



American College of Surgeons

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January 20, 2010

The Honorable Charles E. Grassley
Ranking Member
United States Senate Committee on Finance
219 Dirksen Senate Office Building
Washington DC 20510

Dear Senator Grassley:

The American College of Surgeons (College) is responding to the request for information from the United States Senate, Committee on Finance, dated December 7, 2009. The College's response includes information from the College and College consolidated subsidiaries: The American College of Surgeons Professional Association and The American College of Surgeons Foundation.

The College is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. The College currently has approximately 77,000 members, including more than 4,000 Fellows in other countries, making it the largest organization of surgeons in the world. Information concerning the College's organization, programs and activities may be found at www.facs.org.

The Senate Finance Committee requested a chart of industry funding. The College's fiscal year end is June 30, so our response includes the years ended June 30, 2006, 2007, 2008 and 2009.

The College is providing two charts. The first chart (Exhibit 1) reflects cash transactions that fall within the guidelines of information requested. Detailed information by company is included in Schedules 1, 2, 3 and 4 of Exhibit 1. The information is summarized by area: Sponsorship, Satellite Symposia, sale of registration lists and contributions. The College has not provided descriptions for College programs such as Operation Giving Back (surgical volunteerism), Scholar-in-Residence, Resident Research Scholarship, etc. College program information is available on the website as noted above.

The second chart (Exhibit 2) is a summary of in-kind commercial support for continuing medical education activities that also fall within the guidelines of information requested. The in-kind commercial support typically involves borrowing medical equipment and use of associated supplies for teaching purposes. The value of the in-kind contributions is provided by the

contributing company and the College does not audit or verify the value. In some instances, the contributing company assigns no value. The College enters into a Letter of Agreement with the contributing company that is used to document the conditions, limitations and restrictions imposed by the College. The agreement also provides a section for the contributing company to disclose the value of the in-kind contribution. Our chart information is based on the information derived from these agreements. Samples of the Letter of Agreement for 2006, 2007, 2008 and 2009 are included as Exhibit 7.

Additional Information

- **Advertising Revenue.** The College is associated with various publications and receives a royalty for the use of the College name and logo. In these instances, there is no advertising revenue paid to the College. These publications include:
 - *Surgery News.* The official newspaper of the American College of Surgeons.
 - *ACS Surgery Principles & Practice.* A textbook of current, practical resource of surgical best practices.
 - *The Journal of the American College of Surgeons.* The official scientific publication of the American College of Surgeons.

The following publication is produced by the College. The printing and distribution costs are covered by the publisher, who retains any advertising revenue generated by the publication.

- *The ACS Bulletin.* A monthly “news magazine” for all members except retired Fellows.

The royalty revenue is not included in the financial chart at Exhibit 1.

- **Annual Meeting Exhibit Space Rental Fees.** The College conducts one of the largest annual surgical meetings domestically and internationally, the Annual Clinical Congress. The Clinical Congress is a scientific and education meeting that is dedicated to enhancing the competence or performance of surgeons to promote the highest quality of care for surgical patients. The meeting reaches an audience of almost 9,000 health care professionals for the purpose of keeping College members and non-ACS physicians abreast of the current status of the art and science of surgery. We provide a highly diversified program of continuing education in all specialties of surgery and in important fields of science, socioeconomic and medical education. The College typically rents a convention center for the education courses, meetings and for health care related exhibit space. The exhibit space rental fees cover the cost of the convention center rental, and they help defray the cost to the College. As such, they are not included in the financial chart at Exhibit 1.

The College provides ACS Policies, Procedures, and Information that is issued to all exhibitors and included on our Web site. The Technical Exhibitors Prospectus from the 95th Annual Clinical Congress is attached as Exhibit 8 and includes items such as

eligibility to exhibit, approval by our Technical Exhibits Committee, prohibitions, applicability of Food and Drug Administration (FDA) regulations and other restrictions. The College complies with the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria and AMA regulations as discussed further.

- American College of Surgeons Insurance Program (Program) and Trust. The College, as a service to members, sponsors various life and health insurance plans, professional liability, and commercial, homeowners and automobile insurance plans for members. Frequent changes have been made since the late 1950s to keep the plans up-to-date. The three primary carriers are New York Life Insurance Company, The Doctors Company and Liberty Mutual Group. All individual eligibility, underwriting, coverage and claim decisions are made by the carriers. The College intercedes on members' behalf to expedite review of decisions and to impact the coverage decision. The plans are marketed under the College's name, and the College receives a royalty for the use of its name and logo. Also included is an administrative fee to cover the management of the program. The royalty revenue and administrative fee are not included in the financial chart in Exhibit 1.

In response to questions from the Senate Finance Committee:

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

The College does solicit and accept industry funding with both College and industry-imposed restrictions; however, all restrictions must comply with ACS policies and the ACCME Standards. A signed, written agreement must document the terms, conditions, and purpose of the commercial support for continuing medical education activities.

The College is an ACCME Accredited Provider of Continuing Medical Education. As such, the College must be in compliance with the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria and AMA regulations. A copy of the ACCME Standards for Commercial Support is attached as Exhibit 3. Any relevant disclosures of financial relationships of presenters for all accredited continuing medical education programs are disclosed and published, see sample *Clinical Congress Program*, Disclosures excerpt Exhibit 10. Any conflicts, as per ACCME standards, are managed or resolved prior to the presentation.

The Board of Regents of the American College of Surgeons is responsible for the management and control of the business and affairs of the College. The Board of Regents consists of volunteers who are in an active surgical practice when nominated. College Regents have approved an official statement of the College, ST-36 Statement on guidelines for collaboration of industry and surgical organizations in support of continuing education.

The Statement is posted on the College's Web site, was published in the *Bulletin of the American College of Surgeons* and is also attached as Exhibit 4.

The Committee on Development, American College of Surgeons Foundation, approved a policy, Foundation Policy Regarding Contributions from Industry. The policy is attached as Exhibit 5.

The United States Public Health Service (PHS) regulation, "Public Health Service Policies on Research Misconduct," at 42 C.F.R. Section 93.301 requires that all institutions which receive or request support for a PHS research, research-training or research-related grant or cooperative agreement maintain their research misconduct assurance by annually submitting a report to the Office of Research Integrity (ORI). The College's Board of Regents approved a policy and procedure, Policy for Receiving and Responding to Allegations of Scientific Misconduct. The policy is attached as Exhibit 6. The College annually files the required Report on Possible Research Misconduct and has not had any allegations, inquiries and/or investigations in the previous five years or any other matters related to the regulation.

2. If ACS 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.

The information concerning restrictions is included on the schedules of information attached to Exhibit 1 as Schedules 1, 2, 3 and 4.

The Foundation solicits contributions/grants based on the funding needs identified by the College. The majority of the contributions/grants are in response to applications made on behalf of the College for programs fully designed and directed by the College. The Foundation ensures that any restrictions by the donor are within ACCME standards and College policies.

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

The College feels the necessary policies and procedures are currently in place. However, policies and procedures are continuously updated and revised when necessary due to changes in business practices, rules and regulations. The request from the Senate Finance Committee has been shared with the Board of Regents and we will discuss this question at our next Board meeting in February.

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

College Regents approved a Policy and Procedure, Conflict of Interest Policy – Officers-Elect, Board of Regents, Board of Governors Executive Committee, Editor-in-Chief of the *Journal of the American College of Surgeons* and its affiliated organizations. The policy requires annual reporting and provides definitions of a conflict of interest and significant financial interest. The policy requires an annual disclosure statement or more frequently if changes arise that impact a conflict of interest. The Policy is included as Exhibit 9.

5. Please provide the disclosures of outside income filed with your organizations by your top executives and board members.

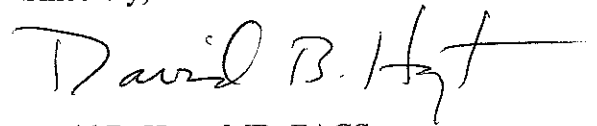
Conflict of Interest disclosure statements which include disclosures of outside income within the guidelines of information requested are as follows:

Year	Leader/Staff	Description	Company
2009	H. Randolph Bailey	Speaking honorariums	Adolor Corp, Glaxo Smith Kline
2009	Carolos A. Pellegrini	Spouse employed	Tyco Healthcare Group LP, Surgical Devices, dba Covidien
2009	Thomas R. Russell	Device royalty – given to the College	Cook Medical
2008	H. Randolph Bailey	Speaking honorariums	Adolor Corp, Glaxo Smith Kline, Merck, Inc.
2008	Carolos A. Pellegrini	Spouse employed	Tyco Healthcare Group LP, Surgical Devices, dba Covidien
2008	Thomas R. Russell	Device royalty – given to the College	Cook Medical
2007	H. Randolph Bailey	Speaking honorariums	Merck, Inc.
2007	Carolos A. Pellegrini	Spouse employed	Tyco Healthcare Group LP, Surgical Devices, dba Covidien
2007	Thomas R. Russell	Device royalty – given to the College	Cook Medical
2006	Carolos A. Pellegrini	Spouse employed	VP Sales, Tyco Healthcare Group, US Surgical
2006	Thomas R. Russell	Device royalty – given to the College	Cook Medical

The College has established procedures in working with industry. The details of any transaction are conducted by staff and follow the established procedures approved by leadership.

If you have any questions, please contact Ms. Gay Vincent, Chief Financial Officer, at (312) 202-5449 or gvincent@facs.org.

Sincerely,

A handwritten signature in black ink that reads "David B. Hoyt". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

David B. Hoyt, MD, FACS
Executive Director

Exhibit 1**American College of Surgeons****Cash Transactions**

<u>Year</u>	<u>Name of Company</u>	<u>Total Annual Amount of Funding</u>	<u>Reason(s) that the Funding was Provided</u>
2006	Various (Detail on Schedules 1 – 4)	\$ 530,893	Fees paid for various Sponsorship opportunities.
2007	“	296,631	“
2008	“	58,800	“
2009	“	280,710	“
2006	Various (Detail on Schedules 1 – 4)	\$ 145,000	Fees for Satellite Symposia
2007	“	176,500	“
2008	“	150,000	“
2009	“	134,500	“
2006	Various (Detail on Schedules 1 – 4)	\$ 69,017	Sale of registration lists
2007	“	35,353	“
2008	“	58,562	“
2009	“	6,438	“
2006	Various (Detail on Schedules 1 – 4)	\$ 659,942	Contributions
2007	“	523,505	“
2008	“	1,165,216	“
2009	“	1,490,332	“

American College of Surgeons
2006 Cash Transactions

Schedule 1

SPONSORSHIP:	
Name of company	Amount of Funding
ADOLOR CORPORATION	\$ 13,000
ASCEND	\$ 307,714
COACH MED GROUP	\$ 1,500
INDUSTRYSOURCE, LLC	\$ 9,200
MEDI-FLEX	\$ 5,800
MERCK	\$ 110,079
NITI MEDICAL TECHNOLOGIES	\$ 5,800
OLYMPUS SURGICAL	\$ 5,800
SANARUS MEDICAL	\$ 1,000
UNITED STATES SURGICAL	\$ 23,000
WYETH PHARMACEUTICALS	\$ 48,000
TOTAL - SPONSORSHIP	\$ 530,893
SATELLITE SYMPOSIA:	
Name of company	Amount of Funding
BIMARK CENTER	\$ 30,000
COOK INCORPORATED	\$ 60,000
ETHICON ENDO-SURGERY	\$ 30,000
RXPERIENCE	\$ 25,000
TOTAL - SATELLITE SYMPOSIA	\$ 145,000
REGISTRATION LISTS:	
Name of company	Amount of Funding
ADVANTAGE MEDICAL SYSTEMS	\$ 4,467
ALOKA	\$ 2,558
APPLIED MEDICAL	\$ 1,828
BARD BIOPSY SYSTEMS	\$ 2,679
B-K MEDICAL	\$ 300
CONMED CORP	\$ 1,521
CONVATEC	\$ 2,479
COOK INCORPORATED	\$ 2,069
DAVOL INC	\$ 2,087
DESIGNS FOR VISION	\$ 2,001
ETHICON ENDOSURGERY	\$ 1,444
ETHICON, INC	\$ 2,672
GE MEDICAL PROTECTIVE	\$ 2,434
GENZYME BIOSURGERY	\$ 2,201
HRA RESEARCH	\$ 525
I-FLOW CORPORATION	\$ 2,247
INCISIVE SURGICAL	\$ 2,100
KAISER PERMANENTE	\$ 2,200
KCI	\$ 3,341
LEMAITRE VASCULAR	\$ 490
MARKET ACCESS PARTNERS	\$ 2,788
OLYMPUS SURGICAL	\$ 2,200
OMNI-TRACT SURGICAL	\$ 2,693
RXPERIENCE	\$ 2,894
SCANLAN INTERNATIONAL, INC	\$ 218
SONOSITE	\$ 2,688
STARSURGICAL, INC	\$ 1,655
SUTURTEK, INC	\$ 2,581
TELEFLEX MEDICAL	\$ 2,469
TERASON	\$ 2,269
TOTAL VEIN SOLUTIONS	\$ 225
VNUS MEDICAL	\$ 2,663
WYETH	\$ 2,034
TOTAL - REGISTRATION LISTS	\$ 69,017

American College of Surgeons
2006 Cash Transactions

Schedule 1

CONTRIBUTIONS:		
Name of Company	Amount of Funding	Reason for Funding and Other Restrictions Placed on Funding (Question # 2)
APPLIED MEDICAL	\$ 15,000	Specified Skills Courses
COOK CRITICAL CARE	\$ 100,000	ACS Scholar-in-Residence
COVIDIEN	\$ 25,000	Specified Skills Courses
ETHICON ENDO-SURGERY	\$ 15,000	Specified Skills Courses - No funds spent for travel expenses and registration fees for specific non-faculty attendees.
ETHICON ENDO-SURGERY	\$ 25,000	Evidence Based Reviews in Surgery, co-sponsored with Canadian Association of General Surgeons.
ETHICON, INC.	\$ 60,000	Resident Research Scholarship - Study of Wound Healing
ETHICON, INC.	\$ 25,000	Evidence Based Reviews in Surgery, co-sponsored with Canadian Association of General Surgeons.
KARL STORZ ENDOSCOPY	\$ 10,000	Specified Skills Courses
MERCK US HUMAN HEALTH	\$ 50,000	Surgical Index Fund
OLYMPUS	\$ 10,000	Specified Skills Courses
PFIZER PHARMACEUTICALS	\$ 195,000	Operation Giving Back: Surgical Volunteerism Award Program. Two awards, (1) domestic and (1) international, sponsor Board of Governor's Award Dinner and remarks by Pfizer representative; travel expenses and program administration.
SCHERING CORPORATION	\$ 50,442	Support for two meetings of the American Joint Committee on Cancer in January 2006 and January 2007 - No funds spent for capital projects, to purchase enduring equipment or supplies, or for non-faculty attendee expenses or travel costs.
STRYKER ENDOSCOPY	\$ 10,000	Specified Skills Courses
WYETH PHARMACEUTICALS	\$ 60,000	Resident Research Scholarship
WYETH PHARMACEUTICALS	\$ 9,500	Trauma Papers Competition
TOTAL - CONTRIBUTIONS	\$ 659,942	

