issue of *SpineLine*
- Sep 2005      First Annual Meeting General Session Ethics Symposium, Thu, September 29, 2005 1:26-3:36PM—“*Ethics in Spinal Medicine and Surgery*” Chair: David Fardon, MD.
- From Program: “Virtually all medical care providers are interested in practicing the best quality and the most ethical medicine possible. However, many practitioners are not aware of a number of outside forces that influence their education, both in training and in practice, and therefore, their decision making process. There is growing concern that professional judgment about the welfare of patients may be inappropriately influenced by secondary interests, e.g. personal gain derived from relationships with industry. This symposium explores the ethical issues that arise in a practice setting and the forces that affect decision making for spine clinicians. It may feature interactive questions during the course of the discussion, and a final analysis of the ethical issues to be considered.”*
- Jan 2006      NASS Board adopts Conflict of Interest Disclosure Policy recommended by Task Force
- Feb 2006      Jan/Feb 2006 issue of *SpineLine* implements new disclosure policy for all authors
- Mar 2006      SpineLine Jan/Feb 06– Ethical/Legal Special Feature: “Financial Conflict of Interest: NASS Adopts Bold Disclosure Policy.” *Sohail Mirza, MD & Stanley A Herring, MD*
- New policy is adopted for use in all NASS CME activities, publications, and meetings of committees and leadership*
- Jun 2006      SpineLine May/Jun 06 issue – Ethical/Legal Column: “NASS Expands Code of Ethics to Include Research” *Russ Pelton, Esq.*
- Apr 2006      SpineLine Mar/Apr 06 issue – Ethical/Legal Column: “The Physician Investor: Godsend or Pariah?” *Marjorie Eskay-Auerbach, MD, JD*
- Jun 2006      SpineLine May/June 06 issue – Press President’s Message, “Conflicts? What Conflicts?”  
<<http://www.spine.org/Documents/pm06mayjun.pdf>>

- Sep 2006 Annual Meeting General Session Ethics Symposium, Thu, September 28, 2006  
7:30-9:30AM—*“Ethics and Spine Care in 2006”* Moderators: Stanley A. Herring, MD, Richard D. Guyer, MD
- From Program: “This symposium addresses ethical considerations of spine care, specifically, ethical issues encountered in the field of medicine. Representatives from the pharmaceutical industries and AdvaMed will discuss steps that are being taken to ensure ethical guidelines are followed. Legal ramifications of unethical behavior also will be discussed. Specific real life cases of potential conflict of interest are presented and information from the audience will be garnered to stimulate discussion.”*
- Sep 2006 First NASS Annual Meeting held for which new disclosure policy was implemented in entire abstract submission process
- Nov 2006 SpineLine Sep/Oct 06 issue – Ethical/Legal Column: “Ethical Issues Associated with Health Care Industry Representatives in the Operating Room” Moskowitz/Ford
- Jan 2007 SpineLine Nov/Dec 06 issue – Ethical/Legal Column: “Financial Success and Ethical Practice: An Oxymoron?” Jerome Schofferman, MD
- Feb 2007 SpineLine Jan/Feb 07 issue – Ethical/Legal Column: “NASS Expands Scope of Expert Witness Guidelines” Russ Pelton, Esq.
- Jun 2007 SpineLine May/June 07 issue – Guyer President’s Message, “NASS Takes Leadership Role in Ethics” <<http://www.spine.org/Documents/pm07mayjun.pdf>>
- Aug 2007 SpineLine Jul/Aug 07 issue – Commentary: “NASS is Growing and Raising the Bar—Looking Out for its Members by Pushing the Field for Objectivity” NASS Presidential Line and Executive Director
- Oct 2007 Annual Meeting General Session Ethics Symposium, Thu, October 25, 2007  
7:25-9:30AM—*“Industry Relationships: How to Keep the Department of Justice from Knocking on Your Door.”* Chairs: Stanley A Herring, MD and Richard Guyer, MD.
- An in-depth look at the moral, ethical and legal implications of relationships with the device industry, including research on the science of bias presented by Dr. Sohail Mirza, MD; and a “pop quiz” using the audience response system, whereby audience members in this general session symposium were presented with scenarios for industry interaction and asked to judge whether the interaction was legal and—a higher bar—ethical. After responses were tabulated, Peter Winn from the Department of Justice gave his viewpoint.*
- Feb-Mar 2008 NASS cooperates with Senate Special Committee on Aging in their inquiry and submits written statement subsequent to Committee hearing regarding Conflicts of Interest in Physician-Industry Relationships
- Mar 2008 NASS submits written statement to Institutes of Medicine for their hearing regarding Conflicts of Interest in Physician-Industry Relationships
- Mar 2008 SpineLine Mar/Apr 08 issue – Faciszewski President’s Message, “NASS: A Leader in Age of Transparency.” <<http://www.spine.org/Documents/pm08marapr.pdf>>



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March 11, 2008

The Honorable Herb Kohl  
Chairman, United States Senate Special Committee on Aging  
Washington, DC 20510-6400  
(202)224.5364

**Re: North American Spine Society ( NASS) Response to February 27, 2008 Hearing, “*Surgeons for Sale? Conflicts and Consultant Payments in the Medical Device Industry.*”**

Dear Senator Kohl,

First, I would like to thank you for the leadership you have shown in further bringing to light the issue of financial conflicts of interest in the medical device industry. NASS appreciates being given the opportunity to comment on the record in relation to the hearing held on February 27. I hope that sharing NASS’ experience in dealing with these issues will be helpful to the Committee in your continuing efforts.

We first adopted our “Acceptance of Appointment and Covenant to Disclose” document, requiring all those in leadership or committee positions to disclose all conflicts before serving, in 1996. Promoting the highest ethical standards for spine physicians in every aspect of the society has been something of a passion among NASS leadership since 2001, when Stanley A. Herring, MD chose Ethics as the centerpiece of his NASS presidential efforts. From the creation of the Professional Conduct and Ethics Committee in 2002, to the implementation of a comprehensive disclosure policy in March 2006, to the current effort to expand and strengthen all of our existing policies, we have a legacy of providing spine professionals with strong, clear guidance on ethical practices.

We take this issue very seriously: NASS has implemented some of the most stringent obligations for disclosure among professional medical organizations. Participants in any NASS activity (educator, principle investigator, author, committee member, member of the Board of Directors or Executive Committee) are obligated to identify the entities with whom they have relationships and to specifically categorize remuneration, both by type and a designation of either “major” or “minor” (above or below \$10,000). This policy was adopted in March 2006 by an ad hoc Task Force specifically appointed by the Board, involving months of research into not only the nature of consulting relationships but the science of bias and the study of policies of other organizations such as the Mayo Clinic. It has more recently become apparent that more specific documentation of these relationships is needed, and the Professional Conduct & Ethics Committee is in the process of preparing specific recommendations regarding policy modifications for the Board of Directors, including more specificity in regard to remuneration amounts. We anticipate that our policy will continue to evolve over time as NASS, governmental agencies and commercial entities work collaboratively towards the common goal of transparency and accountability for the common good of patients, healthcare entities and society.

During the Aging Committee's hearing, Gregory E. Demske, Assistant Inspector general for Legal Affairs at the Office of the Inspector General of the Department of Health and Human Services, said, "Although most physicians believe that free lunches, subsidized trips or gifts have no effect on their medical judgment, the research has shown that these types of perquisites can affect, often unconsciously, how humans act." Mr. Demske's statement echoes the research presented by NASS member Sohail Mirza, MD at the 2007 NASS Annual Meeting in Austin, during the Ethics Symposium. We would be happy to provide you with a link and member password to access the video of this presentation—as well as the rest of the 2007 Ethics Symposium—on our website if you would like to view it in its entirety.

The future of medical innovation—including cures for diseases and conditions from which many of our patients suffer—is contingent upon collaboration between physicians and industry. The scarcity of medical research funding by government requires that funding arise from other sources. Products are developed specifically to improve patient outcomes, and physicians have a moral responsibility to ensure that products in development are thoroughly researched and tested. A recent study in the journal *Spine* evaluates the views of 245 patients given a one-page, eight-question survey in the waiting room of an orthopedic surgery clinic: "An overwhelming majority (94.3%) believed that the surgeon-industry relationship is beneficial to patients, and a majority (66.5%) of patients thought physicians should be compensated for this role."<sup>1</sup> In his analysis of this study, reviewer Paul M. Arnold MD, FACS observes, "It is also evident that there are 'extremes' in doctor-manufacturer relationships, and it is these abuses that seem to tarnish the vast majority of legitimate consulting deals. If surgeon-driven innovation is to continue, then open, honest, and transparent industry-physician relationships will be the only way for this to occur."

In addition to continuing to revise and strengthen NASS' current Conflict of Interest Disclosure policy, we are also currently undertaking two projects related to ethics and industry relationships. The first is a Roundtable on Ethics in Spine Industry Relations, which will bring together leaders from device manufacturers of all sizes with NASS physician leadership and ethicists to collaborate on the creation of a new Code of Ethics for Industry that addresses such issues. Such a Code would apply to companies both large and small, as well as physicians (supplementing the existing Code of Ethics for members). Second, our Socioeconomic Affairs Council is hosting a forum for industry leaders and physicians, to discuss the socioeconomic issues and forces shaping spine care today. Part of the proposed curriculum for this forum will educate industry on how to participate in collaboration in numerous arenas—including coding, reimbursement issues, research, etc—while maintaining the highest degree of professionalism and ethics for both the manufacturers and the physicians involved. What we strive to do, instead, is to provide clear direction to both our members and to industry for how to collaborate with the highest degree of ethical behavior and professionalism.

The education of both physicians and industry is foremost in our strategy to encourage proper relationships. To that end, we have conducted General Session Ethics Symposia at our Annual Meeting for the past three years to educate our members on the proper way to collaborate with industry. In 2006, the symposia included an overview of the NY Times articles referenced in your hearing, and educated NASS members on the issues involved, including case studies and commentary from a professional ethicist, Wilton Bunch, MD. In 2007, the symposium provided an in-depth look at the moral, ethical and legal implications of relationships with the device industry, including research on the science of bias presented by Dr. Mirza; and a "pop quiz" using an audience response system, whereby audience members in this general session symposium were presented with scenarios for industry interaction and asked to judge whether the interaction was legal and—a higher bar—ethical. There was considerable confusion among a portion of the audience about where to draw the line to

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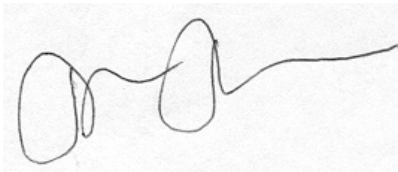
<sup>1</sup> Khan MH, Lee JY, Rihn JA, et al. "The Surgeon as a Consultant for Medical Device Manufacturers: What Do our Patients Think?" *Spine*. 2007;32(23):2616-2618.

maintain a completely ethical relationship. After responses were tabulated, Peter Winn, Assistant U.S. Attorney, Western District of Washington, gave his perspective on each case study. After Mr. Winn spoke, the audience voted again on whether they thought that each case was legal and ethical. Results clearly showed that audience members brought away from the symposium a measurable improvement in their acuity in judging the appropriateness of physician/industry relationships. This reveals that education is continually needed in this arena. At the end of the symposium, individual members clamored to ask questions of the panel about specific consulting arrangements that they had either seen or been approached to enter into: our members are hungry for guidance on how to conduct themselves, yet most medical schools, fellowships and residency programs omit education on this subject. This is a key role for professional societies.

While certainly the larger device manufacturers have been the subject of much of the recent attention, we feel it would be both unfair and unwise to require disclosure of relationships *only* from companies with revenues of over \$100 million. Start-ups should be held to just as high a standard as the larger, more established companies. If such disclosures are required from the start, as a company grows, it is more likely that good ethical practices will become part of the culture of that organization. It is a global culture of ethical behavior, industry-wide, that should be the ultimate goal.

We applaud the Senate Special Committee on Aging for inquiring into this important matter. We look forward to working with the Committee as you continue to examine this issue and would appreciate the opportunity to provide testimony at any future hearings on physician disclosure. Please do not hesitate to let us know if there is anything further we can do to assist you in your efforts.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tom Faciszewski', with a long horizontal line extending to the right.

Thomas Faciszewski, MD  
President, North American Spine Society



July 14, 2008

The Honorable Charles E. Grassley  
United States Senate  
135 Hart Senate Office Building  
Washington, DC 20510-1501

Dear Senator Grassley:

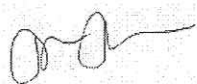
The North American Spine Society (NASS) is a multi-disciplinary organization, whose members represent over twenty specialties in the field of spine care. We commend you for your leadership and offer our support for S. 2029, the "Physician Payments Sunshine Act," as revised. NASS has been at the forefront of providing our members with ethical guidelines for their relationships with industry. Our organization has taken great strides to ensure that the relationship between the pharmaceutical and device industry and our members, especially those leading our organization, are fully transparent and held to the highest standards.

We believe the bill will strengthen transparency in the medical profession and uphold the ethical standards that NASS and the rest of organized medicine have in place to govern the interaction between physicians and the pharmaceutical and medical device industries.

The NASS Board of Directors, together with our Ethics Task Force, review disclosure and conflict of interest policies on a regular basis to assure that we remain on the forefront in this important and evolving area. Recent examples of our commitment to excellence in this area include the creation of a Conflict of Interest Review Committee, the decision to add a professional ethicist to the Board of Directors, and enhanced clarity of conflict of interest disclosure at our upcoming Society meetings.

We all aspire to the mutual goals of providing transparency in the medical profession and ensuring that interactions between physicians and industry benefit patients. The North American Spine Society stands ready to provide testimony on this crucial legislation should the opportunity arise.

Sincerely,



Tom Faciszewski, MD  
President



Stanley A. Herring, MD  
Chair, NASS Ethics Task Force

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Marshfield Clinic  
Marshfield, WI

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SpineCare Medical Group  
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UCLA School of Medicine  
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Washington Univ. School of Medicine  
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**Socioeconomic Affairs Council Co-director**  
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Tucson, AZ

**Socioeconomic Affairs Council Co-director**  
Charles A. Mick, MD  
Pioneer Spine & Sports Physicians  
Northampton, MA

**At Large Board Member**  
William Mitchell, MD  
Coastal Spine  
Mt. Laurel, NJ

**Ex Officio**  
Eric J. Muehlbauer, MJ, CAE  
Executive Director





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January 29, 2009

The Honorable Max Baucus  
Chairman  
Committee on Finance  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Chairman Baucus:

The North American Spine Society (NASS) is a multi-disciplinary organization, whose members represent more than 20 specialties in the field of spine care. NASS commends Ranking Member Grassley's leadership and effort to improve transparency in physician and industry relations by introducing, S. 301, "Physician Payments Sunshine Act of 2009." NASS believes that while relationships between physicians and industry are an important component of advancing medical technologies and improving patient care, uniform procedures for transparent disclosure must be in place to minimize confusion and misrepresentation.

NASS believes that S. 301 will strengthen transparency in the medical profession and uphold the professional standards that NASS has in place to govern interaction between physicians and the pharmaceutical and device industry. While NASS appreciates the ability of physicians to correct inaccuracies in their report and background information on relationships, we believe that this should occur prior to the public release of this information.

NASS has continued to review and strengthen our disclosure policy since its creation in 2001. In October 2008, the NASS Board of Directors approved significant changes to this policy that were the topic of a recent (01/24/2009) *Wall Street Journal* article, "Spine Doctors are Adopting Strict Rules on Payments," in which Senator Grassley was quoted as stating that our initiative was impressive. NASS' current disclosure policy requires that participants in NASS activities (members and nonmembers) disclose actual dollar amounts of all relationships held in the 12 months preceding disclosure.

The significant leadership and research that have gone into the development and evolution of our disclosure policy enable NASS to be a valuable resource on the subject of professionalism in medicine. The North American Spine Society stands ready and willing to provide testimony to your committee on this crucial issue should the opportunity arise.

If you have any questions about our position or work in this area, please contact Eric Muehlbauer, Executive Director, at 630/230-3600.

Sincerely,

Charles Branch, MD  
President

Marjorie Eskay-Auerbach, MD, JD  
Ethics Committee Chair

**President**  
Charles Branch, Jr., MD  
Winston-Salem, NC

**First Vice President**  
Ray M. Baker, MD  
Bellevue, WA

**Second Vice President**  
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**Secretary**  
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**Past President**  
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Marshfield, WI

**Executive Director**  
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Burr Ridge, IL

**Research Council Director**  
William Watters, III, MD  
Houston, TX

**Education Council Director**  
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Aurora, CO

**Advocacy Council Director**  
Charles A. Mick, MD  
Northampton, MA

**Administration and Development Council Director**  
Alexander J. Ghanayem, MD  
Maywood, IL

**Evidence Compilation and Analysis Chair**  
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Boston, MA

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**Ethics Committee Chair**  
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Tucson, AZ



7075 Veterans Blvd.  
Burr Ridge, IL 60527  
t (866) 960-6277 p (630) 230-3600 f (630) 230-3700  
www.spine.org

January 29, 2009

The Honorable Herb Kohl  
Chairman  
Special Committee on Aging  
330 Hart Senate Office Building  
Washington, DC 20510

Dear Chairman Kohl:

The North American Spine Society (NASS) is a multi-disciplinary organization, whose members represent more than 20 specialties in the field of spine care. NASS commends your leadership and effort to improve transparency in physician and industry relations by co-sponsoring, S. 301, "Physician Payments Sunshine Act of 2009." NASS believes that while relationships between physicians and industry are an important component of advancing medical technologies and improving patient care, uniform procedures for transparent disclosure must be in place to minimize confusion and misrepresentation.

NASS believes that S. 301 will strengthen transparency in the medical profession and uphold the professional standards that NASS has in place to govern interaction between physicians and the pharmaceutical and device industry. While NASS appreciates the ability of physicians to correct inaccuracies in their report and background information on relationships, we believe that this should occur prior to the public release of this information.

NASS has continued to review and strengthen our disclosure policy since its creation in 2001. In October 2008, the NASS Board of Directors approved significant changes to this policy that were the topic of a recent (01/24/2009) *Wall Street Journal* article, "Spine Doctors are Adopting Strict Rules on Payments," in which Senator Grassley was quoted as stating that our initiative was impressive. NASS' current disclosure policy requires that participants in NASS activities (members and nonmembers) disclose actual dollar amounts of all relationships held in the 12 months preceding disclosure.

The significant leadership and research that have gone into the development and evolution of our disclosure policy enable NASS to be a valuable resource on the subject of professionalism in medicine. The North American Spine Society stands ready and willing to provide testimony on this crucial issue should the opportunity arise.

If you have any questions about our position or work in this area, please contact Eric Muehlbauer, Executive Director, at 630/230-3600.

Sincerely,

Charles Branch, MD  
President

Marjorie Eskay-Auerbach, MD, JD  
Ethics Committee Chair

**President**  
Charles Branch, Jr., MD  
Winston-Salem, NC

**First Vice President**  
Ray M. Baker, MD  
Bellevue, WA

**Second Vice President**  
Gregory J. Przybylski, MD  
Edison, NJ

**Secretary**  
Heidi Prather, DO  
St. Louis, MO

**Treasurer**  
Michael H. Heggeness, MD, PhD  
Houston, TX

**Past President**  
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January 29, 2009

The Honorable Charles E. Grassley  
Ranking Member  
Committee on Finance  
135 Hart Senate Office Building  
Washington, DC 20510-1501

Dear Senator Grassley:

The North American Spine Society (NASS) is a multi-disciplinary organization, whose members represent more than 20 specialties in the field of spine care. NASS commends your leadership and effort to improve transparency in physician and industry relations by introducing, S. 301, "Physician Payments Sunshine Act of 2009." NASS believes that while relationships between physicians and industry are an important component of advancing medical technologies and improving patient care, uniform procedures for transparent disclosure must be in place to minimize confusion and misrepresentation.