American College of Surgeons
2007 Cash Transactions

Schedule 2

SPONSORSHIP:	
Name of company	Amount of Funding
ADOLOR CORPORATION	\$ 13,000
ALLERGAN MEDICAL	\$ 5,800
BARD BIOPSY SYSTEMS	\$ 7,800
COOPER SURGICAL	\$ 1,000
ETHICON ENDOSURGERY INC	\$ 24,000
I-FLOW CORPORATION	\$ 1,500
NOVARTIS PHARMACEUTICALS	\$ 110,000
SANARUS MEDICAL	\$ 1,000
TISSUE SCIENCE LABORATORIES	\$ 2,900
TYCO HEALTHCARE	\$ 10,631
UNITED STATES SURGICAL	\$ 23,000
WYETH PHARMACEUTICALS	\$ 96,000
TOTAL - SPONSORSHIP	\$ 296,631
SATELLITE SYMPOSIA:	
Name of company	Amount of Funding
ACCURAY, INC	\$ 25,000
ACUTE INNOVATIONS LC	\$ 9,000
ALPHAMEDICA, INC	\$ 25,000
PHARMADURA, LLC	\$ 25,000
PHYSICIANS WORLD	\$ 30,000
SYNERGY	\$ 12,500
VNUS MEDICAL	\$ 25,000
W. L. GORE & ASSOCIATES	\$ 25,000
TOTAL - SATELLITE SYMPOSIA	\$ 176,500
REGISTRATION LISTS:	
Name of company	Amount of Funding
ACUTE INNOVATIONS	\$ 1,787
ALPHA MEDICA	\$ 1,842
APPLIED MEDICAL	\$ 2,133
BARD BIOPSY SYSTEMS	\$ 2,456
B-K MEDICAL SYSTEMS, INC	\$ 2,099
CURRENT	\$ 2,065
DORNIER MEDTECH	\$ 350
ETHICON ENDOSURGERY	\$ 2,329
GENZYME BIOSURGERY	\$ 1,293
GORE & ASSOCIATES	\$ 1,201
HK SURGICAL	\$ 300
INCISIVE SURGICAL	\$ 3,987
JOHNSON & JOHNSON	\$ 1,924
MEDLINE INDUSTRIES, INC.	\$ 300
MEDTRONIC	\$ 1,099
SCANLAN INTERNATIONAL, INC	\$ 208
SMITH & NEPHEW	\$ 2,223
STARSURGICAL, INC	\$ 1,607
TERARECON	\$ 1,847
ULTRASONIX MEDICAL CORP	\$ 1,307
UNITED STATES SURGICAL	\$ 2,695
WYETH PHARMACEUTICALS	\$ 300
TOTAL - REGISTRATION LISTS	\$ 35,353

**American College of Surgeons
2007 Cash Transactions**

Schedule 2

CONTRIBUTIONS:		
Name of Company	Amount of Funding	Reason for Funding and Other Restrictions Placed on Funding (Question # 2)
APPLIED MEDICAL	\$ 10,000	Specified Skills Courses
COOK CRITICAL CARE	\$ 100,000	ACS Scholar-in-Residence
ETHICON ENDOSURGERY	\$ 50,080	Patient Education Brochures - Intestine, colon and rectal procedures.
ETHICON ENDOSURGERY	\$ 25,000	Evidence Based Reviews in Surgery, co-sponsored with Canadian Association of General Surgeons.
ETHICON ENDOSURGERY	\$ 15,000	Specified Skills Courses - No funds spent for travel expenses and registration fees for specific non-faculty attendees.
ETHICON, INC.	\$ 25,000	Evidence Based Reviews in Surgery, co-sponsored with Canadian Association of General Surgeons.
ETHICON, INC.	\$ 60,000	Resident Research Scholarship - Study of Surgical Wound Healing.
OLYMPUS	\$ 5,000	Specified Skills Courses
PFIZER PHARMACEUTICALS	\$ 115,000	Operation Giving Back: Surgical Volunteerism Award Program. Three awards; to support operating expenses of Operation Giving Back; and travel expenses.
SCHERING CORPORATION	\$ 48,425	Review and revision of Melanoma Staging System - No funds spent for capital projects, to purchase enduring equipment or supplies, or for non-faculty attendee expenses or travel costs.
WYETH PHARMACEUTICALS	\$ 60,000	Resident Research Scholarship
WYETH PHARMACEUTICALS	\$ 10,000	Trauma Papers Competition
TOTAL - CONTRIBUTIONS	\$ 523,505	

**American College of Surgeons
2008 Cash Transactions**

Schedule 3

SPONSORSHIP:	
Name of company	Amount of Funding
ADOLOR CORPORATION	\$ 13,700
ALLERGAN MEDICAL	\$ 6,100
BARD BIOPSY SYSTEMS	\$ 6,100
ETHICON ENDOSURGERY	\$ 12,000
SENORX	\$ 11,900
TISSUE SCIENCE LABORATORIES	\$ 9,000
TOTAL - SPONSORSHIP	\$ 58,800
SATELLITE SYMPOSIA:	
Name of company	Amount of Funding
ACUTE INNOVATIONS INC	\$ 10,000
ATRIUM	\$ 12,500
NOVARE SURG SYS INC	\$ 12,500
RXPERIENCE	\$ 30,000
SANOFI AVENTIS US INC	\$ 25,000
SENORX	\$ 50,000
VERIDEX	\$ 10,000
TOTAL - SATELLITE SYMPOSIA	\$ 150,000
REGISTRATION LISTS:	
Name of company	Amount of Funding
ACUTE INNOVATIONS LLC	\$ 1,697
ADOLOR/GSK	\$ 1,655
ANSELL HEALTHCARE	\$ 1,656
APPLIED MEDICAL	\$ 1,958
ARAGON SURGICAL	\$ 4,269
ATRIUM MEDICAL CORP	\$ 1,881
BARD BIOPSY SYSTEMS	\$ 1,656
BAXTER	\$ 2,155
BECTON, DICKINSON AND CO	\$ 2,275
BK MEDICAL	\$ 1,656
BUFFALO FILTER	\$ 2,126
DESIGNS FOR VISION	\$ 1,753
ERBE USA	\$ 1,677
ETHICON ENDOSURGERY	\$ 1,655
ETHICON PRODUCTS	\$ 4,648
GENZYME BIOSURGERY	\$ 1,037
INCISIVE SURGICAL	\$ 1,659
JOHNSON & JOHNSON	\$ 1,660
KAISER PERMANENTE	\$ 2,000
KING PHARMACEUTICALS	\$ 1,656
LIFECCELL CORPORATION	\$ 1,081
OLYMPUS SURGICAL	\$ 1,480
RUBICOR	\$ 1,881
STARSURGICAL, INC	\$ 1,166
SURG RX, INC.	\$ 2,481
TYCO HEALTHCARE	\$ 2,275
VERATHON MEDICAL	\$ 2,570
VERIDEX, LLC	\$ 2,601
WYETH PHARMACEUTICALS	\$ 2,299
TOTAL - REGISTRATION LISTS	\$ 58,562

**American College of Surgeons
2008 Cash Transactions**

Schedule 3

CONTRIBUTIONS:		
Name of Company	Amount of Funding	Reason for Funding and Other Restrictions Placed on Funding (Question # 2)
APPLIED MEDICAL	\$ 20,000	Specified Skills Courses
CIANNA MEDICAL	\$ 1,000	Unrestricted Annual Fund
dba COVIDIEN, unit of Tyco Healthcare Group LP Surgical Devices	\$ 247,500	Fundamentals of Laparoscopic Surgery (FLS): Joint education program between the College and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) to provide the FLS to residency and fellowship training programs in the U.S. and Canada.
ETHICON ENDO-SURGERY	\$ 1,000	Specified Skills Courses - No funds spent for travel expenses and registration fees for specific non-faculty attendees.
ETHICON ENDO-SURGERY	\$ 25,000	Evidence Based Reviews in Surgery, co-sponsored with Canadian Association of General Surgeons.
ETHICON, INC.	\$ 25,000	Evidence Based Reviews in Surgery, co-sponsored with Canadian Association of General Surgeons.
ETHICON, INC.	\$ 90,000	ACS Clinical Scholars Program
GENENTECH, INC.	\$ 108,000	ACS Scholar-in-Residence
KCI	\$ 100,000	Faculty Research Fund - Study of Wound Care Management
MEDICAL EDUCATION TECH.INC.	\$ 125,000	Development of Phase III of the ACS/APDS Surgical Skills Curriculum for team-based training in surgery and to fund educational research grants. Maximum of \$12,500 can be used for curriculum development.
SANOFI-AVENTIS, INC.	\$ 150,000	ACS Scholar-in-Residence
SCHERING CORPORATION	\$ 152,716	Support for 2008 Melanoma Staging Committee Meeting and development of an electronic predictive tool - No funds spent for capital projects, to purchase enduring equipment or supplies, or for non-faculty attendee expenses or travel costs.
UNITEDHEALTH GROUP	\$ 50,000	Consumer Assessment of Health Providers and Systems Survey (CAHPS) patient surgical evaluation tool.
WYETH PHARMACEUTICALS	\$ 60,000	Resident Research Scholarship
WYETH PHARMACEUTICALS	\$ 10,000	Trauma Papers Competition
TOTAL - CONTRIBUTIONS	\$ 1,165,216	

**American College of Surgeons
2009 Cash Transactions**

Schedule 4

SPONSORSHIP:		
Name of company	Amount of Funding	
ADOLOR CORPORATION	\$	13,700
ALLERGAN MED/REGAN CAMPBELL	\$	3,050
BARD PERIPHERAL VASCULAR INC	\$	6,100
COVIDIEN	\$	23,550
ETHICON	\$	51,000
ETHICON ENDOPSURGERY	\$	24,000
MERCK & CO , INC	\$	150,160
RF SURGICAL SYSTEMS	\$	6,100
SENORX INC	\$	3,050
TOTAL - SPONSORSHIP	\$	280,710
SATELLITE SYMPOSIA:		
Name of company	Amount of Funding	
ACUTE INNOVATION	\$	12,500
ATRIUM	\$	9,000
B-K MEDICAL SYSTEMS	\$	6,250
COVIDIEN	\$	30,500
INTACT MEDICAL CORPORATION	\$	10,000
KCI	\$	10,000
NOVARE SURGICAL SYSTEMS	\$	25,000
TYCO HEALTHCARE	\$	6,250
W L GORE & ASSOC	\$	25,000
TOTAL - SATELLITE SYMPOSIA	\$	134,500
REGISTRATION LISTS:		
Name of company	Amount of Funding	
ACUTE INNOVATIONS LLC	\$	2,293
LIFE CELL	\$	2,049
NOVARE SURGICAL SYS	\$	1,750
POWER MEDICAL INTERVENTIONS	\$	347
TOTAL - REGISTRATION LISTS	\$	6,438
CONTRIBUTIONS:		
Name of Company	Amount of Funding	Reason for Funding and Other Restrictions Placed on Funding (Question # 2)
ALOKA ULTRASOUND	\$ 3,500	Specified Skills Courses
APPLIED MEDICAL	\$ 20,000	Specified Skills Courses
COVIDIEN	\$ 20,000	Specified Skills Courses
dba COVIDIEN, unit of Tyco Healthcare Group LP Surgical Devices	\$ 403,125	Fundamentals of Laparoscopic Surgery (FLS): Joint education program between the College and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) to provide the FLS to residency and fellowship training programs in the U.S. and Canada.
EMERSON CHARITABLE TRUST	\$ 195,000	ACS Scholar-in-Residence
ETHICON ENDO-SURGERY	\$ 20,000	Specified Skills Courses - No funds spent for travel expenses and registration fees for specific non-faculty attendees.
ETHICON ENDO-SURGERY	\$ 25,000	Evidence Based Reviews in Surgery, co-sponsored with Canadian Association of General Surgeons.
ETHICON, INC.	\$ 25,000	Evidence Based Reviews in Surgery, co-sponsored with Canadian Association of General Surgeons.
ETHICON, INC.	\$ 60,000	Resident Scholarship in Surgical Wound Healing
GENENTECH, INC.	\$ 8,957	Cover the airfare, subsistence and honoraria for presenters in the session "Cancer as a Chronic Disease" at the 2008 Clinical Congress.
GENENTECH, INC.	\$ 127,000	ACS Scholar-in-Residence
INTUITIVE SURGICAL, INC.	\$ 14,000	Cover the airfare and subsistence for presenters in the session "Robotic-Assisted Genitourinary Surgery: What is its Place?" at the 2008 Clinical Congress.
KCI	\$ 100,000	Support the KCI Resident Research Scholarship
MEDICAL EDUCATION TECH.INC.	\$ 125,000	Development of Phase III of the ACS/APDS Surgical Skills Curriculum for team-based training in surgery and to fund educational research grants. Maximum of \$12,500 can be used for curriculum development.