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Tucson, AZ

North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
Abbott Spine	70,500.00	5,000.00	6,039.90	-
A&E Billing Solutions	-		-	350.00
Academy Avenue Group	-		-	1,500.00
Accin Corporation	4,000.00		-	-
Accutek Testing Laboratory	4,000.00		-	-
Advanced Biomaterial Systems, Inc.	(4,000.00)		-	-
Aesculap Implant Systems	63,575.00	6,000.00	-	-
Agfa HealthCare	4,000.00		-	-
Allen Medical Systems	4,575.00		-	-
Allez Spine, LLC	4,725.00	1,000.00	-	-
AlloSource	6,875.00		-	-
Alphatec Spine, Inc.	80,575.00	1,500.00	15,000.00	5,650.00
Altiva Corporation	13,000.00	1,000.00	-	-
Altus Medical, Inc.	-		5,000.00	-
Amedica Corp.	13,000.00	1,000.00	-	-
American Academy of Orthopaedic Surgeons	3,000.00		-	36,878.30
American Academy of Physical Medicine and Rehabilitation	-		-	500.00
American Association of Neurological Surgeons	-		-	1,000.00
Anatomate	4,000.00		-	-
Anspach Companies	5,725.00		-	-
Anulex Technologies, Inc.	8,000.00		-	-
AOSpine North America	3,000.00	1,000.00	-	-
Apatech, Inc.	10,400.00		-	500.00
Applied Recruitment Technologies	-		-	11,334.49
Applied Spine Technologies, Inc.	4,000.00		-	-
Archus Orthopedics, Inc.	575.00		-	-
ArthroCare Spine	15,325.00	1,000.00	-	1,000.00
ASCEND	5,800.00		-	5,300.00

North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
Aspen Medical Products	8,000.00		-	-
A-Spine Asia Co., Ltd.	6,000.00	1,500.00	-	-
Atlas Spine, Inc.	8,000.00	1,000.00	-	-
Bacterin International	13,000.00	1,000.00	-	500.00
Bauerfeind USA, Inc.	6,000.00	1,000.00	-	-
Baxter	17,000.00		-	-
Bayer Pharmaceuticals Corporation	12,500.00		-	-
Berkeley Advanced Biomaterials, Inc.	4,575.00		-	-
Biocomposites Inc.	4,000.00		-	-
Biomet Spine	73,850.00	1,500.00	60,000.00	2,800.00
Biosystems, Inc.	575.00		-	-
Blackstone Medical Inc	65,050.00	5,000.00	25,000.00	5,050.00
Blue Chip Surgical Center Partners	3,000.00	1,000.00	-	500.00
Bone Support AB	6,000.00		-	-
Bose Corporation -Electroforce Systems Group	4,575.00		-	-
Boston Scientific	8,325.00		-	-
BrainLAB	20,450.00		-	500.00
Brewer Investment Group	-		-	2,250.00
BroadWater, Inc.	-		-	1,500.00
Business Dynamics, LLC.	5,150.00		-	-
Buxton BioMedical Inc	4,000.00		-	-
Cardinal Health, V. Mueller Neuro/Spine Products	14,150.00	1,000.00	-	-
Carl Zeiss Meditec, Inc.	27,125.00		-	-
Carmen Muresan	-		-	700.00
Catlin Underwriting Agency US Inc.Medical Malpractice Claims	-		240,000.00	-
Cedara Software	4,575.00		-	-
Cedars Sinai Medical Center	-		-	500.00
Cejka Search	-		-	350.00

North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
Cervical Spine Research Society	-		-	500.00
Cervitech, Inc.	8,300.00	1,000.00	-	-
Clarus Medical, LLC	4,000.00		-	-
Clearant, Inc.	17,250.00		-	-
Codonics	4,000.00		-	500.00
Collagen Matrix, Inc.	4,000.00		-	1,700.00
Confluent Surgical, Inc.	11,750.00		-	-
CrossCurrent, Inc.	3,000.00	1,000.00	-	-
Custom Spine, Inc.	13,575.00	1,000.00	-	3,300.00
Cybertech, Bio Cybernetics International	6,000.00	1,500.00	-	-
DePuy SpineA Johnson & Johnson Company	211,025.00	5,000.00	98,000.00	6,300.00
Designs for Vision, Inc.	4,000.00		-	500.00
Disc Dynamics, Inc.	5,725.00		-	-
Disc Orthopaedic Technologies, Inc.	13,000.00	1,000.00	-	-
DJO Incorporated	16,075.00		-	-
Doctors Research Group, Inc.	6,000.00		-	-
Ellman Innovations	5,725.00		-	-
Elsevier Inc.	-		80,500.00	89,531.00
EMPI (Rehabilitcare)	7,150.00		-	100.00
Empirical Testing Corp.	4,575.00		-	-
Endius, Inc	23,425.00	1,000.00	12,000.00	3,800.00
Endure Medical, Inc.	6,000.00	1,500.00	-	-
E-vents Registration LLC	-		-	3,250.44
Exactech, Inc	12,325.00		-	-
Fehling Surgical Instruments Inc	6,000.00	1,000.00	-	-
Fonar Corp.	46,000.00	1,000.00	-	500.00
FzioMed, Inc.	6,000.00	1,000.00	-	-
Gauthier Biomedical, Inc.	6,000.00	1,000.00	-	-

North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
GE Healthcare	18,900.00		-	500.00
Ghost Productions, Inc.	-		-	(2,500.00)
Globus Medical Inc.	57,350.00	5,000.00	-	-
GM Reis	4,000.00		-	-
gSource LLC	3,000.00	1,000.00	-	-
HydroCision, Inc.	6,600.00		-	500.00
IDEX Medical	5,150.00		-	-
IMds	9,475.00		-	-
Impliant Ltd.	9,725.00		-	-
Industrial Pharmacy Management	4,000.00		-	-
Inion Inc.	6,875.00		-	-
Innomed, Inc.	3,000.00	1,000.00	-	-
Innovasis, Inc.	13,000.00	1,000.00	-	500.00
Innovation Medical Technologies, LLC.	10,025.00	1,000.00	-	-
Innovative Spinal Technologies, Inc.	29,600.00	1,000.00	-	500.00
Instron Corporation	4,000.00		-	-
Integra	13,150.00		-	-
Integral Orthopedics Inc.	6,000.00	1,000.00	-	-
Interventional Spine, Inc.	7,725.00		-	-
Intrinsic Therapeutics, Inc.	7,800.00		-	-
Invibio, Inc.	7,450.00		-	-
IsoTis OrthoBiologics	20,475.00	1,000.00	-	500.00
Jerome Medical	4,000.00		-	-
Jewel Precision	3,000.00	1,500.00	-	-
Johns Hopkins University School of Medicine	-		-	500.00
Johnson & Johnson Wound Management	8,000.00		-	-
Joimax, Inc.	6,575.00		-	-
K2M	55,725.00	1,000.00	-	5,500.00

North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
Kasios	4,000.00		-	-
Kirwan Surgical Products Inc	4,000.00		-	-
Koros USA, Inc.	6,000.00	1,000.00	-	-
Kyphon Inc.	81,200.00		373,333.00	3,500.00
LDR Spine, Inc.	13,575.00	1,500.00	-	-
Leica Microsystems	13,600.00	1,000.00	-	-
Life Instrument Corporation	13,000.00	1,000.00	3,500.00	-
Life Spine	6,000.00	1,000.00	-	2,800.00
LifeLink Tissue Bank	8,300.00	1,000.00	-	-
LifeNet	19,575.00	5,000.00	-	-
Lippincott, Williams & Wilkins	10,300.00		-	-
Madison Miles	-		-	350.00
Market Access Partners	4,000.00		-	-
Mar-Test Inc	4,000.00		-	-
Mayfield Clinic	-		-	2,050.00
Mayo Clinic	-		-	1,000.00
Mazor Surgical	7,750.00		-	-
MDT Ind. Com. Implantas Orthopedices Ltda.	4,000.00		-	-
MedFinManager	4,000.00		-	-
Medical Justice Services, Inc.	-		-	7,000.00
MEDICREA	8,000.00		-	-
Medicus Partners	-		-	350.00
Medtronic Spinal and Biologics	293,875.00	5,000.00	228,000.00	1,950.00
Metcut Research Inc.	4,000.00		-	-
Micro Touch, Inc.	4,000.00		-	-
Minrad International	9,150.00		-	500.00
MTS Systems Corp.	8,575.00		-	-
Musculoskeletal Transplant Foundation (MTF)	10,600.00	1,500.00	-	-



North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
Nadia International, Inc.	4,000.00		-	-
NeoSpine, LLC	6,000.00	1,000.00	-	-
Nexgen Spine, Inc.	4,575.00		-	-
North Texas Spine Care LLP	-		4,000.00	-
Northwest Tissue Center	4,000.00		-	-
Nueterra Healthcare	4,000.00		-	500.00
NuVasive, Inc.	91,825.00	5,000.00	18,000.00	3,400.00
Olsen Medical, Inc.	8,000.00		-	-
Omni-Tract Surgical	4,000.00		-	-
OR Specific Inc.	3,000.00	1,000.00	-	-
Orchid Design	4,575.00		-	-
Ortho Development Corporation	12,600.00		-	-
Orthofix Inc	42,175.00	1,000.00	10,000.00	-
Orthomerica Products Inc.	3,000.00	1,000.00	-	-
Orthopaedic Institute of Central Jersey	-		-	350.00
Orthopaedic Marketing Group	(4,000.00)		-	-
OrthoRX, Inc.	4,575.00		-	-
Orthovita, Inc	26,800.00	1,000.00	-	-
OSI	17,000.00		-	-
Osteotech, Inc.	46,000.00	1,000.00	-	500.00
Pacific Research Laboratories/Sawbones	4,000.00		-	-
PAK Manufacturing, Inc.	4,000.00		-	-
PARADIGM BioDevices Incorporated	7,600.00	1,000.00	-	-
Paradigm Spine	16,425.00		-	-
Pearson Assessments	2,000.00		-	-
PENTAX Corporation	5,150.00		-	-
Pfiedler Enterprises	-		-	1,000.00
Physicians Management Group	6,250.00		-	100.00

North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
PhysIOM	4,000.00		-	-
Pioneer Surgical Technology	30,775.00	1,000.00	-	-
PMT Corporation	4,000.00		-	-
Precimed	4,575.00		-	-
Prescott's Inc	4,000.00		-	-
Priority Consult	4,000.00		-	-
Pyxidis	6,000.00	1,000.00	-	-
Quality Medical Publishing Inc	4,000.00		-	-
Raymedica, Inc.	10,950.00		-	3,150.00
Regent Surgical Health	3,000.00	1,000.00	-	-
Richard Wolf Medical Instruments	6,000.00	1,000.00	6,000.00	-
Ronda Prothro	300.00		-	-
RS Medical	17,000.00	1,500.00	-	-
Saint Louis University	-		-	500.00
Saunders/Mosby/Elsevier	6,000.00		-	-
Scient'X	27,300.00	1,000.00	-	3,300.00
SeaSpine	19,000.00	1,000.00	-	3,300.00
Sentient Medical Systems	4,000.00		-	-
Sg2	-		-	500.00
Showa Ika Kohgyo Co., Ltd	2,000.00		-	-
Signus Medical	21,000.00	1,000.00	-	-
Silicon Valley Medical Inc.	(4,000.00)		-	-
Silverglide Surgical Technologies Inc	-	1,000.00	-	-
SIM Surgical	-		-	2,800.00
Simulab Corporation	4,000.00		-	-
Sintea Biotech	6,000.00	1,000.00	-	-
SLACK Incorporated	5,725.00		-	-
Smith & Nephew Orthopaedics	10,100.00	1,000.00	-	1,200.00