**American College of Surgeons
2009 Cash Transactions**

Schedule 4

CONTRIBUTIONS (cont'd):		
Name of Company	Amount of Funding	Reason for Funding and Other Restrictions Placed on Funding (Question # 2)
OLYMPUS	\$ 5,000	Specified Skills Courses
PFIZER PHARMACEUTICALS	\$ 257,250	To support the College's Operation Giving Back program in 2008 and 2009 and to fund in 2008 and 2009 the Surgical Volunteerism and Humanitarian Awards and related travel costs for award recipients.
KARL STORZ ENDOSCOPY	\$ 4,000	Specified Skills Courses
SCOTT AND WHITE HEALTHCARE	\$ 2,000	Organ Family Endowment Fund
SURGRX, INC.	\$ 5,000	Specified Skills Courses
WYETH PHARMACEUTICALS	\$ 60,000	Resident Research Scholarship
WYETH PHARMACEUTICALS	\$ 10,500	Trauma Papers Competition
TOTAL - CONTRIBUTIONS	\$ 1,490,332	

Exhibit 2**American College of Surgeons****In-Kind Contributions (Non-Cash)**

<u>Year</u>	<u>Name of Company</u>	<u>Total Annual Amount of Funding (1)</u>	<u>Reason(s) that the Funding was Provided</u>
2006	Various (Detail on Schedules 5 – 8)	\$1,102,750	Equipment and supplies to support educational programs to train individuals to provide optimum patient care.
2007	“	385,270	“
2008	“	1,284,814	“
2009	“	1,988,304	“

(1) *The amount of funding above was assigned or completed by the contributing company. The information is incomplete as companies do not always assign or provide a value to the in-kind contribution.*

American College of Surgeons
2006 In-Kind Support for CME

Schedule 5

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2006	Aloka	\$15,000	Vascular Ultrasound	2 Ultrasound Machines w/all probes Convex low; Smallparts linear; Vascular Linear	Returned to Company
2006			Head and Neck Ultrasound	2 Ultrasound Machines w/sm parts probe	Returned to Company
2006			Breast Ultrasound	2 Ultrasound Machines	Returned to Company
2006			Abdominal Ultrasound	2 B-Mode Ultrasound Machines with Color/Power Doppler probe -abd 2 B-Mode with Color/Power Doppler probe, 1 lap, 1 IOUS	Returned to Company
2006			Ultrasound Instructor's Course	2 Ultrasound Machines w/transab & small parts probe	Returned to Company
2006			Advanced Breast Ultrasound	2 Ultrasound Machines	Returned to Company
2006	Applied Medical	\$25,000	Laparoscopic and Hand Assisted Laparoscopic Colon Resection	Gelports and instruments for 15 stations	Returned to Company
2006	Bard Biopsy	\$5,000	Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Stereotactic Breast Biopsy	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Advanced Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006	B-K Medical	\$57,500	Vascular Ultrasound	2 Ultrasound Machines w/all probes Convex low; Smallparts linear; Vascular Linear	Returned to Company
2006			Head and Neck Ultrasound	2 Ultrasound Machines w/sm parts probe	Returned to Company
2006			Breast Ultrasound	8 Ultrasound Machines - non-color, 1 for am Demo	Returned to Company
2006			Abdominal Ultrasound	2 Ultrasound Machines B-Mode with Color/Power Doppler probe - 1 Lap, 1 US guide 2 Ultrasound Machines B-Mode with Color/Power Doppler probe -abd	Returned to Company
2006			Ultrasound Instructor's Course	2 Ultrasound Machines w/transab & small parts probe	Returned to Company
2006			Advanced Breast Ultrasound	5 Ultrasound Machines - 4 non color, 1 3D, 1 for am Demo	Returned to Company
2006	Care Wise	\$43,400	Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Substation - Gamma Detector; Gamma Probe Training System	Returned to Company
2006	Cytec	\$4,000	Advanced Breast Ultrasound	1 Substation	Returned to Company
2006	Ethicon Endo-Surgery	\$100,000	Laparoscopic and Hand Assisted Laparoscopic Colon Resection	Lap disks and instruments for 15 stations	Returned to Company
2006			Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Substation - Neo Probe	Returned to Company
2006			Stereotactic Breast Biopsy	2 Mammotomes	Returned to Company
2006			Advanced Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006	GE Medical Systems	\$35,000	Lymphatic Mapping and the Significance of Sentinel Node Biopsy:	1 Substation in Breakout room - Gamma Detector	Returned to Company
2006	Hologic LORAD	Not Provided	Stereotactic Breast Biopsy	2 Mammo Test Breast Biopsy Systems	Returned to Company
2006	Karl Storz	Not Provided	Laparoscopic and Hand Assisted Laparoscopic Colon Resection:	5 video towers	Returned to Company
2006	Microline	\$82,600	Laparoscopic and Hand Assisted Laparoscopic Colon Resection	Instruments for 15 stations	Returned to Company

**American College of Surgeons
2006 In-Kind Support for CME**

Schedule 5

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2006	Neothermia Corporation	Not Provided	Breast Ultrasound Substation	(1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Stereotactic Breast Biopsy	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Advanced Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006	Olympus America Inc	\$491,000	Abdominal Ultrasound	1 EUS Ultrasound Station	Returned to Company
2006	Olympus Surgical	\$10,000	Laparoscopic and Hand Assisted Laparoscopic Colon Resection	5 video towers	Returned to Company
2006	RITA Medical	Not Provided	Abdominal Ultrasound	2 Stations with excised livers	Returned to Company
2006	RMD Instruments	Not Provided	Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Substation	Returned to Company
2006	Rubicor	\$11,250	Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Stereotactic Breast Biopsy	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Advanced Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006	Sanarus	\$2,000	Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Advanced Breast Ultrasound	2 Substations (1 Device, Phantom of Choice, Sharps disposal at each)	Returned to Company
2006	SenoRx	Not Provided	Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Substation, Gamma Detector	Returned to Company
2006			Stereotactic Breast Biopsy	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Advanced Breast Ultrasound	2 Substations (1 Device, Phantom of Choice, Sharps disposal at each)	Returned to Company
2006	SonoSite, Inc.	\$1,000	Ultrasound in the Acute Setting	Ultrasound equipment	Returned to Company
2006	SonoSite, Inc.	\$90,000	Vascular Ultrasound	1 Ultrasound Machine w/all probes Convex low; Smallparts linear; Vascular Linear	Returned to Company
2006			Head and Neck Ultrasound	1 Ultrasound Machines w/sm parts probe	Returned to Company
2006			Breast Ultrasound	5 Ultrasound Machines	Returned to Company
2006			Ultrasound Instructor's Course:	2 Ultrasound Machines w/transab & small parts probe	Returned to Company
2006			Advanced Breast Ultrasound	3 Ultrasound Machines	Returned to Company
2006	Stryker	Not Provided	Laparoscopic and Hand Assisted Laparoscopic Colon Resection:	5 video towers	Returned to Company
2006	Suros Surgical Systems	Not Provided	Breast Ultrasound Substation	(1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006			Stereotactic Breast Biopsy	2 ATEC Systems	Returned to Company
2006			Advanced Breast Ultrasound	Substation (1 Device, Phantom of Choice, Sharps disposal)	Returned to Company
2006	TeraRecon	\$90,000	Vascular Ultrasound	2 Ultrasound Machines	Returned to Company
2006	Toshiba	\$15,000	Vascular Ultrasound	1 Machine w/all probes Convex low; Smallparts linear; Vascular Linear	Returned to Company
2006			Head and Neck Ultrasound	1 Ultrasound Machines w/sm parts probe	Returned to Company
2006			Breast Ultrasound	2 Ultrasound Machines	Returned to Company
2006			Abdominal Ultrasound	2 B-Mode with Color/Power Doppler probe -abd 2 B-Mode with Color/Power Doppler probe- 1 IOUS, 1 US guide	Returned to Company
2006			Advanced Breast Ultrasound	2 Ultrasound Machines	Returned to Company

American College of Surgeons
2006 In-Kind Support for CME

Schedule 5

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2006	U.S. Surgical/Valleylab	\$25,000	Laparoscopic and Hand Assisted Laparoscopic Colon Resection	Instruments for 15 stations; Ligasure	Returned to Company
2006	United Medical Systems, Inc	Not Provided	Stereotactic Breast Biopsy	1 Mammo Test Breast Biopsy System	Returned to Company
TOTAL		\$1,102,750			

American College of Surgeons
2007 In-Kind Support for CME

Schedule 6

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2007	Aloka Ultrasound	\$5,000	Ultrasound in the Acute Setting	Ultrasound Equipment	Returned to Company
2007	Aloka Ultrasound	\$15,000	Vascular Ultrasound	3 Ultrasound machines with probes	Returned to Company
2007	Aloka Ultrasound		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	3 Ultrasound machines with probes	Returned to Company
2007	Aloka Ultrasound		Ultrasound Course for Residents	2 Ultrasound machines with probes	Returned to Company
2007	Aloka Ultrasound		Ultrasound Instructors Course	2 Ultrasound machines with probes	Returned to Company
2007	Aloka Ultrasound		Thyroid and Parathyroid Ultrasound	2 Ultrasound machines with probes	Returned to Company
2007	Aloka Ultrasound		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	2 Ultrasound machines with probes	Returned to Company
2007	Aloka Ultrasound		Breast Ultrasound	2 Ultrasound machines with probes	Returned to Company
2007	Applied	\$5,500	Laparoscopic Colon Course	6 Gelports, 4 Clip appliers, 4 Bowel graspers 4 Scissors, 20 Trocars, 4 Suction Irrigators	Returned to Company
2007	Bard Biopsy Systems	\$2,200	Breast Ultrasound	1 Ultrasound machine, phantoms, biopsy guns	Returned to Company; Biopsy guns disposable
2007	Bard Biopsy Systems		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine, phantoms	Returned to Company
2007	Bard Biopsy Systems		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	2 Boxes of Biopsy guns	Disposable; Unused Disposables Returned to Company
2007	Bard Biopsy Systems		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	1 Ultrasound machine, phantoms	Returned to Company
2007	B-K Medical	\$57,500	Vascular Ultrasound: New Applications and Laboratory Management	3 Ultrasound machines with probes	Returned to Company
2007	B-K Medical		Advanced Partial Breast Irradiation	2 Ultrasound machines	Returned to Company
2007	B-K Medical		Breast Ultrasound	8 Ultrasound machines	Returned to Company
2007	B-K Medical		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	2 Ultrasound machines with probes	Returned to Company
2007	B-K Medical		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	2 Ultrasound machines with probes	Returned to Company
2007	B-K Medical		Ultrasound Course for Residents	2 Ultrasound machines	Returned to Company
2007	B-K Medical		Ultrasound Instructors Course	2 Ultrasound machines	Returned to Company
2007	B-K Medical		Thyroid and Parathyroid Ultrasound	2 Ultrasound machines with probes	Returned to Company
2007	B-K Medical		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	5 Ultrasound machines	Returned to Company
2007	Care Wise	\$23,400	Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Gamma Detector 1 Gamma Probe Training System	Returned to Company

**American College of Surgeons
2007 In-Kind Support for CME**

Schedule 6

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2007	Cytec	Not Provided	Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	1 Ultrasound machine, Phantom of Choice	Returned to Company
2007	Ethicon Endo-Surgery	\$500	Breast Ultrasound	Ultrasound Equipment	Returned to Company
2007	Ethicon Endo-Surgery, Inc. - Ultrasound	\$75,000	Breast Ultrasound	1 Ultrasound machine, Phantom of Choice	Returned to Company
2007	Ethicon Endo-Surgery, Inc. - Ultrasound		Lymphatic Mapping and the Significance of Sentinel Node Biopsy	Neo probe	Returned to Company
2007	Ethicon Endo-Surgery, Inc. - Ultrasound		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine	Returned to Company
2007	Ethicon Endo-Surgery, Inc. - Ultrasound		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	2 Ultrasound machines, phantom of choice	Returned to Company
2007	Ethicon Endo-Surgery, Inc. - Ultrasound	\$12,420	Laparoscopic Colon Course	3 stations with: endocutters and reloads, trocars, veress needle, endoscopic scissors, clip appliers	Returned to Company
2007	GE Healthcare / Intramedical Imaging	Not Provided	Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Ultrasound machine	Returned to Company
2007	GE Healthcare / Ultrasound		Breast Ultrasound	2 Ultrasound machines	Returned to Company
2007	GE Healthcare / Ultrasound		Ultrasound Course for Residents	1 Ultrasound machine	Returned to Company
2007	GE Healthcare / Ultrasound		Thyroid and Parathyroid Ultrasound	2 Ultrasound machines	Returned to Company
2007	GE Healthcare / Ultrasound		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	2 Ultrasound machines	Returned to Company
2007	Hologic	Not Provided	The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	2 Lorad Stereotactic Systems	Returned to Company
2007	Hologic		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	2 Lorad Stereotactic Systems	Returned to Company
2007	Intact Medical Corporation	Not Provided	Breast Ultrasound	1 Ultrasound machine, Phantom of Choice	Returned to Company
2007	Intact Medical Corporation		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine, Phantom of Choice	Returned to Company
2007	Intact Medical Corporation		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	2 Ultrasound machines, Phantom of Choice	Returned to Company
2007	Karl Storz	Not Provided	Fundamentals of Laparoscopic Surgery	10 each: Endoscopic scissors, grasper and ratchet, knot pusher, needle drivers, Maryland graspers	Returned to Company
2007	Microline	Not Provided	Minimally Invasive Colorectal Surgery	Equipment provided	Returned to Company

**American College of Surgeons
2007 In-Kind Support for CME**

Schedule 6

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2007	Olympus America, Inc.	Not Provided	Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	Endoscopy cart, processor, light source, monitor, 3 ultrasound endoscopes, 1 ultrasound station	Returned to Company
2007	RITA Medical	Not Provided	Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	2 Stations with Excised Livers	Returned to Company
2007	RMD Instruments	Not Provided	Lymphatic Mapping and the Significance of Sentinel Node Biopsy	Substation	Returned to Company
2007	Rubicor Medical, Inc.	\$15,000	Breast Ultrasound	1 Ultrasound machine, Phantom of Choice	Returned to Company
2007	Rubicor Medical, Inc.		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine, Phantom of Choice	Returned to Company
2007	Rubicor Medical, Inc.		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	2 Ultrasound machines, Phantom of Choice	Returned to Company
2007	Sanarus Medical, Inc.	\$250	Breast Ultrasound	Ultrasound Equipment	Returned to Company
2007	Sanarus Medical, Inc.	\$1,000	Breast Ultrasound	1 Ultrasound machine, Phantom of Choice	Returned to Company
2007	Sanarus Medical, Inc.		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	2 Ultrasound machines, Phantom of Choice	Returned to Company
2007	SenoRx	\$12,500	Breast Ultrasound	Ultrasound Equipment	Returned to Company
2007	SenoRx	Not Provided	Breast Ultrasound	2 Ultrasound machines, Phantom of Choice	Returned to Company
2007	SenoRx		Lymphatic Mapping and the Significance of Sentinel Node Biopsy	Gamma Detector	Returned to Company
2007	SenoRx		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine	Returned to Company
2007	SenoRx		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	3 Ultrasound machines, Phantom of Choice	Returned to Company
2007	Simbionix	Not Provided	Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	1 Simulator	Returned to Company
2007	SiteSelect Medical Technologies, LTD	Not Provided	The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Device	Returned to Company
2007	SiteSelect Medical Technologies, LTD		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	1 Device	Returned to Company
2007	Smart Sound	\$5,000	Head/Neck Ultrasound	Ultrasound Equipment	Returned to Company
2007	SonoSite, Inc	\$6,000	Ultrasound in the Acute Setting	Ultrasound Equipment	Returned to Company
2007	SonoSite, Inc.	\$4,000	Ultrasound in the Acute Setting	Ultrasound equipment	Returned to Company

**American College of Surgeons
2007 In-Kind Support for CME**

Schedule 6

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2007	SonoSite, Inc.	\$145,000	Vascular Ultrasound: New Applications and Laboratory Management	2 Ultrasound machines	Returned to Company
2007	SonoSite, Inc.		Advanced Partial Breast Irradiation	2 Ultrasound machines	Returned to Company
2007	SonoSite, Inc.		Breast Ultrasound	3 Ultrasound machine	Returned to Company
2007	SonoSite, Inc.		Ultrasound Course for Residents	1 Ultrasound machine	Returned to Company
2007	SonoSite, Inc.		Ultrasound Instructors Course	2 Ultrasound machines	Returned to Company
2007	SonoSite, Inc.		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	1 Ultrasound machine	Returned to Company
2007	Stryker Endoscopy	Not Provided	Laparoscopic Colon Course	3 fully equipped Endoscopic towers and 6 needle drivers	Returned to Company
2007	Suros Surgical Systems, Inc.	Not Provided	Breast Ultrasound	1 Ultrasound machine, phantom of choice	Returned to Company
2007	Suros Surgical Systems, Inc.		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	2 Ultrasound machines	Returned to Company
2007	Suros Surgical Systems, Inc.		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	1 Ultrasound machine, phantom of choice	Returned to Company
2007	Toshiba America Medical Systems, Inc.	Not Provided	Vascular Ultrasound: New Applications and Laboratory Management	2 Ultrasound machines	Returned to Company
2007	Toshiba America Medical Systems, Inc.		Breast Ultrasound	2 Ultrasound machines	Returned to Company
2007	Toshiba America Medical Systems, Inc.		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	2 Ultrasound machines	Returned to Company
2007	Toshiba America Medical Systems, Inc.		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	2 Ultrasound machines	Returned to Company
2007	United Medical Systems, Inc.	Not Provided	The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	2 Mammo Test Breast Biopsy Systems	Returned to Company
2007	United Medical Systems, Inc.		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging	1 Mammo Test Breast Biopsy System	Returned to Company
2007	Varian	Not Provided	Advanced Partial Breast Irradiation	2 treatment planning stations 1 MammoSource non-functional afterloader	Returned to Company
TOTAL		\$385,270			

**American College of Surgeons
2008 In-Kind Support for CME**

Schedule 7

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2008	Aloka	Not Provided	Thyroid and Parathyroid Ultrasound	2 Ultrasound machines	Returned to Company
2008	Aloka		Breast Ultrasound	2 Ultrasound machines	Returned to Company
2008	Aloka		Vascular Ultrasound: New Applications and Laboratory Management	3 Ultrasound machines	Returned to Company
2008	Aloka		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	3 Ultrasound machines	Returned to Company
2008	Aloka		Ultrasound Course for Residents	2 Ultrasound machines	Returned to Company
2008	Aloka		Ultrasound Instructors Course	2 Ultrasound machines	Returned to Company
2008	Aloka		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	2 Ultrasound machines	Returned to Company
2008	Aloka		Ultrasound in the Surgical ICU	2 Ultrasound machines	Returned to Company
2008	Angiodynamics	Not Provided	Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	2 RFA Systems, 2 excised livers	Returned to Company
2008	Applied Medical	\$14,560	Minimally Invasive Colorectal Surgery	12 Gelports, 8 clip appliers, 8 bowel graspers, 8 scissors, 40 trocars, 8 suction irrigators	Returned to Company
2008	Bard Access	Not Provided	Ultrasound in the Surgical ICU	2 Ultrasound Machines	Returned to Company
2008	Bard Biopsy	\$300	Breast Ultrasound	1 Ultrasound machine, phantom 3 boxes of 1410 Max Core	Returned to Company
2008	Bard Biopsy		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine, phantom	Returned to Company
2008	Bard Biopsy		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 Ultrasound machine, phantom	Returned to Company
2008	B-K Medical	\$10,000	Ultrasound in the Acute Setting	Ultrasound Equipment	Returned to Company
2008	B-K Medical	\$80,000	Thyroid and Parathyroid Ultrasound	2 Ultrasound machines with probes	Returned to Company
2008	B-K Medical		Breast Ultrasound	8 Ultrasound machines	Returned to Company
2008	B-K Medical		Vascular Ultrasound: New Applications and Laboratory Management	3 Ultrasound machines	Returned to Company
2008	B-K Medical		Advanced Partial Breast Irradiation	2 Ultrasound machines	Returned to Company
2008	B-K Medical		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	2 Ultrasound machines	Returned to Company
2008	B-K Medical		Ultrasound Course for Residents	2 Ultrasound machines	Returned to Company
2008	B-K Medical		Ultrasound Instructors Course	2 Ultrasound machines	Returned to Company
2008	B-K Medical		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	8 Ultrasound machines	Returned to Company
2008	B-K Medical		Ultrasound in the Surgical ICU	1 Ultrasound machine	Returned to Company
2008	Care Wise	\$25,000	Lymphatic Mapping and the Significance of Sentinel Node Biopsy	Gamma Detector, Gamma probe training system	Returned to Company
2008	Carl Zeiss	\$150,000	Advanced Partial Breast Irradiation	1 Intraoperative Radiation system	Returned to Company
2008	Cianna Medical	Not Provided	Advanced Partial Breast Irradiation	1 SAVI and phantom	Returned to Company
2008	Cianna Medical		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 SAVI and phantom	Returned to Company
2008	Cook Medical	\$304	Ultrasound in the Surgical ICU	4 Pleural/Pneumopericardial Drainage set and trays	Disposable; Unused Disposables Returned to Company

**American College of Surgeons
2008 In-Kind Support for CME**

Schedule 7

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2008	Covidien	\$12,000	Fundamentals of Laparoscopic Surgery	10 endoshears, 10 endo Dissect, 20 Bluntport Plus, 210 endoloops, 300 sutures	Returned to Company
2008	Covidien		Minimally Invasive Colorectal Surgery	16 STEP Insufflation Needle, 20 Versa Step, 20 Radially expandable sleeves, 8 visiports, 12 Endo Instrument, 16 Endo Rotic	Returned to Company
2008	Cytec	Not Provided	Advanced Partial Breast Irradiation	1 Ultrasound machine, phantom	Returned to Company
2008	Cytec		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 Ultrasound machine, phantom of choice	Returned to Company
2008	Ethicon	Not Provided	Breast Ultrasound	1 Ultrasound machine, phantom of choice	Returned to Company
2008	Ethicon		Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Neo Probe	Returned to Company
2008	Ethicon		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine	Returned to Company
2008	Ethicon		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 Ultrasound machine, phantom of choice	Returned to Company
2008	GE Healthcare	Not Provided	Thyroid and Parathyroid Ultrasound	2 Ultrasound machines with probes	Returned to Company
2008	GE Healthcare		Breast Ultrasound	3 Ultrasound machines	Returned to Company
2008	GE Healthcare		Ultrasound Course for Residents	1 Ultrasound machine with probes	Returned to Company
2008	GE Healthcare		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	3 Ultrasound machines	Returned to Company
2008	GE Healthcare		Ultrasound in the Surgical ICU	1 Ultrasound machine	Returned to Company
2008	Intact	Not Provided	Breast Ultrasound	1 Ultrasound machine, phantom of choice, sharps disposal	Returned to Company
2008	Intact		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine, phantom of choice, sharps disposal	Returned to Company
2008	Intact		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 Ultrasound machine, phantom of choice, sharps disposal	Returned to Company
2008	Intramedical	\$1,000	Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Gamma Detector	Returned to Company
2008	Karl Storz	Not Provided	Fundamentals of Laparoscopic Surgery	Endoscopic scissors, Knot pusher, Macro Needle Driver	Returned to Company
2008	Karl Storz		Minimally Invasive Colorectal Surgery	4 endoscopic towers, 8 telescopes,	Returned to Company
2008	Karl Storz		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	4 Laparoscopic trainer box systems	Returned to Company
2008	Kyoto Kagaku	\$29,000	Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	13 Phantoms 1 abdominal, 4 IOUS, 8 Biopsy	Returned to Company
2008	Microline	\$10,000	Minimally Invasive Colorectal Surgery,	2 endoscopic towers, 4 telescopes	Returned to Company
2008	North American Scientific	\$500	Advanced Partial Breast Irradiation	1 Station, Catheters and phantoms	Returned to Company, Catheters Disposable
2008	North American Scientific		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 Station, balloon and phantom	Returned to Company

**American College of Surgeons
2008 In-Kind Support for CME**

Schedule 7

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2008	Nucletron	\$250,000	Advanced Partial Breast Irradiation	HDR unit and multicatheters	Returned to Company
2008	Olympus	Not Provided	Minimally Invasive Colorectal Surgery	2 endoscopic towers, 4 telescopes	Returned to Company
2008	RMD	Not Provided	Lymphatic Mapping and the Significance of Sentinel Node Biopsy	Substation	Returned to Company
2008	Rubicor	\$5,000	Breast Ultrasound	1 Ultrasound machine, phantom of choice, sharps disposal	Returned to Company
2008	Rubicor		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 halo, phantom of choice, sharps disposal	Returned to Company
2008	Rubicor		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 halo, phantom of choice, sharps disposal	Returned to Company
2008	Sanarus	\$1,000	Breast Ultrasound	1 Ultrasound machine, phantom of choice, sharps disposal	Returned to Company
2008	Sanarus		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	2 Ultrasound machines, phantoms of choice, sharps disposal	Returned to Company
2008	Sanarus		Ultrasound in the Surgical ICU	1 Ultrasound machine	Returned to Company
2008	Senorx	\$100,000	Breast Ultrasound	2 Ultrasound machines, phantoms of choice, sharps disposal	Returned to Company
2008	Senorx		Advanced Partial Breast Irradiation	Catheters	Disposable; Unused Disposables Returned to Company
2008	Senorx		Lymphatic Mapping and the Significance of Sentinel Node Biopsy	1 Ultrasound machine	Returned to Company
2008	Senorx		The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine, phantom of choice	Returned to Company
2008	Senorx		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	2 Ultrasound machines, 1 balloon, anchor guide	Returned to Company
2008	Site Select	\$3,750	The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	1 Ultrasound machine	Returned to Company
2008	Site Select		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 Ultrasound machine	Returned to Company
2008	Stryker	\$200,000	Minimally Invasive Colorectal Surgery	3 endoscopic towers, 4 telescopes	Returned to Company
2008	Terason	Not Provided	Breast Ultrasound	3 Ultrasound machines	Returned to Company
2008	Terason		Vascular Ultrasound: New Applications and Laboratory Management	2 Ultrasound machines with probes	Returned to Company
2008	Terason		Ultrasound Instructors Course	2 Ultrasound machines with probes	Returned to Company
2008	Terason		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	3 Ultrasound machines	Returned to Company
2008	Toshiba	Not Provided	Breast Ultrasound	2 Ultrasound machines	Returned to Company
2008	Toshiba		Advanced Partial Breast Irradiation	2 Ultrasound machines	Returned to Company
2008	Toshiba		Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery	2 Ultrasound machines	Returned to Company
2008	Toshiba		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	2 Ultrasound machines	Returned to Company

**American College of Surgeons
2008 In-Kind Support for CME**

Schedule 7

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2008	Ultrasonix	\$87,400	Breast Ultrasound	2 Ultrasound machines	Returned to Company
2008	Ultrasonix		Vascular Ultrasound: New Applications and Laboratory Management	2 Ultrasound machines	Returned to Company
2008	Ultrasonix		Ultrasound Course for Residents	1 Ultrasound machine	Returned to Company
2008	Ultrasonix		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	2 Ultrasound machines	Returned to Company
2008	UMS	\$300,000	The Minimally Invasive Approach to Breast Biopsy: Stereotactic Technique and Application	2 Ultrasound machines	Returned to Company
2008	UMS		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 Ultrasound machine	Returned to Company
2008	Varian	\$5,000	Advanced Partial Breast Irradiation	HDR Unit and fake iridium pellet and cable	Returned to Company
2008	Xoft	Not Provided	Advanced Partial Breast Irradiation	Catheters and Electronic Delivery System	Returned to Company
2008	Xoft		Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast	1 Balloon	Disposable; Unused Disposables Returned to Company
TOTAL		\$1,284,814			

**American College of Surgeons
2009 In-Kind Support for CME**

Schedule 8

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2009	Aloka Ultrasound	\$300,000	Ultrasound Course for Residents	2 Ultrasound Machines with probes	Returned to Company
2009	Aloka Ultrasound		Ultrasound Instructors Course	2 Ultrasound Machines with probes	Returned to Company
2009	Aloka Ultrasound		Ultrasound in the Surgical ICU	2 Ultrasound Machines with probes	Returned to Company
2009	Aloka Ultrasound		Thyroid and Parathyroid Ultrasound	2 Ultrasound Machines with probes	Returned to Company
2009	Aloka Ultrasound		Vascular Ultrasound: New Applications and Laboratory Management	3 Ultrasound Machines with probes	Returned to Company
2009	Aloka Ultrasound		Breast Ultrasound	3 Ultrasound Machines with probes	Returned to Company
2009	Aloka Ultrasound		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	3 Ultrasound Machines with probes	Returned to Company
2009	Aloka Ultrasound		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	3 Ultrasound Machines with probes	Returned to Company
2009	Applied Medical	\$11,256	Laparoscopic Colorectal Surgery	Gelports - 5 units Clip appliers- 4 units Bowel graspers- 12 units Scissors -4 units Trocars - 12 units	Returned to Company
2009	Bard Access Systems	\$30,000	Ultrasound in the Surgical ICU	2 BardSite Right CVP Station	Returned to Company
2009	Bard Biopsy Systems	\$2,500	Breast Ultrasound	1 Vacora MaxCore1410 (3 Boxes) ultrasound phantom	Vacora Returned to Company MaxCore - Biopsy guns, disposable
2009	Bard Biopsy Systems		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 Vacora ultrasound phantom	Returned to Company
2009	Bard Biopsy Systems		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 Vacora stereo phantom	Returned to Company
2009	B-K Medical	\$55,000	Ultrasound Course for Residents	2 Ultrasound Machines with probes	Returned to Company
2009	B-K Medical		Ultrasound Instructors Course	2 Ultrasound Machines with probes	Returned to Company
2009	B-K Medical		Ultrasound in the Surgical ICU	1 Ultrasound Machine with probe	Returned to Company
2009	B-K Medical		Vascular Ultrasound: New Applications and Laboratory Management	3 Ultrasound Machines with probes	Returned to Company
2009	B-K Medical		Thyroid and Parathyroid Ultrasound	2 Ultrasound Machines with probes	Returned to Company
2009	B-K Medical		Accelerated Partial Breast Irradiation	2 Ultrasound Machines with probes	Returned to Company
2009	B-K Medical		Breast Ultrasound	3 Ultrasound Machines with probes	Returned to Company
2009	B-K Medical		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	3 Ultrasound Machines with probes	Returned to Company
2009	B-K Medical		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	3 Ultrasound Machines with probes	Returned to Company