North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
Solco Biomedical Co., Ltd.	3,575.00	1,000.00	-	-
Sontec Instruments, Inc.	4,000.00		-	-
Spinal Elements, Inc.	13,000.00	1,000.00	-	2,800.00
Spinal Motion, Inc.	10,950.00	1,000.00	-	-
Spine Colorado	-		-	500.00
Spine Surgical Innovation	10,000.00		-	3,400.00
Spine Wave	17,025.00	1,500.00	-	-
Spine-health.com, Inc.	3,000.00	1,000.00	-	-
SpineMark Corporation	4,000.00		-	-
Spineology Inc.	8,300.00	1,000.00	-	-
SpineUniverse.com	4,000.00		-	-
SpineVision, Inc.	18,725.00		-	-
SPINUS, LLC.	3,575.00	1,000.00	-	-
Spire Biomedical, Inc.	3,000.00	1,000.00	-	-
St. Francis Medical Technologies	23,375.00	1,000.00	-	4,800.00
Stryker	180,750.00	5,000.00	43,000.00	-
Surgisoft	575.00		-	-
Surgitel/General Scientific	4,000.00		-	2,800.00
Swiss Spine Institute	-		-	(2,800.00)
Symmetry Medical Inc.	7,750.00		-	-
Syndicom SpineConnect	4,575.00		-	-
Synergetics Inc.	8,000.00		-	-
Synthes Spine	91,700.00	1,000.00	312,000.00	-
TBI/ Tissue Banks International	4,000.00		-	-
TeDan Surgical Innovations, LLC	4,000.00		-	-
Teleflex Medical/KMedic	3,000.00	2,000.00	-	-
Texas Back Institute	-		-	350.00
The Bremer Group Company	8,000.00	1,500.00	-	5,250.00

North American Spine Society  
for the year ending 12/31/2006  
Revenues by Customer

Name	Annual Meeting	Corporations Membership	Contributions Sponsorships & Grants	Advertising & Royalties
The Cleveland Clinic	-		-	2,100.00
The Ulum Group	-		-	700.00
Theken	47,800.00	1,500.00	-	-
Therics, LLC	4,000.00		-	-
Thieme Medical Publishers	4,000.00		-	500.00
Thompson Surgical Instruments Inc	4,000.00		-	-
TissueLink Medical	6,575.00	1,000.00	-	500.00
Titan Health Corporation	4,000.00		-	5,300.00
TranS1 Inc.	27,350.00		-	500.00
Trinity Orthopedics	4,000.00		-	-
U.S. Spine	23,475.00	2,000.00	-	2,800.00
Ulrich Medical USA, Inc.	14,150.00	1,000.00	-	3,300.00
Ultimate Spine, LLC	2,000.00		-	-
Univeristy of California, San Diego	-		-	500.00
unknown	525.00		-	-
VERTEBRON, Inc.	14,725.00	1,000.00	-	-
VQ OrthoCare	2,000.00		-	-
X-Spine Systems, Inc.	4,150.00	1,000.00	-	-
Xtract-All	-		-	(1,600.00)
Zimmer Spine	156,350.00	1,000.00	131,000.00	5,300.00

North American Spine Society  
for the year ending 12/31/2007  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-kind Donations	Advertising & Royalties
Abbott Spine	61,000.00		1,000.00	72.30		-
Academy Avenue Group	-			-		3,050.00
Accutek Testing Laboratory	5,800.00			-		-
Advanced Medical Technologies AG	4,000.00			-		-
Advantis Medical, Inc.	4,000.00			-		-
Aesculap Implant Systems	29,150.00			-		525.00
Al-Kharsa, Safia	-			-		2,205.00
Allen Medical Systems	10,600.00			-		525.00
Allez Spine, LLC	3,000.00			-		-
ALSIUS Corporation	3,000.00			-		-
AlloSource	8,050.00			-		-
Alphatec Spine, Inc.	114,700.00		1,000.00	-		-
Amedica Corp.	22,200.00		1,000.00	-		2,940.00
American Academy of Orthopaedic Surgeons	-			-		17,422.72
AMTI	(1,000.00)			-		-
Anspach Companies	6,575.00		1,500.00	-		-
Anulex Technologies, Inc.	16,775.00			-		525.00
AOSpine North America	4,000.00			-		500.00
Apatech, Inc.	11,600.00			-		-
Applied Recruitment Technologies	-			-		10,650.75
Applied Spine Technologies, Inc.	18,675.00			-		-
Arthro Kinetics	5,150.00			-		-
ArthroCare Spine	24,500.00		1,000.00	-		525.00
Archus Orthopedics, Inc.	500.00			-		-
ASCEND	12,675.00			-		-
ASCOA (Ambulatory Surgical Centers of America)	4,000.00			-		-
Aspen Medical Products	8,000.00			-		-
A-Spine Asia Co., Ltd.	4,150.00		1,000.00	-		-
Atlas Spine, Inc.	7,250.00			-		-
Avalign Technologies	2,300.00			-		-
Axiom Worldwide	4,000.00			-		-
Bacterin International	13,000.00		1,000.00	-		2,100.00
Barney & Barney LLC	3,000.00		1,000.00	-		-
Bauerfeind USA, Inc.	(27,400.00)			-		525.00
Baxter	10,300.00			-		525.00
Baxano, Inc.	500.00			-		-
Benvenue Medical Inc.	1,000.00			-		-
Biocomposites Inc.	4,575.00			-		-
Biomet Spine	84,050.00			60,000.00		-
BioSpine Co., Ltd.	28,000.00		1,000.00	-		-

North American Spine Society  
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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-kind Donations	Advertising & Royalties
Blackstone Medical Inc	80,000.00			-		-
Blue Chip Surgical Center Partners	3,000.00			-		-
BME (BioMedical Enterprises Inc)	4,000.00			-		-
Bone Support AB	12,575.00		1,000.00	-		-
Bose Corporation -Electroforce Systems Group	4,000.00			-		-
Boston Scientific	14,025.00			-		-
BrainLAB	21,600.00			-		-
Britton-Gallagher & Associates Inc.	4,000.00			-		-
BroadWater, Inc.	-			-		500.00
Business Dynamics, LLC.	3,000.00		5,000.00	-		7,213.50
Buxton BioMedical Inc	4,000.00			-		-
Caperian, Inc.	4,000.00			-		-
CareFusion	900.00			-		-
Cardinal Health, V. Mueller Neuro/Spine Products	8,000.00			-		-
Carl Zeiss Meditec, Inc.	16,050.00			-		525.00
Catalis	8,000.00			-		-
Centinel Spine	2,650.00			-		3,308.00
Cervical Spine Research Society	-			-		500.00
Cervitech, Inc.	14,875.00		1,000.00	-		-
ChartLogic, Inc.	8,000.00			-		-
Choice Spine	13,000.00		1,000.00	-		-
Cincinnati Children's Hospital Medical CenterDiv. Pediatric Orthopaedic Surg.	-			-		600.00
Citow Cervical Visualizer	4,000.00			-		-
Clarian Health	-			-		2,940.00
Clarus Medical, LLC	3,000.00		1,000.00	-		-
Cleveland Clinic Global Patient Services	1,000.00			-		-
Codonics	4,000.00			-		525.00
Collagen Matrix, Inc.	4,000.00			-		-
Covidien Biosurgery	24,500.00		1,000.00	-		-
CrossCurrent, Inc.	4,000.00			-		2,100.00
Custom Spine, Inc.	15,950.00		1,000.00	-		-
CryoLife Europa, Ltd.	3,900.00			-		-
Cybertech Medical	8,000.00			-		-
Cytonics Corporation	4,150.00		1,000.00	-		-
Danco Anodizing	4,000.00			-		-
Daroga	3,000.00			-		-
DePuy SpineA Johnson & Johnson Company	185,000.00		5,000.00	200,000.00		1,890.00
Designs for Vision, Inc.	4,000.00			-		525.00
Disc Dynamics, Inc.	4,000.00			-		-
Disc Motion Technologies	6,875.00			-		-

North American Spine Society  
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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-kind Donations	Advertising & Royalties
Disc Orthopaedic Technologies, Inc.	4,000.00			-		-
DJO Incorporated	14,325.00			-		-
Doctors Research Group, Inc.	7,575.00			-		-
Dynamic Clinical Systems	3,000.00			-		-
Eden Spine LLC	3,575.00		1,000.00	-		-
Elliquence LLC	1,150.00			-		-
Ellman Innovations	4,000.00			-		-
Elsevier, Inc.	4,000.00			75,000.00		110,366.00
EMPI, Inc.	6,300.00			-		-
Empirical Testing Corp.	6,725.00			-		-
Endius, Inc	1,800.00			-		-
Endure Medical, Inc.	3,000.00		1,000.00	-		-
Exactech, Inc	39,275.00		1,000.00	-		-
Facet Solutions, Inc.	10,675.00		1,000.00	-		-
Fehling Surgical Instruments Inc	6,000.00		1,000.00	-		-
Flagship Surgical, LLC	4,000.00			-		-
Fonar Corp.	28,000.00		1,000.00	-		-
FzioMed, Inc.	6,000.00		1,000.00	-		-
Gauthier Biomedical, Inc.	6,000.00		1,000.00	-		-
GE Healthcare	7,725.00			-		-
Ghost Productions, Inc.	4,000.00			-		-
Ghadijally, James A.	-			-		1,102.50
Genovese, Cheryle	-			-		500.00
Glacier Cross, Inc.	4,000.00			-		-
Globus Medical Inc.	107,150.00		1,000.00	-		-
Gore & Associates	8,000.00			-		-
Ghost Productions, Inc.	-			-		3,780.00
GS Medical Co., Ltd.	4,575.00			-		-
gSource LLC	3,000.00			-		-
Harvest Technologies Corp	4,575.00			-		-
HydroCision, Inc.	9,450.00			-		525.00
IDEX Medical	5,150.00			-		-
IMds	7,025.00		6,000.00	-		-
Impliant Ltd.	9,725.00			-		-
Inion Inc.	12,325.00			-		-
Innomed, Inc.	4,000.00			-		-
Innovasis, Inc.	19,000.00		1,000.00	-		525.00
Innovation Medical Technologies, LLC.	2,875.00			-		-
Innovative Spinal Technologies, Inc.	28,175.00		1,000.00	-		5,061.00
Instron Corporation	4,000.00			-		-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-kind Donations	Advertising & Royalties
In'tech Medical	5,150.00			-		-
Integra	18,325.00			-		-
Interventional Spine, Inc.	19,025.00			-		-
Intrinsic Therapeutics, Inc.	17,000.00			-		-
Invibio, Inc.	12,025.00			-		-
Invuity, Inc.	8,575.00			-		-
IsoTis OrthoBiologics	13,000.00			-		-
ISOTIS SA	3,300.00			-		-
ISTO Technologies, Inc.	7,725.00		1,000.00	-		-
Jewel Precision	4,000.00			-		-
Johnson & Johnson Wound Management	8,000.00			-		-
Joimax, Inc.	9,800.00			-		-
K2M	63,475.00			-		8,857.00
Kasios	5,150.00			-		-
Kimberly-Clark	8,725.00			9,000.00		-
Kirwan Surgical Products Inc	4,000.00			-		-
Koros USA, Inc.	3,300.00		1,000.00	-		-
Kuros Biosurgery AG	500.00			-		-
Kyphon Inc.	77,800.00			75,000.00		-
Kyungwon Medical Co., Ltd.	3,900.00			-		-
Lanx, LLC	17,500.00			-		-
L'Archet 2 Hospital	-			-		500.00
LDR Spine, Inc.	31,650.00		1,000.00	-		-
Leica Microsystems	13,000.00		1,000.00	-		-
Life Instrument Corporation	10,800.00		1,000.00	84,015.00	84,015.00	-
Life Spine	38,500.00		1,000.00	-		2,940.00
LifeLink Tissue Bank	13,000.00		1,000.00	-		525.00
LifeNet	13,000.00			-		-
Lippincott, Williams & Wilkins	4,575.00			-		-
Mar-Test Inc	(4,000.00)			-		-
Mazor Surgical	11,025.00		1,000.00	-		-
MedFinManager	11,000.00		1,000.00	-		-
MCRA, LLC/VCO	6,875.00			-		-
Medical Justice Services, Inc.	-			-		3,500.00
MediCepts, Inc.	3,000.00		1,000.00	-		-
MEDICREA	33,575.00			-		-
Medikon	3,000.00			-		-
Medtronic Spinal and Biologics	342,800.00	6,000.00	1,000.00	449,333.00		6,734.00
Mizuho OSI	(1,125.00)			-		-
Micro Peciision Swiss	4,000.00			-		-