**American College of Surgeons
2009 In-Kind Support for CME**

Schedule 8

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2009	Carl Zeiss Surgical	\$150,000	Accelerated Partial Breast Irradiation	1 Station; Intrabeam Intraoperative Radiation System, Balloons Mobile Xray	Returned to Company
2009	Cianna Medical, Inc.	\$12,000	Accelerated Partial Breast Irradiation	1 Station - Device and phantom	Returned to Company
2009	Cook Medical	\$1,764	Ultrasound Course for Residents	2 Cook Central line kits for vascular access 4 Cook Fuhrman pleural line kits	Disposable; Unused Disposables Returned to Company
2009	Cook Medical		Ultrasound in the Surgical ICU	4 Cook Central line kits 8 Cook Fuhrman pleural line kits	Disposable; Unused Disposables Returned to Company
2009	Covidien	\$5,000	Advanced Trauma Operative Management	Sutures/staples	Disposable; retain any unused for next course
2009	Covidien	\$18,000	Laparoscopic Colorectal Surgery,	04 STEP Insufflation Needle (S100000) 05 5-12 mm VersaSTEP (VS101012P) 05 5mm VersaSTEP (VS101005) 05 Radially Expandable Sleeve (VS101000) 02 Visiport 5-12mm (176674) 03 Endo GIA Universal Instrument (30449) 04 Endo GIA II 45-2.0 Rotic (30456) 04 Endo GIA II 60-2.5 Rotic (30457) 04 STEP Insufflation Needle (S100000) 05 5-12 mm VersaSTEP (VS101012P) 05 5mm VersaSTEP (VS101005) 05 Radially Expandable Sleeve (VS101000) 02 Visiport 5-12mm (176674) 03 Endo GIA Universal Instrument (30449) 04 Endo GIA II 45-2.0 Rotic (30456) 04 Endo GIA II 60-2.5 Rotic (30457) Advanced Laparoscopic Sealing Devices for 7 tables	Returned to Company
2009	Covidien		Fundamentals of Laparoscopic Surgery	2 Boxes (12/box) Thoracoport 11.5mm #179303; 280 Endoloop ligature with coated vicryl violet braided #EJ10G; 20 boxes (24/box) First Choice: 2-0 Sof silk V-20 taper needle 48"/120cm, #ES-439 and/or Second Choice: 2-0 Sof silk V-20 taper needle (double arm) 36"/90cm #VS-533 2 boxes (6/box) Endo Dissect 5mm #176645 1 box (6/box) Endo Shears 5mm #176643 2 boxes (6/box) Endo Grasp 5mm #173030 2 boxes (12/box) Endo Slide #174510	Returned to Company

**American College of Surgeons
2009 In-Kind Support for CME**

Schedule 8

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2009	Ethicon Endo-Surgery	\$2,534	Advanced Trauma Operative Management	Sutures/staples, pharmaceuticals	Disposable; retain any unused for next course
2009	Ethicon, Inc.	\$70,000	Breast Ultrasound	1 Mammotome - HH ultrasound phantom	Returned to Company
2009	Ethicon, Inc.		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 Mammotome - HH ultrasound phantom	Returned to Company
2009	Ethicon, Inc.		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	1 Mammotome ST stereo phantom	Returned to Company
2009	GE Healthcare	\$40,000	Thyroid and Parathyroid Ultrasound	Ultrasound Equipment	Returned to Company
2009	GE Healthcare	\$5,000	Ultrasound Course for Residents	2 Ultrasound Machines with probes	Returned to Company
2009	GE Healthcare		Ultrasound in the Surgical ICU	1 Ultrasound Machine with probe	Returned to Company
2009	GE Healthcare		Thyroid and Parathyroid Ultrasound	2 Ultrasound Machines with probes	Returned to Company
2009	GE Healthcare		Breast Ultrasound	3 Ultrasound Machines with probes	Returned to Company
2009	GE Healthcare		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	3 Ultrasound Machines with probes	Returned to Company
2009	Hologic	Not Provided	Accelerated Partial Breast Irradiation	1 MammoSite machine, Phantom	Returned to Company
2009	Hologic		Breast Ultrasound	1 Atec, 1 Celero, ultrasound phantoms	Returned to Company
2009	Hologic		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	2 Iorad tables, 1 Atec- ultrasound, 1 Celero- ultrasound, 1 MammoSite (Balloon), Ultrasound phantoms	Returned to Company
2009	Hologic		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	1 Atec (on stereo table), 2 Lorad tables, stereo phantom	Returned to Company
2009	Intact Medical Corporation	\$5,000	Breast Ultrasound	1 BLES (substation) ultrasound phantom	Returned to Company
2009	Intact Medical Corporation		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 BLES ultrasound 1 BLES (on stereo table) ultrasound phantom stereo phantom	Returned to Company
2009	Intact Medical Corporation		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	1 BLES (stereo substation) stereo phantom	Returned to Company
2009	Karl Storz Endoscopy	\$50,000	Laparoscopic Colorectal Surgery,	5 Tables: Per table: 1 fully equipped endoscopic tower with light source with cable, camera box, CO2 insufflator with tubing, monitor, 2 10mm telescopes (1 zero degree and 1 30 degree telescope) and 2 5mm telescopes (1 zero degree and 1 30 degree telescope). Two laparoscopic needle drivers, and 2 sets of colorectal click-line instruments.	Returned to Company

**American College of Surgeons
2009 In-Kind Support for CME**

Schedule 8

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2009	Karl Storz Endoscopy		Fundamentals of Laparoscopic Surgery	12 Complete Sets: Insert Scissors serrated tip #34510 MW/Non Locking Handle #33121/Tube #33300 6 Complete Set: Insert Scissors curved blade #34310MS/Non Locking Handle #33121/Tube #33300 6 Complete Set: Kelly/Maryland Graspers #33310ML/Non Locking Handle/#33121/Tube #33300 6 Complete Set: Kelly/Maryland Graspers #33310ML/Locking Handle #33122/Tube #33300 8 (for 4 pair) KOH Macro Needle Driver/Holder #26173 ML 8 (for 4 pair) KOH Macro Needle Driver/Holder Ergo Pistol #26173 MC 12 Knot pusher/tier (open and closed end) #26596D 3 Knot pusher #26596CL 6 Endo-surgery Shear 8 (for 4 pair) Needle Driver	Returned to Company
2009	Kyoto Kagaku Co	\$20,000	Ultrasound Course for Residents	Abdominal US phantom 1 Intraop abdominal US phantom 1 (and 1 more for back-up) Central Venipuncture phantom (system) 2 FAST US phantom (if available) 1	Returned to Company
2009	Kyoto Kagaku Co		Ultrasound in the Surgical ICU	Abdominal US phantom 1 Intraop abdominal US phantom 1 (and 1 more for back-up) Central Venipuncture phantom (system) 2 FAST US phantom (if available) 1	Returned to Company
2009	Microline	\$30,000	Laparoscopic Colorectal Surgery,	13 tables Clip appliers, laparoscopic scissors, graspers and dissector.	Returned to Company
2009	Nucletron	\$300,000	Accelerated Partial Breast Irradiation	1 Station - HDR unit and multicatheters	Returned to Company
2009	Olympus Surgical	Not Provided	Laparoscopic Colorectal Surgery	Per Table (4 tables): 1 fully equipped endoscopic tower with light source with cable, camera box, CO2 insufflator with tubing, monitor, 2 10mm telescopes (1 zero degree and 1 30 degree telescope) and 2 5mm telescopes (1 zero degree and 1 30 degree telescope). Two laparoscopic needle drivers, and 2 sets of colorectal click-line instruments.	Returned to Company
2009	Rubacor Medical, Inc.	\$30,000	Breast Ultrasound	1 Flash 1 Halo/Phantom Ultrasound phantoms	Returned to Company
2009	Rubacor Medical, Inc.		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 Halo ultrasound 1 Phantom ultrasound 1 Flash 1 Halo 3 ultrasound phantoms 1 stereo phantom	Returned to Company

**American College of Surgeons
2009 In-Kind Support for CME**

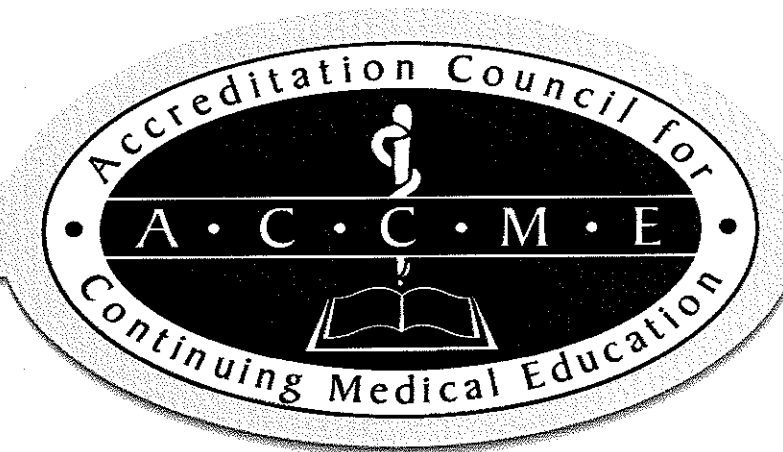
Schedule 8

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2009	Rubicon Medical, Inc.		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	1 Halo Stereo phantom	Returned to Company
2009	SenoRx	\$55,000	Accelerated Partial Breast Irradiation	1 Station - Catheters	Returned to Company
2009	SenoRx		Breast Ultrasound	1 EnCor 1 SenoCor Ultrasound phantoms	Returned to Company
2009	SenoRx		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 EnCor Ultrasound 1 Contra (Balloon) 1 SenoCor ultrasound phantom	Returned to Company
2009	SenoRx		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	1 EnCor Stereo phantom 1 SenoCor ultrasound phantom	Returned to Company
2009	SiteSelect Medical Technologies, LTD	\$35,000	Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 SiteSelect stereo phantom	Returned to Company
2009	SiteSelect Medical Technologies, LTD		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	1 SiteSelect stereo phantom	Returned to Company
2009	Sonosite	\$50,000	Ultrasound in the Surgical ICU	2 Ultrasound Machines with probes	Returned to Company
2009	Sonosite		Vascular Ultrasound: New Applications and Laboratory Management	1 Ultrasound Machine with probe	Returned to Company
2009	Sonosite		Breast Ultrasound	3 Ultrasound Machines with probes	Returned to Company
2009	Sonosite		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	3 Ultrasound Machines with probes	Returned to Company
2009	Stryker	\$250,000	Laparoscopic Colorectal Surgery,	Per table (4 tables):1 fully equipped endoscopic tower with light source with cable, camera box, CO2 insufflator with tubing, monitor, 2 10mm telescopes (1 zero degree and 1 30 degree telescope) and 2 5mm telescopes (1 zero degree and 1 30 degree telescope). Two laparoscopic needle drivers, and 2 sets of colorectal click-line instruments.	Returned to Company
2009	Stryker		Fundamentals of Laparoscopic Surgery	12 (for 6 pair) Needle Driver	Returned to Company
2009	Terason	\$30,000	Ultrasound Instructors Course	2 Ultrasound Machines with probes	Returned to Company
2009	Terason		Vascular Ultrasound: New Applications and Laboratory Management	1 Ultrasound Machine with probe	Returned to Company
2009	Terason		Breast Ultrasound	3 Ultrasound Machines with probes	Returned to Company
2009	Terason		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	3 Ultrasound Machines with probes	Returned to Company
2009	Terason		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	3 Ultrasound Machines with probes	Returned to Company

**American College of Surgeons
2009 In-Kind Support for CME**

Schedule 8

Fiscal Year	Company	Value Assigned by Company (blank cells indicate that the value extended across the multiple courses directly below)	Course Title	Equipment/Supplies Provided	Post-Course Dispersement of Equipment
2009	Toshiba Ultrasound	\$1,250	Thyroid and Parathyroid Ultrasound	Ultrasound Equipment	Returned to Company
2009	Toshiba America Medical Systems, Inc.	\$65,000	Ultrasound Course for Residents	1 Ultrasound Machine with probe	Returned to Company
2009	Toshiba America Medical Systems, Inc.		Ultrasound in the Surgical ICU	1 Ultrasound Machine with probe	Returned to Company
2009	Toshiba America Medical Systems, Inc.		Thyroid and Parathyroid Ultrasound	2 Ultrasound Machines with probes	Returned to Company
2009	Toshiba America Medical Systems, Inc.		Accelerated Partial Breast Irradiation	2 Ultrasound Machines with probes	Returned to Company
2009	Toshiba America Medical Systems, Inc.		Breast Ultrasound	3 Ultrasound Machines with probes	Returned to Company
2009	Toshiba America Medical Systems, Inc.		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	3 Ultrasound Machines with probes	Returned to Company
2009	United Medical Systems, Inc.	Not Provided	Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 Fischer Table	Returned to Company
2009	United Medical Systems, Inc.		The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application	1 Fischer Table	
2009	Varian	\$5,000	Accelerated Partial Breast Irradiation	Treatment Planning Station	Returned to Company
2009	Xoft	\$359,000	Accelerated Partial Breast Irradiation	1 Station - Catheters and Electronic Delivery System	Returned to Company
2009	Xoft		Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy	1 Axxent (Balloon) ultrasound phantom	Returned to Company
TOTAL		\$1,988,304			



ACCME STANDARDS FOR COMMERCIAL SUPPORTSM

*Standards to Ensure the
Independence of CME
Activities*

The ACCME Standards for Commercial SupportSM

Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a 'commercial interest' and some exemptions.)