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for the year ending 12/31/2007  
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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-kind Donations	Advertising & Royalties
MIH International M-Brace	10,000.00			-		-
Millenium Research Group	4,000.00			-		-
Minrad International	23,000.00			-		-
Mobile Design Technologies, Inc.	4,000.00			-		-
MTS Systems Corp.	4,575.00			-		-
Musculoskeletal Transplant Foundation (MTF)	11,175.00		1,000.00	-		-
N Spine, Inc.	8,875.00		1,000.00	-		-
Nadia Internaional, Inc.	(4,000.00)			-		-
National Committee on Quality Assurance	4,000.00			-		-
Novid Surgical, LLC	4,000.00			-		-
Nexgen Spine, Inc.	(2,275.00)			-		-
Nueterra Healthcare	4,000.00			-		-
NuVasive, Inc.	105,025.00			18,000.00		1,234.00
Olsen Medical, Inc.	6,000.00		1,000.00	-		-
Omni-Tract Surgical	4,000.00			-		-
Optec, Inc	4,000.00			-		-
OR Specific Inc.	3,000.00		1,000.00	-		-
Orchid Design	5,000.00			-		-
Orchid Orthopedic Solutions	(1,000.00)		1,000.00	-		-
Ortho Development Corporation	11,450.00			-		-
Orthofix Inc	26,725.00		1,000.00	6,000.00		3,780.00
Orthomerica Products Inc.	6,000.00		1,000.00	-		525.00
Orthopaedic Research and Education Foundation	-			40,500.70		-
OrthoRX, Inc.	4,000.00			-		-
ORTHOsoft R & D Inc.	4,575.00			-		-
Orthovita, Inc	30,575.00		1,000.00	-		-
Osprey Biomedical Corp.	4,000.00			-		-
Ossacur AG	3,000.00			-		-
Ossur Spine	4,300.00			-		-
Osteotech, Inc.	46,000.00		1,000.00	-		-
PARADIGM BioDevices Incorporated	5,600.00		1,000.00	-		-
Paradigm Spine	19,250.00			-		-
PENTAX Corporation	4,000.00			-		-
Phoenix Ortho	4,575.00			-		-
Physicians Management Group	5,800.00			-		-
Pinnacle III	4,000.00			-		-
Pioneer Surgical Technology	37,550.00		1,000.00	-		-
Phygen, LLC	3,225.00		1,000.00	-		-
PMT Corporation	4,000.00			-		-
Precision Medical Technologies, Inc.	3,575.00		1,000.00	-		-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-kind Donations	Advertising & Royalties
Priority Consult	(4,000.00)			-		-
Prescott's Inc	4,000.00			-		-
PROTECH Radiation Safety Products	4,000.00			-		-
Pyxidix	6,000.00		1,000.00	-		-
Quality Medical Publishing Inc	4,000.00			-		-
Raymedica, Inc.	8,000.00			-		-
Regent Surgical Health	3,000.00			-		-
Richard Wolf Medical Instruments	13,375.00			6,000.00		-
RJ Lee Group, Inc.	4,000.00			-		525.00
RS Medical	8,375.00			-		-
RSB Spine	(4,000.00)			-		1,134.00
Salient Surgical Technologies	4,025.00			-		525.00
Sawbones	(4,000.00)			-		-
Sawyer, Kay	3,000.00			-		-
Scient'X	28,600.00		1,000.00	12,000.00		-
SeaSpine	(14,050.00)			-		-
Sentient Medical Systems	4,575.00			-		-
Showa Ika America	5,125.00			-		-
Showa Ika Kohgyo Co., Ltd	13,175.00		1,000.00	-		-
Sienmens Medical Solutions USA, Inc.	(8,000.00)			-		-
Signus Medical	14,800.00		1,000.00	-		-
Sintea Biotech	2,300.00		1,000.00	-		-
Simulab Corporation	4,000.00			-		-
Sintea Biotech	6,000.00			-		-
SLACK Incorporated	4,000.00			-		-
Smith & Nephew Orthopaedics	11,550.00			-		525.00
Smith, Jill	-			-		500.00
Society for Biomaterials	-			-		500.00
Solco Biomedical Co., Ltd.	9,750.00		1,000.00	-		-
Solstice Medical	5,150.00			-		525.00
Sontec Instruments, Inc.	-			14,300.00	14,300.00	-
Spinal Elements, Inc.	15,675.00			-		13,729.50
Spinal Kinetics	6,025.00			-		2,940.00
Spinal Motion, Inc.	2,050.00			12,000.00		2,940.00
Spine Care USA Ltd. LLP	-			-		367.50
Spine Colorado	-			-		500.00
Spine Smith, LP	18,150.00			-		-
Spine Surgical Innovation	11,525.00			-		7,796.25
Spine Wave	16,450.00	9,435.00		-		-
SpineFrontier Inc.	2,075.00		1,000.00	-		2,940.00

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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-kind Donations	Advertising & Royalties
Spine-health.com, Inc.	6,000.00		1,000.00	-		-
SpineMark Corporation	6,175.00			-		-
SpineMED - CERT Health Sciences	4,575.00			-		-
Spineology Inc.	7,450.00			-		-
SpineVision, Inc.	10,100.00		1,000.00	-		2,940.00
Spire Biomedical, Inc.	3,000.00			-		-
Stryker	198,200.00	5,905.00	1,000.00	455,000.00		-
SurgCenter Development	4,575.00			-		-
Surgical Outcome Support, Inc.	3,000.00		1,000.00	-		3,250.00
Surgical Reimbursement Specialists	-			-		3,780.00
Surgitel/General Scientific	4,000.00			-		1,890.00
Syndicom SpineConnect	4,000.00			-		-
Symmetry Medical Inc.	4,925.00		1,000.00	-		-
Syndicom SpineConnect	1,725.00			-		-
Synergetics Inc.	4,000.00			-		-
Synthes Spine	54,525.00			73,000.00		-
TeDan Surgical Innovations, LLC	4,000.00			-		-
Teleflex Medical/KMedic	6,000.00		1,000.00	-		-
Texas Back Institute	-			-		367.50
Martha Tobin, The Cleveland Clinic	-			-		500.00
The Bremer Group Company	7,800.00			-		6,765.00
The NeuroMatrix Group	4,000.00			-		-
Thelen Advertising	-			-		350.00
Theken	48,950.00			-		-
Tipmed Limited Company	3,300.00			-		-
Thieme Medical Publishers	-			-		525.00
Thompson Surgical Instruments Inc	4,575.00			-		-
TissueLink Medical	6,000.00		(1,000.00)	-		-
Titan Health Corporation	4,000.00			-		-
Titan Spine	3,150.00		1,000.00	-		-
TotalChart	5,000.00			-		-
TranS1 Inc.	29,075.00			6,000.00		525.00
Trimeddyne Inc	4,000.00			95,000.00		-
Trinity Orthopedics	(3,000.00)			-		-
TST R. Medical Devices	2,600.00			-		-
TVC	4,000.00			-		-
U.S. Spine	26,150.00			-		3,780.00
University At Buffalo Neurosurgery Inc.	-			-		350.00
Ulrich Medical USA, Inc.	17,000.00			-		525.00
Varian Medical Systems	17,000.00			-		-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-kind Donations	Advertising & Royalties
Vertebration, Inc.	13,000.00		1,000.00	-		2,178.75
VERTEBRON, Inc.	13,000.00		1,000.00	-		-
Verticor, Ltd.	5,725.00			-		-
VertiFlex	20,175.00			-		2,940.00
Vision Tree Software, Inc.	4,000.00			-		-
VQ OrthoCare	5,150.00			-		-
Wiggins Medical	2,000.00			-		-
WL Gore & Associates Inc	9,250.00			-		2,646.00
X-Spine Systems, Inc.	8,875.00			-		-
Zimmer Spine	206,625.00		1,000.00	60,000.00		1,134.00
ZymoGenetics, Inc.	4,000.00			-		-
unknown	-			-		(1,204.00)
Rental within NASS	-	22,160.00		-		-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
Abbott Spine	-			67.20		-
Accutek Testing Laboratory	3,000.00		1,000.00	-		-
Advanced Medical Technologies AG	8,000.00			-		-
Aesculap Implant Systems	36,475.00		5,000.00	-		-
Allen Medical Systems	6,000.00		1,000.00	-		525.00
Alliance Surgical Distributors	4,000.00			-		3,600.00
Alphatec Spine, Inc.	81,950.00		1,000.00	16,000.00		5,240.00
ApaTech, Inc.	-			-		3,217.50
Amedica Corp.	17,600.00		1,000.00	-		2,775.00
American Academy of Physical Medicine and Rehabilitation	-	21,796.00		-		-
American Academy of Orthopedic Surgeons	-			-		9,474.43
American Society for Surgery of the Hand	-	31,610.00		-		-
AMTI	5,000.00			-		-
Anspach Companies	7,150.00		1,000.00	-		-
Anulex Technologies, Inc.	11,750.00			-		525.00
AOSpine North America	5,150.00			-		-
Apatech, Inc.	22,950.00		1,000.00	-		525.00
Applied Recruitment Technology	-			-		12,631.46
Applied Spine Technologies, Inc.	9,525.00		1,000.00	-		-
Aptic Superbones	3,000.00		1,000.00	-		-
Arthro Kinetics	4,000.00			-		-
ArthroCare Spine	18,750.00		5,000.00	1,000.00		525.00
Archus Orthopedics, Inc.	7,025.00		1,000.00	-		-
ASCOA (Ambulatory Surgical Centers of America)	4,000.00			-		-
Aspen Medical Products	8,000.00			-		-
A-Spine Asia Co., Ltd.	4,725.00		1,000.00	-		-
AST Capital Trust Company	-			10,000.00		-
Automated Healthcare Solutions	5,150.00			-		-
Advantis Medical (Avalign Technologies)	6,300.00			-		-
Backjack by BioSkin	4,000.00			-		-
Bacterin International	6,725.00			-		-
Barney & Barney LLC	3,000.00		1,000.00	-		-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
Bauerfeind USA, Inc.	40,000.00			-		-
Baxter	13,525.00			-		525.00
Baylis Medical	7,800.00			-		-
Berkeley Advanced Biomaterials, Inc.	4,000.00			-		-
Biocomposites Inc.	9,725.00			-		-
Biomet Spine	65,650.00		1,000.00	-		-
Biotronic NeuroNetwork	5,150.00			-		-
Biospace Med Total	9,500.00			8,750.00		-
Blue Chip Surgical Center Partners	3,000.00		1,000.00	-		4,605.00
Bone Support AB	8,000.00			-		-
Bose Corporation -Electroforce Systems Group	(2,000.00)			-		-
Boston Scientific	8,575.00			-		-
Bradshaw Medical, Inc.	5,875.00		1,000.00	-		-
BrainLAB	21,600.00			-		-
Britton-Gallagher & Associates Inc.	4,000.00			-		-
BroadWater, Inc.	-	19,035.00		-		-
Business Dynamics, LLC.	3,000.00		1,000.00	-		12,096.00
Buxton BioMedical Inc	4,000.00			-		-
CareFusion	8,300.00			-		-
Carl Zeiss Meditec, Inc.	10,300.00			-		-
Centinel Spine	12,375.00			-		-
Cervical Spine Research Society	-			-		500.00
Cervitech, Inc.	10,875.00		1,000.00	-		3,025.00
Champion Exposition Services	-			40,000.00		-
ChoiceSpine	19,000.00		1,000.00	-		-
Citagenix	4,575.00			-		-
Citow Cervical Visualizer	4,000.00			-		-
Clarian Health	-			-		2,571.25
Clarus Medical, LLC	3,000.00		1,000.00	-		-
Codonics	4,000.00			-		-
Collagen Matrix, Inc.	4,575.00			-		3,025.00
Covidien Biosurgery	13,475.00		1,000.00	-		-