- (a) Identification of CME needs;
- (b) Determination of educational objectives;
- (c) Selection and presentation of content;
- (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
- (e) Selection of educational methods;
- (f) Evaluation of the activity.

1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.⌘

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.⌘

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

3.5 The written agreement must specify the commercial interest that is the source of commercial support.

3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support. ¶

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For *print*, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- For *computer based*, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content
- For *audio and video recording*, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- For *live, face-to-face CME*, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities. ¶

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.¶

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

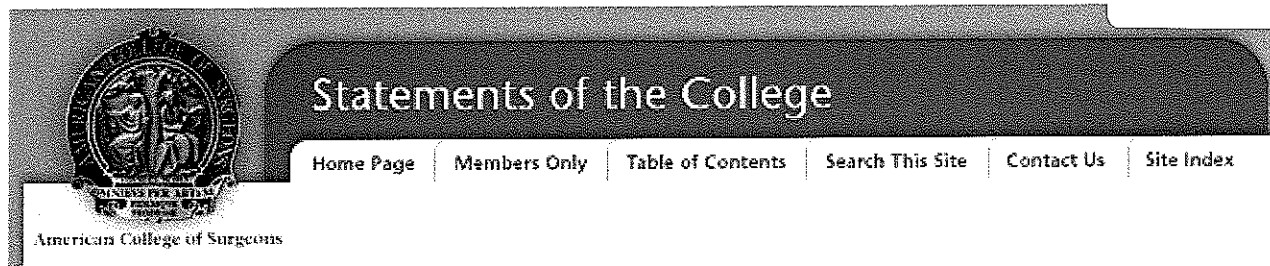
Commercial support for the CME activity.

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity. ¶



[ST-36] Statement on guidelines for collaboration of industry and surgical organizations in support of continuing education

(Revised February 2009)

[by the American College of Surgeons]

The following statement was developed by the Committee on Ethics and approved by the ACS Board of Regents at its June 2008 meeting.

Collaboration between surgical organizations and the medical industry has benefited patient care in North America for many years. The primary objective of professional interactions between surgical organizations and industry should be the improvement of patient care, and such interactions should not be driven by financial or proprietary interests. Likewise, industry continues to be one source of support for continuing medical education (CME) for surgeons; however, surgical organizations must ensure that education is not influenced by collaboration with industry. These guidelines seek to provide a framework to permit corporate support of CME programs while maintaining the autonomy and impartiality of individual surgeons and surgical organizations. The guidelines are consistent with the Updated Standards for Commercial Support.*

- I. Independence in planning and implementation of educational programs
 - A. Surgical organizations have the ultimate responsibility for the planning and development of CME programs. They must ensure that all decisions are made without any influence by commercial interests. Industry supporters of CME programs must not influence the planning, content, or implementation of an organization's CME program.
 - B. The organization must ensure that everyone who is in a position to influence the content of an education activity has disclosed all relevant financial relationships with any commercial interests within the last 12 months. Potential conflicts of interest must be managed through appropriate mechanisms established by the organization and disclosed in writing to the learners prior to the start of the activity.
 - C. All individuals who have any role that has influence over or responsibility for the development, management, presentation, or evaluation of the CME activity must disclose relevant financial relationships. Refusal to do so will preclude their participation in that role.
- II. Commercial support for educational programs
 - A. The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter and surgical organization.
 - B. A commercial entity must not directly pay a speaker or an individual involved with the development or implementation of the program. All commercial support must be provided to the surgical organization. Expenses for travel, accommodations, or honoraria for speakers are to be paid by the organization in compliance with its written policies and procedures. The surgical organization is responsible for all decisions regarding the disposition and disbursement of the funding. Accurate documentation detailing the receipt and expenditure of the commercial support should be maintained.
 - C. Industry support through educational grants should be acknowledged in a printed announcement at the meeting, but reference must not be made to any specific product. When commercial support is provided in kind, the nature of the support must also be disclosed to the learners.

- D. Financial support of CME activities may also be provided through advertising and exhibit opportunities. Advertisements must not be placed in proximity to educational content and must be limited to nonscientific publications such as schedules and content descriptions. Advertisement and exhibit fees must not be combined with an educational grant.
- E. No industry promotional materials are to be displayed or distributed in the same room as scientific presentations at single session meetings. In larger meetings with multiple simultaneous sessions, the access to promotional materials must be controlled by the surgical organization in order to avoid the appearance of any connection between the distribution of promotional materials and scientific presentations.
- F. Industry supporters are prohibited from use of the surgical organization's name, logo, or seal in conjunction with advertising or promotion without written permission of the organization.
- G. Industry supporters must not organize any functions involving attendees that conflict with sessions of the meeting program. All industry-sponsored functions must be approved by the surgical organization prior to implementation. Industry exhibits should enhance the scientific activities of the CME program and not interfere with the scientific program.
- H. For industry-sponsored symposia, a disclaimer is to appear on all printed materials, stating that the activity has no connection with the official organization's program. All proposals and printed materials developed in connection with sponsored symposia must be submitted to the organization for approval prior to publication. Such symposia must not interfere with the scientific program of the organization.
- I. Representatives of industry sponsors must not engage in sales or promotional activities during sessions of the meeting program. Sales and promotional activities must be limited strictly to the exhibit floor or industry events approved by the surgical organization and will not be conducted in conjunction with CME activities.
- J. If work that is supported by industry is presented, the poster, presentation, or manuscript must include an acknowledgment of the funding source.
- K. Written or recorded details of the scientific program must not be reproduced without the written consent of the surgical organization.

*Accreditation Council for Continuing Medical Education. ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities. Revised 2007. Available at: <http://www.accme.org>. Accessed December 30, 2008.

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Statements

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FOUNDATION POLICY REGARDING CONTRIBUTIONS FROM INDUSTRY

With the exception of advertising revenue and funds for specifically noted marketing and promotional activities, formal solicitation of individual, corporate, or foundation funding in support of programs of the American College of Surgeons shall be conducted through the American College of Surgeons Foundation.

The Foundation strictly reserves the right to refuse to accept any offer of individual or corporate support that might embarrass or damage the ACS and its members or patients.

When possible, funds should be solicited to support existing programs of the College.

When restricted funds are solicited and accepted, a formal gift agreement stating terms of the gift or grant, and specific expectations of both the donor and the College shall be drafted and signed by both the donor and the Foundation. When appropriate, the College may also sign the gift agreement.

The American College of Surgeons shall have the responsibility for designing, developing and delivering programs of benefit to members and the general public.

Under no circumstances shall corporate contributors be permitted to influence program planning, content, implementation or evaluation.

The ACS Foundation staff and volunteers shall be aware of, and shall fully comply with the compliance guidelines issued by the ACCME, PhRMA, and AdvaMed.

Nothing of value beyond standard donor recognition for voluntary support, shall be provided in return for corporate contributions unless clearly specified in the formal gift agreement.

Reference will not be made to specific products of medical companies when acknowledging support.

The Foundation and the College will seek to minimize potential for even the perception of conflict of interest by providing open, full disclosure and accurate and timely documentation relative to corporate support.

American College of Surgeons or ACS Foundation endorsement of a sponsoring company or product of a contributing company will not be stated or implied.

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ACS Foundation
Policy Statement

An employee of the ACS Foundation or volunteer serving on behalf of the Foundation, shall not accept any gift or service with a monetary value in excess of \$100.00 from contributing companies.

(Approved by the Committee on Development March 6, 2008)

AMERICAN COLLEGE OF SURGEONS

Policy and Procedure

Title: Policy for Receiving and Responding to Allegations of Scientific Misconduct

Approved by: Board of Regents

Effective Date: June 11, 2001

Purpose: To define scientific misconduct and to establish procedures for reporting possible misconduct and for responding to and investigating allegations of misconduct.

I. Applicability

A. This policy and the associated procedures apply to research conducted or sponsored by the American College of Surgeons (the College) supported with funds made available by the U.S. Public Health Service (PHS).

Any scientific misconduct observed in connection with College research projects that are not supported by a grant from the PHS should be promptly reported to the Research Integrity Officer, as defined herein, who will recommend to the Chair of the Board of Regents of the College such investigations and other actions necessary to ensure proper protection of the public interest.

The policy and associated procedures will normally be followed when an allegation of possible misconduct in science is received by an institutional official. Particular circumstances in an individual case may dictate variation from the normal procedure deemed in the best interests of the American College of Surgeons, the PHS, or other organization providing funding for the research in question. Any change from normal procedures must ensure fair treatment to the subject of the inquiry or investigation. Any significant variation should be approved in advance by the Chair of the Board of Regents of the American College of Surgeons.

B. The Board of Regents shall adopt this policy by appropriate resolution pursuant to its Bylaws. The resolution shall be recorded in full in the minutes of the Board of Regents with the complete policy attached.

II. Rationale

The American College of Surgeons is a not-for-profit organization dedicated to the advancement of knowledge through service, research, and education. It is the College's policy that its employees conduct the business of the College in accordance with the highest legal, ethical, and moral standards. The American College of Surgeons is committed to the highest

principles of scientific integrity. This Policy on Scientific Misconduct is designed to serve multiple purposes. One is to remind ACS employees of their ethical obligations for integrity in the conduct of research. A second is to inform employees of the consequences of failing to meet these standards. A third purpose is to ensure that employees are aware of and able to correctly utilize procedures to communicate concerns about scientific misconduct to the appropriate institutional officials without fear of reprisal if the allegation is made in good faith. A final purpose is to establish procedures for a fair and impartial determination of the validity of any allegation that scientific misconduct has occurred.

III. Definitions

- A. *Allegation* means any written or oral statement or other indication of possible scientific misconduct made to an institutional official.
- B. *Conflict of interest* means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.
- C. *Deciding Official* means the institutional official who makes final determinations on allegations of scientific misconduct and any responsive institutional actions. The Deciding Official will not be the same individual as the Research Integrity Officer and should have no direct prior involvement in the institution's inquiry, investigation, or allegation assessment. For the American College of Surgeons, the Deciding Official is the Chair of the Board of Regents.
- D. *Good faith allegation* means an allegation made with the honest belief that scientific misconduct may have occurred. An allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation.
- E. *Inquiry* means gathering information and initial fact-finding to determine whether an allegation or apparent instance of scientific misconduct warrants an investigation.ⁱ
- F. *Investigation* means the formal examination and evaluation of all relevant facts to determine if misconduct has occurred, and, if so, to determine the responsible person and the seriousness of the misconduct.ⁱⁱ
- G. *ORI* means the Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the scientific misconduct and research integrity activities of the U.S. Public Health Service.
- H. *PHS* means the U.S. Public Health Service, an operating component of the DHHS.

- I. *PHS regulation* means the Public Health Service regulation establishing standards for institutional inquiries and investigations into allegations of scientific misconduct, which is set forth at 42 C.F.R. Part 50, Subpart A, entitled "Responsibility of PHS Awardee and Applicant Institutions for Dealing With and Reporting Possible Misconduct in Science."
- J. *PHS support* means PHS grants, contracts, or cooperative agreements or applications therefor.
- K. *Research Integrity Officer* means the institutional official responsible for assessing allegations of scientific misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations.
- L. *Research record* means any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of scientific misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.
- M. *Respondent* means the person against whom an allegation of scientific misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.
- N. *Retaliation* means any action that adversely affects the employment or other institutional status of an individual that is taken by an institution or an employee because the individual has in good faith, made an allegation of scientific misconduct or of inadequate institutional response thereto or has cooperated in good faith with an investigation of such allegation.
- O. *Scientific misconduct or misconduct in science* means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations or judgments of data.ⁱⁱⁱ
- P. *Whistleblower* means a person who makes an allegation of scientific misconduct.

IV. Rights and Responsibilities

A. Research Integrity Officer

The Executive Director will appoint the Research Integrity Officer, who will have primary responsibility for implementation of the procedures set forth in this document. The Research Integrity Officer will be an institutional official who is well qualified to handle the procedural requirements involved and is sensitive to the varied demands made on those who conduct research, those who are accused of misconduct, and those who report apparent misconduct in good faith.

The Research Integrity Officer will appoint the inquiry and investigation committees and ensure that necessary and appropriate expertise is secured to carry out a thorough and authoritative evaluation of the relevant evidence in an inquiry or investigation. The Research Integrity Officer will attempt to ensure that confidentiality is maintained.

The Research Integrity Officer will assist inquiry and investigation committees and all institutional personnel in complying with these procedures and with applicable standards imposed by government or external funding sources. The Research Integrity Officer is also responsible for maintaining files of all documents and evidence and for the confidentiality and the security of the files.

The Research Integrity Officer will report to ORI as required by regulation and keep ORI apprised of any developments during the course of an inquiry or investigation that may affect current or potential DHHS funding for the individual(s) under investigation or that PHS needs to know to ensure appropriate use of Federal funds and otherwise protect the public interest.^{iv}

B. Whistleblower

The whistleblower will have an opportunity to testify before the inquiry and investigation committees, to review portions of the inquiry and investigation reports pertinent to his/her allegations or testimony, to be informed of the results of the inquiry and investigation, and to be protected from retaliation. Also, if the Research Integrity Officer has determined that the whistleblower may be able to provide pertinent information on any portions of the draft report, these portions will be given to the whistleblower for comment.

The whistleblower is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with an inquiry or investigation.

C. Respondent

The respondent will be informed of the allegations when an inquiry is opened and notified in writing of the final determinations and resulting actions. The respondent will also have the opportunity to be interviewed by and present evidence to the inquiry and investigation committees, to review the draft inquiry and investigation reports, and to have the advice of counsel.

The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry or investigation. If the respondent is not found guilty of scientific misconduct, he or she has the right to receive institutional assistance in restoring his or her reputation.^v

D. Deciding Official

The Deciding Official will receive the inquiry and/or investigation report and any written comments made by the respondent or the whistleblower on the draft report. The Deciding Official will consult with the Research Integrity Office, the Executive Director, and other appropriate officials and will determine whether to conduct an investigation, whether misconduct occurred, whether to impose sanctions, or whether to take other appropriate administrative actions [see section XI].

V. General Policies and Principles

A. Responsibility To Report Misconduct

All employees or individuals associated with the American College of Surgeons should report observed, suspected, or apparent misconduct in science to the Research Integrity Officer or to a Director or Manager. If an individual is unsure whether a suspected incident falls within the definition of scientific misconduct, he or she may call the Research Integrity Officer at [telephone number] to discuss the suspected misconduct informally. If the circumstances described by the individual do not meet the definition of scientific misconduct, the Research Integrity Officer will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

At any time, an employee may have confidential discussions and consultations about concerns of possible misconduct with the Research Integrity Officer and will be counseled about appropriate procedures for reporting allegations.

B. Protecting the Whistleblower

The Research Integrity Officer will monitor the treatment of individuals who bring allegations of misconduct or of inadequate institutional response thereto, and those who cooperate in inquiries or investigations. The Research Integrity Officer will ensure that these persons will not be retaliated against in the terms and conditions of their employment or other status at the institution and will review instances of alleged retaliation for appropriate action.

Employees should immediately report any alleged or apparent retaliation to the Research Integrity Officer.

Also, the institution will protect the privacy of those who report misconduct in good faith^{vi} to the maximum extent possible. For example, if the whistleblower requests anonymity, the institution will make an effort to honor the request during the allegation assessment or

inquiry within applicable policies and regulations and state and local laws, if any. The whistleblower will be advised that if the matter is referred to an investigation committee and the whistleblower's testimony is required, anonymity may no longer be guaranteed. Institutions are required to undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations.^{vii}

C. Protecting the Respondent

Inquiries and investigations will be conducted in a manner that will ensure fair treatment to the respondent(s) in the inquiry or investigation and confidentiality to the extent possible without compromising public health and safety or thoroughly carrying out the inquiry or investigation.^{viii}

Institutional employees accused of scientific misconduct may consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal adviser to interviews or meetings on the case.

D. Cooperation with Inquiries and Investigations

Institutional employees will cooperate with the Research Integrity Officer and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Employees have an obligation to provide relevant evidence to the Research Integrity Officer or other institutional officials on misconduct allegations.

E. Preliminary Assessment of Allegations

Upon receiving an allegation of scientific misconduct, the Research Integrity Officer will immediately assess the allegation to determine whether there is sufficient evidence to warrant an inquiry, whether PHS support or PHS applications for funding are involved, and whether the allegation falls under the PHS definition of scientific misconduct.

VI. Conducting the Inquiry

A. Initiation and Purpose of the Inquiry

Following the preliminary assessment, if the Research Integrity Officer determines that the allegation provides sufficient information to allow specific follow-up, he or she will immediately initiate the inquiry process. In initiating the inquiry, the Research Integrity Officer should identify clearly the original allegation and any related issues that should be evaluated. The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation. The purpose of the inquiry is **not** to reach a final conclusion about whether misconduct definitely occurred or who was responsible. The findings of the inquiry must be set forth in an inquiry report.

B. Sequestration of the Research Records

After determining that an allegation falls within the definition of misconduct in science, whether or not it involves PHS funding, the Research Integrity Officer must ensure that all original research records and materials relevant to the allegation are immediately secured. The Research Integrity Officer may consult with ORI for advice and assistance in this regard if the misconduct involves PHS funding.

C. Appointment of the Inquiry Committee

The Research Integrity Officer, in consultation with other institutional officials as appropriate, will appoint an inquiry committee and committee chair within 10 days of the initiation of the inquiry. The inquiry committee should consist of individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. These individuals may be scientists, subject matter experts, administrators, lawyers, or other qualified persons, and they may be from inside or outside the institution.

The Research Integrity Officer will notify the respondent of the proposed committee membership within 5 days following appointment of the committee. If the respondent submits a written objection to any appointed member of the inquiry committee or expert based on bias or conflict of interest within 5 days, the Research Integrity Officer will determine whether to replace the challenged member or expert with a qualified substitute.

D. Charge to the Committee and the First Meeting

The Research Integrity Officer will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment and states that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation as required by the PHS regulation. The purpose is not to determine whether scientific misconduct definitely occurred or who was responsible.

At the committee's first meeting, the Research Integrity Officer will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The Research Integrity Officer and institutional counsel will be present or available throughout the inquiry to advise the committee as needed.

E. Inquiry Process

The inquiry committee will normally interview the whistleblower, the respondent, and

key witnesses as well as examining relevant research records and materials. Then the inquiry committee will evaluate the evidence and testimony obtained during the inquiry. After consultation with the Research Integrity Officer and institutional counsel, the committee members will decide whether there is sufficient evidence of possible scientific misconduct to recommend further investigation. The scope of the inquiry does not include deciding whether misconduct occurred or conducting exhaustive interviews and analyses.

VII. The Inquiry Report

A. Elements of the Inquiry Report

A written inquiry report must be prepared that states the name and title of the committee members and experts, if any; the allegations; the PHS support, if any; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; a description of the evidence in sufficient detail to demonstrate whether an investigation is warranted or not; and the committee's determination as to whether an investigation is recommended and whether any other actions should be taken if an investigation is not recommended. Institutional counsel will review the report for legal sufficiency.

B. Comments on the Draft Report by the Respondent and the Whistleblower

The Research Integrity Officer will provide the respondent with a copy of the draft inquiry report for comment and rebuttal and will provide the whistleblower, if he or she is identifiable, with portions of the draft inquiry report that address the whistleblower's role and opinions in the investigation.

1. Confidentiality

The Research Integrity Officer may establish reasonable conditions for review to protect the confidentiality of the draft report.

2. Receipt of Comments

Within 14 calendar days of their receipt of the draft report, the whistleblower and respondent will provide their comments, if any, to the inquiry committee. Any comments that the whistleblower or respondent submits on the draft report will become part of the final inquiry report and record.^{ix} Based on the comments, the inquiry committee may revise the report as appropriate.

C. Inquiry Decision and Notification

1. Decision by Deciding Official

The Research Integrity Officer will transmit the final report and any comments to the Deciding Official, who will make the determination of

whether findings from the inquiry provide sufficient evidence of possible scientific misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes this determination, which will be made within 60 days of the first meeting of the inquiry committee. Any extension of this period will be based on good cause and recorded in the inquiry file.

2. Notification

The Research Integrity Officer will notify both the respondent and the whistleblower in writing of the Deciding Official's decision of whether to proceed to an investigation and will remind them of their obligation to cooperate in the event an investigation is opened. The Research Integrity Officer will also notify all appropriate institutional officials of the Deciding Official's decision.

D. Time Limit for Completing the Inquiry Report

The inquiry committee will normally complete the inquiry and submit its report in writing to the Research Integrity Officer no more than 60 calendar days following its first meeting,^x unless the Research Integrity Officer approves an extension for good cause. If the Research Integrity Officer approves an extension, the reason for the extension will be entered into the records of the case and the report.^{xi} The respondent also will be notified of the extension.

VIII. Conducting the Investigation

A. Purpose of the Investigation

The purpose of the investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation will be set forth in an investigation report.

B. Sequestration of the Research Records

The Research Integrity Officer will immediately sequester any additional pertinent research records that were not previously sequestered during the inquiry. This sequestration should occur before or at the time the respondent is notified that an investigation has begun. The need for additional sequestration of records may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured.

The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

C. Appointment of the Investigation Committee

The Research Integrity Officer, in consultation with other institutional officials as appropriate, will appoint an investigation committee and the committee chair within 10 days of the notification to the respondent that an investigation is planned or as soon thereafter as practicable. The investigation committee should consist of at least three individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegations, interview the principals and key witnesses, and conduct the investigation.^{xii} These individuals may be scientists, administrators, subject matter experts, lawyers, or other qualified persons, and they may be from inside or outside the institution. Individuals appointed to the investigation committee may also have served on the inquiry committee.

The Research Integrity Officer will notify the respondent of the proposed committee membership within 5 days. If the respondent submits a written objection to any appointed member of the investigation committee or expert, the Research Integrity Officer, in consultation with the Executive Director, will determine whether to replace the challenged member or expert with a qualified substitute.

D. Charge to the Committee and the First Meeting

1. Charge to the Committee

The Research Integrity Officer will define the subject matter of the investigation in a written charge to the committee that describes the allegations and related issues identified during the inquiry, defines scientific misconduct, and identifies the name of the respondent. The charge will state that the committee is to evaluate the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether, based on a preponderance of the evidence, scientific misconduct occurred and, if so, to what extent, who was responsible, and its seriousness.

During the investigation, if additional information becomes available that substantially changes the subject matter of the investigation or would suggest additional respondents, the committee will notify the Research Integrity Officer, who will determine whether it is necessary to notify the respondent of the new subject matter or to provide notice to additional respondents.

2. The First Meeting

The Research Integrity Officer, with the assistance of institutional counsel,

will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of these instructions and, where PHS funding is involved, the PHS regulation.

E. Investigation Process

The investigation committee will be appointed and the process initiated within 30 days of the completion of the inquiry, if findings from that inquiry provide a sufficient basis for conducting an investigation.^{xiii}

The investigation will normally involve examination of all documentation including, but not necessarily limited to, relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls.^{xiv} Whenever possible, the committee should interview the whistleblower(s), the respondents(s), and other individuals who might have information regarding aspects of the allegations.^{xv} Interviews of the respondent should be tape recorded or transcribed. All other interviews should be transcribed, tape recorded, or summarized. Summaries or transcripts of the interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the investigatory file.^{xvi}

IX. The Investigation Report

A. Elements of the Investigation Report

The final report must describe the policies and procedures under which the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings. The report will include the actual text or an accurate summary of the views of any individual(s) found to have engaged in misconduct as well as a description of any sanctions imposed and administrative actions taken by the institution.^{xvii} If PHS funding was involved, this is the report that will be submitted to ORI.

B. Comments on the Draft Report

1. Respondent

The Research Integrity Officer will provide the respondent with a copy of the draft investigation report for comment and rebuttal. The respondent will be allowed 10 days to review and comment on the draft report. The respondent's comments will be attached to the final report. The findings of the final report should take into account the respondent's comments in addition to all the other evidence.

2. Whistleblower

The Research Integrity Officer will provide the whistleblower, if he or she is identifiable, with those portions of the draft investigation report that address the whistleblower's role and opinions in the investigation. The report should be modified, as appropriate, based on the whistleblower's comments.

3. Institutional Counsel

The draft investigation report will be transmitted to the institutional counsel for a review of its legal sufficiency. Comments should be incorporated into the report as appropriate.

4. Confidentiality

In distributing the draft report, or portions thereof, to the respondent and whistleblower, the Research Integrity Officer will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the Research Integrity Officer may request the recipient to sign a confidentiality statement or to come to his or her office to review the report.

C. Institutional Review and Decision

Based on a preponderance of the evidence, the Deciding Official will make the final determination whether to accept the investigation report, its findings, and the recommended institutional actions. If this determination varies from that of the investigation committee, the Deciding Official will explain in detail the basis for rendering a decision different from that of the investigation committee. If the report is transmitted to ORI, this information will be included in the institution's letter transmitting the report to ORI. The Deciding Official's explanation should be consistent with the PHS definition of scientific misconduct, the institution's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. The Deciding Official may also return the report to the investigation committee with a request for further fact-finding or analysis. The Deciding Official's determination, together with the investigation committee's report, constitutes the final investigation report for purposes of ORI review.

When a final decision on the case has been reached, the Research Integrity Officer will notify both the respondent and the whistleblower in writing. In addition, the Deciding Official will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the

case. The Research Integrity Officer is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

D. Transmittal of the Final Investigation Report to ORI

After comments have been received and the necessary changes have been made to the draft report, the investigation committee should transmit the final report with attachments, including the respondent's and whistleblower's comments, to the Deciding Official, through the Research Integrity Officer.

E. Time Limit for Completing the Investigation Report

An investigation should ordinarily be completed within 120 days of its initiation,^{xxviii} with the initiation being defined as the first meeting of the investigation committee. This process includes conducting the investigation, preparing the report of findings, making the draft report available to the subject of the investigation for comment, submitting the report to the Deciding Official for approval, and submitting the report to the ORI.^{xix}

X. Requirements for Reporting to ORI

A. The College's decision to initiate an investigation must be reported in writing to the Director, ORI, on or before the date the investigation begins.^{xx} At a minimum, the notification should include the name of the person(s) against whom the allegations have been made, the general nature of the allegation as it relates to the PHS definition of scientific misconduct, and the PHS applications or grant number(s) involved.^{xxi} ORI must also be notified of the final outcome of the investigation and must be provided with a copy of the investigation report.^{xxii} Any significant variations from the provisions of the institutional policies and procedures should be explained in any reports submitted to ORI.

B. If the College plans to terminate an inquiry or investigation for any reason without completing all relevant requirements of the PHS regulation, the Research Integrity Officer will submit a report of the planned termination to ORI, including a description of the reasons for the proposed termination.^{xxiii}

C. If the College determines that it will not be able to complete the investigation in 120 days, the Research Integrity Officer will submit to ORI a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the report, and describes other necessary steps to be taken. If the request is granted, the Research Integrity Officer will file periodic progress reports as requested by the ORI.^{xxiv}

D. When PHS funding or applications for funding are involved and an admission of scientific misconduct is made, the Research Integrity Officer will contact ORI for consultation and advice. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of misconduct. When the case involves PHS funds, the institution cannot accept an admission of scientific misconduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI.^{xxv}

E. The Research Integrity Officer will notify ORI at any stage of the inquiry or investigation if:

1. there is an immediate health hazard involved;^{xxvi}
2. there is an immediate need to protect Federal funds or equipment;^{xxvii}
3. there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;^{xxviii}
4. it is probable that the alleged incident is going to be reported publicly;^{xxix}
or
5. the allegation involves a public health sensitive issue, *e.g.*, a clinical trial;
or
6. there is a reasonable indication of possible criminal violation. In this instance, the institution must inform ORI within 24 hours of obtaining that information.^{xxx}

XI. Institutional Administrative Actions

The American College of Surgeons will take appropriate administrative actions against individuals when an allegation of misconduct has been substantiated.^{xxxi}

If the Deciding Official determines that the alleged misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the Research Integrity Officer. The actions may include:

- ! withdrawal or correction of all pending or published abstracts and papers emanating from the research where scientific misconduct was found.
- ! removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment; and
- ! restitution of funds as appropriate.

XII. Other Considerations

- A. Termination of Institutional Employment or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible scientific misconduct has been reported, will not preclude or terminate the misconduct procedures.

If the respondent, without admitting to the misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed. If the respondent refuses to participate in the process after resignation, the committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the respondent's failure to cooperate and its effect on the committee's review of all the evidence.