North American Spine Society  
for the year ending 12/31/2008  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
CrossCurrent, Inc.	4,000.00			-		-
Custom Spine, Inc.	4,150.00		1,000.00	-		525.00
Cybertech Medical	6,000.00		1,000.00	-		-
Danco Anodizing	4,000.00			-		-
DePuy SpineA Johnson & Johnson Company	165,975.00	20,095.00	5,000.00	74,600.00		3,171.00
DeRoyal	4,000.00			-		-
Designs for Vision, Inc.	4,000.00			-		525.00
DFine	10,325.00			-		5,765.00
Disc Dynamics, Inc.	4,575.00			-		-
Disc Motion Technologies	8,575.00			-		-
DJO Incorporated	17,750.00			-		3,550.00
Doctors Research Group, Inc.	9,725.00			-		-
Eden Spine LLC	5,150.00		1,000.00	-		-
Elekta Instruments	4,000.00			-		-
Elliquence LLC	5,725.00			-		-
Elsevier Science	4,575.00			83,524.79		110,629.00
Empirical Testing Corp.	3,575.00		1,000.00	-		-
Endure Medical, Inc.	3,000.00		1,000.00	-		-
ENJ Financial Designs	4,000.00			-		-
Etex	5,150.00			-		-
Esate	4,000.00			-		-
Ethicon Endo-Surgery	12,025.00			-		525.00
Exactech, Inc	18,875.00		1,000.00	-		-
Exponent, Inc.	4,575.00			-		-
Facet Solutions, Inc.	5,450.00		1,000.00	-		-
Fehling Surgical Instruments Inc	6,000.00		1,000.00	-		-
Flagship Surgical, LLC	4,000.00			-		-
Frontline Marketing	4,000.00			-		-
FzioMed, Inc.	6,000.00		1,000.00	-		-
Gauthier Biomedical, Inc.	6,000.00		1,000.00	-		-
GE Health Care	-			-	610,520.00	-
Ghost Productions, Inc.	4,000.00			-		1,260.00

North American Spine Society  
for the year ending 12/31/2008  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
Globus Medical Inc.	91,875.00		1,500.00	-		-
GS Medical Co., Ltd.	8,575.00			-		-
gSource LLC	3,000.00		1,000.00	-		-
Greatbatch Medical, Inc.	5,150.00			-		-
Hoogland Spine Products GmbH	4,000.00			-		-
HRA Research	4,575.00			-		-
HydroCision, Inc.	13,750.00		1,000.00	-		525.00
IDEX Medical	4,000.00			-		-
IMds	8,150.00		1,000.00	-		-
Impliant Ltd.	8,025.00			-		-
Impulse Monitoring	4,575.00		1,000.00	-		-
Inion Inc.	9,150.00			-		-
Innomed, Inc.	4,000.00			-		-
Innovasis, Inc.	19,000.00		1,000.00	-		525.00
Innovation Medical Technologies, LLC.	3,125.00			-		-
Innovative Spinal Technologies, Inc.	25,000.00		1,000.00	-		-
Instron Corporation	4,000.00			-		-
In'tech Medical	4,000.00			-		-
Integra	64,525.00		1,000.00	-		5,965.00
International Spine Intervention Society	-	14,993.60		-		2,722.50
Interventional Spine, Inc.	23,325.00		1,000.00	750.00		-
Intrinsic Therapeutics, Inc.	10,300.00			-		-
Invibio, Inc.	10,300.00			-		-
Invuity, Inc.	6,300.00		1,000.00	-		-
ISTO Technologies, Inc.	7,150.00		1,000.00	-		3,025.00
Jemo Spine	6,000.00		1,000.00	-		-
Jewel Precision	4,000.00			-		-
Joimax, Inc.	5,150.00			-		-
Journal of Bone and Joint Surgery	4,000.00			-		-
K2M	60,075.00		1,000.00	25,000.00		7,920.00
Kasios	4,000.00			-		-
Kimberly-Clark	6,300.00			-		-



North American Spine Society  
for the year ending 12/31/2008  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
Kirwan Surgical Products Inc	4,000.00			-		-
Koros USA, Inc.	4,000.00			-		-
Lanx, LLC Total	20,075.00			-		-
LDR Spine, Inc.	23,600.00		1,000.00	-		-
Leica Microsystems	9,000.00		1,000.00	-		-
Life Instrument Corporation	9,000.00		1,000.00	2,500.00		-
Life Spine	20,500.00		1,000.00	-		3,025.00
LifeLink Tissue Bank	13,000.00		1,000.00	-		3,025.00
LifeNet	17,000.00			-		-
Lippincott, Williams & Wilkins	4,000.00			-		-
Mar-Test Inc	7,000.00		1,000.00	-		-
Mazor Surgical Technologies	10,725.00		1,000.00	-		-
Medi USA	5,150.00			-		-
MEDICREA	13,000.00		1,000.00	-		-
Medtronic Spinal and Biologics	306,725.00	62,110.00	5,000.00	26,000.00		20,113.50
Medyssey Co., Ltd.	8,000.00			-		-
Memphis Regional Chamber	-			-		2,250.00
Millenium Research Group	4,300.00			-		-
Minrad International	17,600.00			-		-
minSurg Corporation	5,150.00			-		525.00
Mizuho OSI	21,000.00			-		-
MTS Systems Corp.	8,000.00			-		-
Musculoskeletal Transplant Foundation (MTF)	7,150.00		1,000.00	-		-
Nadia International, Inc.	8,000.00			-		-
Nexgen Spine, Inc.	9,150.00			-		-
NovaBone Products, L.L.C.	4,000.00			-		-
Novid Surgical, LLC	4,000.00			-		-
Nucleus Medical Art	4,000.00			-		-
Nurospine Co. LTD	4,000.00			-		-
Nutech Medical, Inc.	5,150.00			-		-
NuVasive, Inc.	105,125.00		5,000.00	30,000.00		9,671.00
Olsen Medical, Inc.	3,000.00		1,000.00	-		-

North American Spine Society  
for the year ending 12/31/2008  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
Omni-Tract Surgical	4,000.00			-		-
Optec, Inc	4,000.00			-		-
OR Specific Inc.	4,000.00		1,000.00	-		-
Orchid Design	4,000.00			-		-
Orchid Orthopedic Solutions	6,300.00			-		-
Ortho Development Corporation	9,150.00			-		-
Orthofix Inc	97,650.00	19,890.00	2,000.00	10,000.00		7,025.00
Orthomerica Products Inc.	3,000.00		1,000.00	-		525.00
Orthopedic Design & Technology	4,000.00			-		-
Orthopaedic Research and Education Foundation	-			24,000.00		-
Orthovita, Inc	23,600.00		1,500.00	-		525.00
Osprey Biomedical Corp.	4,000.00			-		-
OSD	4,000.00			-		-
Ossur Americas	4,000.00			-		-
Osteotech, Inc.	61,300.00		1,000.00	-		-
Pacific Research Laboratories/Sawbones	4,000.00			-		-
PAK Manufacturing, Inc.	4,575.00			-		-
PARADIGM BioDevices Incorporated	5,300.00		1,000.00	-		-
Paradigm Spine	20,075.00			-		-
Pega Medical	4,000.00			-		-
Performance Grafts, Inc.	3,000.00		1,000.00	-		-
Pfiedler Enterprises	-	28,340.00		-		-
Phygen, LLC	-		1,000.00	-		-
Physician's Choice Consulting	4,000.00			-		-
Pioneer Surgical Technology	28,775.00		1,000.00	750.00		3,550.00
PMT Corporation	4,000.00			-		-
Potential Services	4,000.00			-		-
Precision Medical Technologies, Inc.	3,575.00		1,000.00	-		-
Prescott's Inc	4,000.00			-		-
Priority Consult	4,000.00			-		-
Pyxidis	6,000.00		1,000.00	-		-
Quality Medical Publishing Inc	4,000.00			-		-

North American Spine Society  
for the year ending 12/31/2008  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
Quinn Medical	4,000.00			-		-
Regent Surgical Health	3,000.00		1,000.00	-		-
Richard Wolf Medical Instruments	7,150.00			6,000.00		-
RS Medical	6,000.00		1,000.00	-		-
RSB Spine	10,650.00			-		6,156.00
Salient Surgical Technologies	12,100.00		1,000.00	-		3,550.00
Sandvik Medical Solutions	4,000.00			-		-
Sawbones	4,000.00			-		-
Scient'X	22,750.00		1,000.00	-		3,025.00
SeaSpine	47,100.00		1,000.00	-		5,965.00
Showa Ika Kohgyo Co., Ltd	4,600.00		1,000.00	-		-
Siemens Medical	6,000.00			-		-
Signus Medical	13,000.00		1,000.00	-		-
Sintea Biotech	-		1,000.00	-		-
Simulab Corporation	4,000.00			-		-
Sintea Biotech	6,000.00			-		-
SLACK Incorporated	4,000.00			-		-
Smith & Nephew Orthopaedics	10,025.00		1,000.00	-		-
Solco Biomedical Co., Ltd.	5,300.00		1,000.00	-		-
Spinal Elements, Inc.	13,600.00		1,000.00	-		6,815.00
Spinal Kinetics	9,150.00			-		-
Spinal Motion, Inc.	16,950.00		1,000.00	-		3,025.00
Spine Arthroplasty Society	-			-		500.00
Spine Smith, LP	21,050.00			-		-
Spine Surgical Innovation	6,000.00		1,000.00	-		7,025.00
Spine Universe	-	12,000.00		-		-
Spine Wave	21,050.00	7,590.00	1,500.00	6,000.00		525.00
Spineart	4,575.00			-		-
SpineFrontier Inc.	12,000.00		1,000.00	-		3,025.00
Spine-health.com, Inc.	6,000.00		1,000.00	-		-
SpineMark Corporation	4,575.00			-		3,042.50
SpineMatrix, Inc.	9,150.00		1,000.00	-		525.00

North American Spine Society  
for the year ending 12/31/2008  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
SpineMED - CERT Health Sciences	6,650.00			-		5,765.00
SpineNet, LLC.	4,000.00			-		-
Spineology Inc.	6,450.00		1,000.00	-		-
Spinetronics, LLC	4,000.00			-		-
SpineVision, Inc.	6,575.00		1,000.00	-		3,025.00
SpineWorks, LLC	4,000.00			-		-
SPINUS, LLC.	3,575.00		1,000.00	-		-
Spire Biomedical, Inc.	3,000.00		1,000.00	-		-
St. Jude Medical, Neuromodulation Division	4,575.00			-		5,240.00
Stryker	155,825.00	82,315.00	5,000.00	218,000.00		3,525.00
Surgical Outcome Support, Inc.	3,000.00		1,000.00	-		-
Surgical Reimbursement Specialists	-			-		1,260.00
Surgitel/General Scientific	4,575.00			-		6,607.50
Symmetry Medical Inc.	12,325.00		1,000.00	-		-
Syndicom SpineConnect	5,725.00			-		-
Synthes Spine	61,875.00		1,000.00	38,000.00		-
Tae Yeon Medical Co., Ltd.	5,150.00			-		-
TBI/ Tissue Banks International	4,000.00			-		-
TeDan Surgical Innovations, LLC	4,575.00			-		-
Teleflex Medical/Kmedic OEM	6,000.00		1,000.00	-		-
The Bremer Group Company	6,000.00		1,000.00	-		8,599.50
The Homampour Law Firm OLC	-			50.00		-
Thieme Medical Publishers	4,000.00			-		525.00
Thompson Surgical Instruments Inc	4,000.00			-		525.00
Titan Spine	6,725.00		1,000.00	-		-
TranS1 Inc.	43,350.00			-		-
Trimeddyne Inc	4,000.00			-		-
Trinity Orthopedics	12,000.00			-		-
U&I Corporation	3,500.00			-		-
U.S. Spine	25,575.00		1,000.00	750.00		6,500.00
Ulrich Medical USA, Inc.	13,575.00		1,500.00	-		525.00
Vertebration, Inc.	-			-		1,260.00

North American Spine Society  
for the year ending 12/31/2008  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Contributions Sponsorships & Grants	In-Kind Donations	Advertising & Royalties
VERTEBRON, Inc.	-			-		8,180.00
Verticor, Ltd.	8,000.00			-		5,240.00
Vertos Medical, Inc.	13,175.00			-		525.00
VertiFlex	17,025.00		1,000.00	-		3,550.00
Vision Tree Software, Inc.	4,000.00			-		-
WL Gore & Associates Inc	10,900.00			-		525.00
X-Spine Systems, Inc.	7,725.00		1,000.00	-		525.00
Zimmer Spine	186,900.00		1,000.00	6,000.00		10,196.00
ZymoGenetics, Inc.	8,000.00			-		-
unknown	(3,320.62)		(2,000.00)	3,000.00		-

North American Spine Society  
11 months, ending 11/30/09  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
4uDoctor	14,800.00			-	-
AANS/CNS	-	49,875.00		-	-
Accel LAB Inc.	3,800.00			-	-
Accutek Testing Laboratory	4,000.00			-	-
ACIGI Relaxation/FUJIIRYOKI	4,000.00			-	-
Active Diagnostics, Inc.	4,950.00			-	-
ADMET	300.00			-	-
Advanced Medical Technologies AG/SpineSource, Inc	15,100.00			-	-
Aesculap Implant Systems	29,650.00			-	-
AFCell	5,800.00			-	-
Allen Medical Systems	8,325.00			-	-
Alliance Surgical Distributors, LLC	3,800.00			-	1,200.00
AllMeds	3,800.00			-	-
AlloSource	15,950.00			-	-
Alphatec Spine, Inc.	92,300.00	5,035.00		9,000.00	-
Amedica Corp.	22,225.00			-	4,478.00
American Academy of Orthopedic Surgeons	-			-	11,311.68
American Express OPEN	3,800.00			-	-
American Society for Surgery of the Hand	-	22,131.50		-	-
Anspach Companies	8,750.00			-	-
Anulex Technologies, Inc.	13,875.00			-	-
AOSpine North America	-			-	1,500.00
ApaTech, Inc.	42,325.00			19,500.00	6,810.00
Applied Spine Technologies, Inc.	9,900.00			-	-
Arteriocyte Medical Systems, Inc.	4,375.00			-	-
ArthroCare Spine	24,225.00			-	2,588.00
Aspen Medical Products	10,000.00			-	-
A-Spine Asia Co., Ltd.	4,575.00			-	-

North American Spine Society  
11 months, ending 11/30/09  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Atlas Spine, Inc.	1,900.00			-	-
Automated Healthcare Solutions	16,300.00			-	-
Avalign Technologies	4,950.00			-	-
Averion International Corp.	4,900.00			-	-
Backjack by BioSkin	3,800.00			-	-
Bacterin International, Inc.	15,325.00			-	-
Barney & Barney LLC	4,375.00			-	-
Bauerfeind USA, Inc.	8,125.00			-	-
Baxano, Inc.	10,700.00			-	-
Baxter	13,225.00			-	-
Baylis Medical	4,950.00			-	-
Benvenue Medical Inc.	7,250.00			-	-
Berkeley Advanced Biomaterials, Inc.	7,600.00			-	-
Biocomposites Inc.	8,325.00			-	-
BioCure, Inc.	4,375.00			-	-
Biomatlante	3,800.00			-	-
Biomech - Paonan Biotech Co., Ltd.	4,000.00			-	-
Biomet Spine	76,650.00	26,723.06		12,000.00	-
Biospace Med	7,800.00			-	-
Biotronic NeuroNetwork	3,800.00			-	-
Blue Chip Surgical Center Partners	4,325.00			-	-
Bone Support AB	4,575.00			-	-
Boston Scientific	8,025.00			-	-
Bradshaw Medical, Inc.	10,575.00			-	4,890.00
BrainLAB	15,375.00			-	-
BroadWater, Inc.	-	33,006.00		-	-
Bromedicon	3,150.00			-	100.00
Business Dynamics, LLC.	7,600.00			-	22,128.50

North American Spine Society  
11 months, ending 11/30/09  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Buxton BioMedical Inc	4,000.00			-	-
C & A Tool Engineering, Inc.	4,000.00			-	-
Captiva Spine	5,525.00			-	-
CareFusion	11,250.00			-	-
Carl Zeiss Meditec, Inc.	7,800.00			-	-
Centinel Spine	12,225.00			-	-
Ceremed, Inc.	3,800.00			-	-
Choice Spine	14,800.00			-	-
Citow Cervical Visualizer	3,800.00			-	-
Clarus Medical, LLC	4,375.00			-	-
Collagen Matrix, Inc.	4,525.00			-	3,235.00
ContainMed, Inc.	4,375.00			-	-
Cook Medical	3,800.00			-	4,478.00
CoreWerks, Inc.	4,000.00			-	-
Covidien Biosurgery	18,825.00			-	2,911.00
CrossCurrent, Inc.	4,575.00			-	-
curasan AG	4,375.00			-	-
Custom Spine, Inc.	15,325.00			-	4,508.00
Cybertech Medical	7,800.00			-	-
Danco Anodizing	5,150.00			-	-
DePuy SpineA Johnson & Johnson Company	175,750.00	32,030.00		99,000.00	11,379.00
Designs for Vision, Inc.	4,525.00			-	-
DFine	11,775.00			-	-
Difusion Technologies	3,800.00			-	-
Dio Medical Co., Ltd.	5,525.00			-	-
Disc Dynamics, Inc.	3,800.00			-	-
Disc Motion Technologies, Inc.	4,000.00			-	-
DJO Incorporated	21,125.00			-	-



North American Spine Society  
11 months, ending 11/30/09  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Doctors Research Group, Inc.	17,675.00			-	-
Dynamic Disc Designs Corp.	3,800.00			-	-
Eden Spine LLC	4,000.00			-	-
Elliquence LLC	4,575.00			-	-
Elsevier, Inc.	3,800.00			111,500.00	142,344.00
Eminent Spine	14,800.00			-	-
Empirical Testing Corp.	5,150.00			-	-
Esaote	7,800.00			-	-
Etex	14,800.00			-	-
Ethicon Endo-Surgery	17,050.00			-	-
Exactech, Inc	23,750.00			-	-
Exponent, Inc.	3,800.00			-	-
Fehling Surgical Instruments Inc	7,800.00			-	-
Flagship Surgical, LLC	4,000.00			-	-
FzioMed, Inc.	4,575.00			-	-
Gauthier Biomedical, Inc.	7,800.00			-	-
GE Healthcare	-	1,500.00		-	-
Globus Medical Inc.	114,575.00			24,000.00	-
GloStream, Inc.	3,800.00			-	-
Graftys	3,800.00			-	-
Greatbatch Medical, Inc.	5,525.00			-	-
GS Medical Co., Ltd.	14,800.00			-	-
gSource LLC	4,000.00			-	-
Gulf Coast Billing	4,950.00			-	-
Harvest Technologies Corp	4,950.00			-	-
Hely & Weber	4,375.00			-	-
HHW Technologies, Inc.	4,000.00			-	-
Holmed Corporation	2,200.00			-	1,655.00

North American Spine Society  
11 months, ending 11/30/09  
Revenues by Customer

Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Hoogland Spine Products GmbH	4,000.00			-	-
HRA Research	4,375.00			-	-
Human Touch, LLC	4,000.00			-	-
HydroCision, Inc.	8,325.00			-	-
icotec ag	4,000.00			-	-
I-Flow Corporation	4,000.00			-	-
IMds	12,200.00			-	-
Implant Funding Solutions	3,800.00			-	-
Inion Inc.	4,625.00			-	-
Innovasis, Inc.	21,725.00			-	-
Instron Corporation	3,800.00			-	-
In'tech Medical	4,000.00			-	-
Integra	60,525.00			-	3,235.00
Intelligent Implant Systems	4,575.00			-	-
International Spine Intervention Society	-	21,305.00		-	-
Interventional Spine, Inc.	19,675.00			-	-
Intra Op Monitoring Services, LLC	4,000.00			-	-
Intrinsic Therapeutics, Inc.	7,175.00			-	-
Invibio Biomaterial Solutions, Inc.	17,000.00			-	-
Invuity, Inc.	7,800.00			-	-
ISTO Technologies, Inc.	8,175.00			-	2,558.00
Jemo Spine	7,800.00			-	-
Jewel Precision	4,000.00			-	-
Joimax, Inc.	9,325.00			-	-
Journal of Bone and Joint Surgery	3,800.00			-	-
K2M	101,475.00			-	7,025.80
Karl Storz Endoscopy America	4,000.00			-	-
Kasios	4,000.00			-	-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Kimberly-Clark	6,875.00			-	-
King Pharmaceuticals	3,800.00			-	-
Kirwan Surgical Products Inc	4,000.00			-	-
Koros USA, Inc.	7,800.00			-	-
Kyungwon Medical Co., Ltd.	4,000.00			-	-
Lanx, LLC	52,450.00			-	3,235.00
LDR Spine, Inc.	37,925.00			-	-
Leica Microsystems	4,575.00			-	-
Life Instrument Corporation	14,175.00			3,000.00	-
Life Spine	41,900.00			-	3,235.00
LifeLink Tissue Bank	4,375.00			-	-
LifeNet Health	22,300.00			-	-
Linear Medical Solutions	4,375.00			-	-
Lippincott, Williams & Wilkins	4,000.00			-	-
Manufacturas Solco	4,000.00			-	-
Mar-Test Inc	4,575.00			-	-
MedCure, Inc.	4,000.00			-	-
MedFinManager	3,800.00			-	-
Medical Concepts	4,375.00			-	-
Medical Products Resource	3,800.00			-	-
MEDICREA, USA	16,825.00			-	-
MEDSTRAT, Inc.	3,800.00			-	-
Medtronic Spinal and Biologics	368,800.00	29,778.00		368,333.00	5,822.00
Medyssey Co., Ltd.	7,600.00			-	-
Mid America Learning	3,800.00			-	-
MIH International M-Brace	3,800.00			-	-
Mikai, S.P. A.	1,900.00			-	-
Millenium Research Group	7,800.00			-	-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Minnesota Rubber & Plastics	3,800.00			-	-
minSurg Corporation	5,725.00			-	-
Mizuho OSI	14,800.00			-	-
MTS Systems Corp.	4,000.00			-	-
Musculoskeletal Transplant Foundation (MTF)	10,675.00			-	-
Nada-Chair	3,800.00			-	-
Nadia International, Inc.	3,800.00			-	-
National Medical Solutions, LLC.	3,800.00			-	-
Neuro Alert Monitoring Services	3,800.00			-	-
NeuroAssociates, LLC.	4,575.00			-	-
NeuroTherm	3,800.00			-	-
Nexgen Spine, Inc.	3,800.00			-	-
NovaBone Products, L.L.C.	4,000.00			-	-
Novid Surgical, LLC	3,800.00			-	-
Nucleus Medical Art	4,000.00			-	-
Nutech Medical, Inc.	11,150.00			-	-
NuVasive, Inc.	145,250.00			24,500.00	12,182.00
Oberg Industries	-		1,000.00	-	-
Olsen Medical, Inc.	4,000.00			-	-
Omni-Tract Surgical	3,800.00			-	-
On Target Job	-			-	8,063.33
Optec USA, Inc	6,000.00			-	-
OR Specific Inc.	4,000.00			-	-
Orchid Orthopedic Solutions	15,375.00			-	-
Ortho Development Corporation	11,625.00			-	-
Orthofix Inc	122,575.00	31,910.00		24,000.00	3,605.00
Orthomerica Products Inc.	3,800.00			-	-
Orthoplastics Ltd.	4,000.00			-	-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Orthovita, Inc	37,150.00			50,000.00	-
Osprey Biomedical Corp.	7,600.00			-	-
Osseon Therapeutics, Inc.	6,300.00			-	-
Ossur Americas	5,525.00			-	-
Osteotech, Inc.	50,575.00			-	-
PainDX, Inc.	4,575.00			-	-
PAK Manufacturing, Inc.	3,800.00			-	-
PARADIGM BioDevices Incorporated	4,000.00			-	-
Paradigm Spine	22,175.00			-	-
Paragon Medical	3,800.00			-	-
Partners in Continuing Medical Education	3,800.00			-	-
PD-Rx Pharmaceuticals, Inc.	3,800.00			-	-
Performance Grafts, Inc.	5,800.00			-	-
Pfiedler Enterprises	-	31,895.00		-	-
Physician Owned Surgery Centers	4,000.00			-	-
Physicians Rx Network	4,375.00			-	-
PhysIOM	3,800.00			-	-
Pioneer Surgical Technology	37,075.00			-	-
Plasma Surgical, Inc.	7,600.00			-	-
PMT Corporation	4,575.00			-	-
Precision Medical Technologies, Inc.	3,800.00			-	-
Prescott's Inc	3,800.00			-	-
Priority Consult	3,800.00			-	-
Protech Leaded Eyewear	3,800.00			-	-
Quality Medical Publishing Inc	3,800.00			-	-
Ranier Technology, Ltd.	4,375.00			-	2,950.00
Regent Surgical Health	3,800.00			-	-
Regulatory & Clinical Research Institute, Inc.	3,800.00			-	-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Replication Medical, Inc.	9,100.00			-	4,508.00
Rhausler, Inc.	3,800.00			-	-
Richard Wolf Medical Instruments	15,325.00	24,300.00		-	4,508.00
Rochester Medical Implants	4,000.00			-	-
RRY Publications LLC	6,075.00			-	-
RSB Spine	8,950.00			-	4,508.00
S14 Implants	4,000.00			-	-
Sackett and Associates	-			300.00	-
Salient Surgical Technologies	18,050.00			-	-
Sawbones	4,375.00			-	-
Scale Venture Partners	3,000.00			-	-
Scient'X	32,975.00			-	9,750.00
SeaSpine, Inc.	35,025.00			350.00	3,235.00
Showa Ika America., Ltd	22,175.00			-	-
SI-Bone Inc.	5,475.00			-	-
Siemens Medical Solutions USA. Inc.	7,600.00			-	-
Signus Medical LLC	14,800.00			-	-
Sintea Biotech	8,175.00			-	-
SLACK Incorporated	4,000.00			-	-
SmArtSpine SARL	3,800.00			-	-
Smith & Nephew Biologics & Spine	18,500.00	8,060.00		-	-
Solvay Advanced Polymers	3,800.00			-	-
Soteira, Inc.	14,800.00			-	-
Spinal Elements, Inc.	25,725.00			-	-
Spinal Integration, LLC	3,800.00			-	-
Spinal Kinetics	9,175.00			-	3,235.00
SpinalMotion, Inc.	8,950.00			-	3,235.00
Spinal Simplicity, LLC	3,800.00			-	-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
SpineOne	4,575.00			-	-
Spine Smith, LP	33,350.00			-	-
Spine Surgical Innovation	9,475.00			-	3,235.00
SpineUniverse	4,950.00			-	-
Spine Wave	22,275.00			6,000.00	-
Spineart	21,200.00			-	3,235.00
SpineFrontier Inc.	11,400.00			-	5,165.00
SpineGuard, Inc.	7,250.00			350.00	2,588.00
SpineMark Corporation	4,000.00			-	-
SpineMatrix, Inc.	14,800.00			-	-
SpineMED - CERT Health Sciences	4,000.00			-	-
SpineNet, LLC.	6,100.00			-	-
Spineology Inc.	8,950.00			-	-
SpineView Inc.	7,600.00			-	3,235.00
SpineVision, Inc.	6,100.00			-	-
SpineWorks, LLC	3,800.00			-	-
SPINUS, LLC.	4,000.00			-	-
Spire Biomedical, Inc.	4,000.00			-	-
SRSsoft	4,000.00			-	-
St. Jude Medical, Neuromodulation Division	-	55,330.00		-	-
Stryker	201,000.00	54,760.00		221,000.00	-
Surgitel/General Scientific	3,800.00			-	3,235.00
SurgiTrace, L.L.C.	4,575.00			-	-
Symmetry Medical Inc.	9,525.00			-	-
Syndicom SpineConnect	5,525.00			-	-
Synergetics Inc.	3,800.00			-	-
Synthes Spine	66,000.00	58,635.75		12,000.00	-
Tae Yeon Medical Co., Ltd.	7,600.00			-	-

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Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
TBI/ Tissue Banks International	4,000.00			-	-
TeDan Surgical Innovations, LLC	11,975.00			-	-
Teknimed	7,800.00			-	-
Teleflex Medical/KMedic	9,325.00			-	-
The Bremer Group Company	7,800.00			500.00	5,071.00
The NeuroMatrix Group	4,375.00			-	-
Thieme Medical Publishers	3,800.00			-	-
Thompson Surgical Instruments Inc	8,325.00			-	-
Thorburn Geiger	3,800.00			-	-
Titan Spine	4,575.00			-	-
TranS1 Inc.	55,200.00	3,750.00		12,000.00	100.00
Trimeddyne Inc	3,800.00			-	-
Trinity Orthopedics	4,950.00			-	-
U.S. Spine	28,175.00	11,820.00		-	9,750.00
UCSF/SFGH Orthopaedic Trauma Institute	4,000.00			-	-
Ulrich Medical USA, Inc.	15,325.00			-	-
University Physicians, Inc.	-			1,000.00	-
Vertebral Technologies	8,375.00			8,900.00	-
Vertebration, Inc.	-			-	2,646.00
Verticor, Ltd.	8,750.00			-	-
VertiFlex	22,075.00			-	3,235.00
Vertos Medical, Inc.	1,900.00			-	-
Vexim SAS	3,800.00			-	5,155.00
VG Innovations, LLC	5,150.00			-	-
Vidacare Corporation	4,325.00			-	-
Vision Tree Software, Inc.	3,800.00			-	-
VQ OrthoCare	4,300.00			-	-
WebOps	3,800.00			-	-



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Name	Annual Meeting	SMI Rental	Corporations Membership	Restricted Contributions Grants & Sponsorship	Advertising Advertising & Royalties
Welcom Relief, Inc.	3,800.00			-	-
WL Gore & Associates Inc	13,500.00			-	-
X-Spine Systems, Inc.	17,625.00			-	-
Ziehm Imaging, Inc.	7,600.00			-	-
Zimmer Spine	121,425.00			197,000.00	-
ZymoGenetics, Inc.	7,400.00			-	-