B. Restoration of the Respondent's Reputation

If the College finds no misconduct and ORI concurs, after consulting with the respondent, the Research Integrity Officer will undertake reasonable efforts to restore the respondent's reputation. Depending on the particular circumstances, the Research Integrity Officer should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in forums in which the allegation of scientific misconduct was previously publicized, or expunging all reference to the scientific misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation must first be approved by the Deciding Official.

C. Protection of the Whistleblower and Others^{xxxii}

Regardless of whether the College or ORI determines that scientific misconduct occurred, the Research Integrity Officer will undertake reasonable efforts to protect whistleblowers who made allegations of scientific misconduct in good faith and others who cooperate in good faith with inquiries and investigations of such allegations. Upon completion of an investigation, the Deciding Official will determine, after consulting with the whistleblower, what steps, if any, are needed to restore the position or reputation of the whistleblower. The Research Integrity Officer is responsible for implementing any steps the Deciding Official approves. The Research Integrity Officer will also take appropriate steps during the inquiry and investigation to prevent any retaliation against the whistleblower.

D. Allegations Not Made in Good Faith

If relevant, the Deciding Official will determine whether the whistleblower's allegations of scientific misconduct were made in good faith. If an allegation was not made in good faith, the Deciding Official will determine whether any administrative action should be taken against the whistleblower.

E. Interim Administrative Actions

College officials will take interim administrative actions, as appropriate, to protect Federal funds and ensure that the purposes of the Federal financial assistance are carried out.^{xxxiii}

XIII. Record Retention

After completion of a case and all ensuing related actions, the Research Integrity Officer will prepare a complete file, including the records of any inquiry or investigation and copies of all documents and other materials furnished to the Research Integrity Officer or committees. The Research Integrity Officer will keep the file for three years after completion of the case to permit later assessment of the case. ORI or other authorized DHHS personnel will be given access to the records upon request.^{xxxiv}

XIV. Intended Compliance

This policy is intended to comply with PHS regulations. In the event of any conflict between this policy and PHS regulations, the PHS regulations shall control and the Research Integrity Officer shall conform the procedures set forth herein to such regulations. The Research Integrity Officer and the College Executive Director may waive applicability of any portion of this policy to particular facts and circumstances to ensure the best use of college resources while protecting the public interest; provided, that no portion of this policy required by PHS regulations may be waived.

NOTES:

- i 42 C.F.R. ' 50.102.
- ii 42 C.F.R. ' 50.102.
- iii 42 C.F.R. ' 50.102.
- iv 42 C.F.R. ' 50.103(d)(12).
- v 42 C.F.R. ' 50.103(d)(13).
- vi 42 C.F.R. ' 50.103(d)(2).
- vii 42 C.F.R. ' 50.103(d)(13).
- viii 42 C.F.R. ' 50.103(d)(3).
- ix 42 C.F.R. ' 50.103(d)(1).
- x 42 C.F.R. ' 50.103(d)(1).
- xi 42 C.F.R. ' 50.103(d)(1).
- xii 42 C.F.R. ' 50.103(d)(8).
- xiii 42 C.F.R. ' 50.103(d)(7).
- xiv 42 C.F.R. ' 50.103(d)(7).
- xv 42 C.F.R. ' 50.103(d)(7).
- xvi 42 C.F.R. ' 50.103(d)(7).
- xvii 42 C.F.R. ' 50.104(a)(4); 42 C.F.R. ' 50.103(d)(15).
- xviii 42 C.F.R. ' 50.104(a)(2).
- xix 42 C.F.R. ' 50.104(a)(2).
- xx 42 C.F.R. ' 50.104(a)(1).

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- xxi 42 C.F.R. ' 50.104(a)(1).
 - xxii 42 C.F.R. ' 50.103(d)(15).
 - xxiii 42 C.F.R. ' 50.104(a)(3).
 - xxiv 42 C.F.R. ' 50.104(a)(5).
 - xxv 42 C.F.R. ' 50.104(a)(3).
 - xxvi 42 C.F.R. ' 50.104(b)(1).
 - xxvii 42 C.F.R. ' 50.104(b)(2).
 - xxviii 42 C.F.R. ' 50.104(b)(3).
 - xxix 42 C.F.R. ' 50.104(b)(4).
 - xxx 42 C.F.R. ' 50.104(b)(5).
 - xxxi 42 C.F.R. ' 50.103(d)(14).
 - xxxii 42 C.F.R. ' 50.103(d)(14).
 - xxxiii 42 C.F.R. ' 50.103(d)(11).
 - xxxiv 42 C.F.R. ' 50.103(d)(10).

American College of Surgeons
LETTER OF AGREEMENT
Terms and Conditions of an Educational Grant

Exhibit 7

<p>Regarding the following CME Activity:</p> <p>Meeting Name: Breast Ductoscopy Course</p> <p>Date and Location of Meeting: Monday, October 12, 2009</p> <p>Commercial Company: Acuity Healthcare Inc</p> <p>Commercial Company Address: 1017 El Camino Real #361, Redwood City, CA 94063</p> <p>Company Contact Name: Joe Gassman</p> <p>Telephone: 305- [REDACTED] Fax: [REDACTED] e-mail: [REDACTED]</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Post-It® Fax Note 7671</td> <td>Date 9-17-09</td> <td># of pages 2</td> </tr> <tr> <td>To Mary Goslin</td> <td colspan="2">From R LEE</td> <td></td> </tr> <tr> <td>Co./Dept. Div of Education</td> <td colspan="2">Co.</td> <td></td> </tr> <tr> <td>Phone #</td> <td colspan="2">Phone #</td> <td></td> </tr> <tr> <td>Fax # 312 [REDACTED]</td> <td colspan="2">Fax #</td> <td></td> </tr> </table>	Post-It® Fax Note 7671		Date 9-17-09	# of pages 2	To Mary Goslin	From R LEE			Co./Dept. Div of Education	Co.			Phone #	Phone #			Fax # 312 [REDACTED]	Fax #		
Post-It® Fax Note 7671		Date 9-17-09	# of pages 2																		
To Mary Goslin	From R LEE																				
Co./Dept. Div of Education	Co.																				
Phone #	Phone #																				
Fax # 312 [REDACTED]	Fax #																				

This grant will provide support for the above named CME activity by means of:

- ☐ Educational grant in the amount of \$ _____
- ☒ Gift In-kind Grant (equipment loan). Total value to include cost of equipment rental, shipping & handling \$ 40,000
- [Equipment will be returned at the conclusion of the meeting.]
- 3 systems

Conditions

Statement of Purpose

This activity is for scientific and educational purposes only. It will not promote the company's products, directly, or indirectly.

Control of Content & Selection of Presenters and Moderators

The American College of Surgeons (ACS) is responsible for full control of content and selection of presenters and moderators. The ACCME Standards for Commercial Support of Continuing Medical Education require that the ACS conduct the Program independently and without control or influence by the commercial company over the Program's planning, content (including the selection of speakers or moderators), or execution.

Disclosure of Financial Relationships

The ACS will ensure meaningful disclosure to the audience, at the time of the program of the Company funding and any significant relationship between ACS and Company (e.g., grant recipient) or between individual speakers or moderators and the Company.

Involvement in Content

There will be no "scripting", emphasis, or direction on content by the Company or its agents.

Ancillary Promotional Activities

No promotional activities will be permitted in the same room or vicinity before, during, or after the educational activity. No product advertisements will be permitted in the activity room.

Objectivity & Balance

ACS as an accredited provider is required by the ACCME Standards to ensure that the program be objective, balanced, and scientifically rigorous.

Limitation on Data

The ACS will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).

Discussion of Unapproved Uses

The ACS will require that presenters disclose when a product is considered off-label or investigational.

Opportunities for Debate The ACS will ensure meaningful opportunities for questioning or scientific debate.

Funds should be in the form of an Educational Grant made payable to the American College of Surgeons.

No other funds from the commercial supporter will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

The Commercial Supporter agrees to abide by all requirements of the ACCME's Standards for Commercial Support of Continuing Medical Education.

The American College of Surgeons agrees to:

- > Comply with the ACCME's Standards of Commercial Support of CME.
 - > Acknowledge educational support from the commercial supporter in on-site program materials.
 - > Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.
- =====

AGREED

For the Commercial Company:

Signature/Date

Print Name/Title

P. Lee

Pamela Lee CEO

For the American College of Surgeons:

Signature/Date

Print Name/Title

Kathy Johnson 10/9/09

Kathy Johnson Sr. Mgr.

Rev 1/2009

American College of Surgeons
LETTER OF AGREEMENT
Terms and Conditions of an Educational Grant

Exhibit 7

Regarding the following CME Activity:**Meeting Name:** 94th Annual American College of Surgeons Clinical Congress**Date and Location of Meeting:** October 12-16, 2008; Moscone Convention Center, San Francisco, CA**Commercial Company:** Aloka Ultrasound**Commercial Company Address:** 10 Fairfield Blvd.**Company Contact Name:** Tom Oko**Telephone:** 203- [REDACTED] **Fax:****e-mail:** [REDACTED]

This grant will provide support for the above named CME activity by means of:

X Other gift in kind (equipment loan) Approximate Value: \$ 300,000

Equipment

Sunday, October 12, 2008

SC03 Ultrasound Course for Residents

9:35 AM - 12:35 PM

2 Machines w/ abdominal and small parts probes, full complement of probes for the machines including high and low frequency and micro-convex.

Sunday, October 12, 2008

SC04 Ultrasound Instructors Course

10:15 AM - 12:15 PM

2 Machines

- Transabdominal & Small Parts Probes

Sunday, October 12, 2008

SC05 Ultrasound in the Surgical ICU

1:00 PM - 5:30 PM

1 FAST station → 2

Sunday, October 12, 2008

SC06 Vascular Ultrasound: New Applications and Laboratory Management

2:00 PM - 5:00 PM

3 Machines

All Probes Convex Low

Smallparts Linear

Vascular Linear

Monday, October 13, 2008

SC09 Thyroid and Parathyroid Ultrasound

1:30 PM - 5:15 PM

2 machines, small parts probes

Tuesday, October 14, 2008

SC13 Breast Ultrasound

2:00 PM - 5:45 PM

3 Machines

Wednesday, October 15, 2008

SC15 Advanced Ultrasound and Stereotactic Breast Imaging Technologies for Diagnosis and Therapy

3:15 PM - 5:30 PM

3 Machines

Wednesday, October 15, 2008

SC16 The Minimally Invasive Approach to Breast Biopsy: Basic Stereotactic Technique and Application

10:00 AM - 12:30 PM

3 Machines

Conditions

Statement of Purpose

This activity is for scientific and educational purposes only. It will not promote the company's products, directly, or indirectly.

Control of Content & Selection of Presenters and Moderators

Sponsors are responsible for full control of content and selection of presenters and moderators. The ACCME Standards require that the Sponsors conduct the Program independently and without control or influence by the commercial company over the Program's planning, content (including the selection of speakers or moderators), or execution.

Disclosure of Financial Relationships

The Sponsors will ensure meaningful disclosure to the audience, at the time of the program of the Company funding and any significant relationship between the sponsor and Company (e.g., grant recipient) or between individual speakers or moderators and the Company.

Involvement in Content

There will be no "scripting", emphasis, or direction on content by the Company or its agents.

Ancillary Promotional Activities

No promotional activities will be permitted in the same room or vicinity before, during, or after the educational activity. No product advertisements will be permitted in the activity room.

Objectivity & Balance

Sponsors are required by ACS policy and the ACCME Standards to ensure that the program be objective, balanced, and scientifically rigorous.

Limitation on Data

The Sponsors will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).

Discussion of Unapproved Uses

The ACS will require that presenters disclose when a product is considered off-label or investigational.

Opportunities for Debate The ACS will ensure meaningful opportunities for questioning or scientific debate.

Funds should be in the form of an Educational Grant made payable to the American College of Surgeons.

No other funds from the commercial supporter will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

The Commercial Supporter agrees to abide by all requirements of the ACCME's Standards for Commercial Support of Continuing Medical Education.

The American College of Surgeons agrees to:

- Comply with the ACCME's Standards of Commercial Support of CME.

- > Acknowledge educational support from the commercial supporter in on-site program materials.
 - > Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.
- =====

AGREED

For the Commercial Company:

Signature/Date

[Signature] 9-3-08

Print Name/Title

Jennifer Lunci / Marketing Coordinator

For the American College of Surgeons:

Signature/Date

Kathy Johnson 10/2/08

Print Name/Title

Kathy Johnson Sr. Mgr of Skills
Comm

Rev 5/08

LETTER OF AGREEMENT
Terms and Conditions of an Educational Grant

Exhibit 7

Between The American College of Surgeons and the Commercial Supporter:**Company Providing the Grant:** Aloka Ultrasound**Address:** 10 Fairfield Blvd. Wallingford, CT 06492**Company Contact Name:** Tom Oko**Telephone:** 203- [REDACTED]**Fax:** 203-269-6075**E-mail:** [REDACTED]**Regarding the following CME Activity:****Program Name:** 93rd Annual American College of Surgeons Clinical Congress**Date and Location:** October 7 - 11, Morial Convention Center, New Orleans, LA

This grant will provide support for the above named CME activity by means of:

☒ Other gift in kind (e.g., equipment loan, brochure distribution). Approximate Value \$_____ for:**SC04: Thyroid and Parathyroid Ultrasound**

Sunday, 10/7/2007; 1:00 - 5:30 pm

EMCC R08-R09

2 Machines

Small Parts Probes

SC08: Breast Ultrasound

Monday, 10/8/2007; 1:00 - 5:45 pm

EMCC R08-R09

2 Machines

SC09: Vascular Ultrasound: New Applications and Laboratory Management

Monday, 10/8/2007; 2:45 - 5:45 pm

EMCC R04-R05

3 Machines

All Probes Convex Low

Smallparts Linear

Vascular Linear

SC13A: Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery

Tuesday, 10/9/2007; 9:30 am - 12:00 noon

EMCC R04-R05

3 machines

- B-Mode with Color/Power Doppler

- 3 Abdominal (Transabdominal) Probes

- 1 IOUS probe

- 1 LUS probe

SC13B: Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery

Tuesday, 10/9/2007; 2:00 - 5:30 pm

EMCC R04-R05

3 machines

- B-Mode with Color/Power Doppler

- 3 Abdominal (Transabdominal) Probes

- 1 IOUS probe

- 1 LUS probe

SC16: Ultrasound Course for Residents

Tuesday, 10/9/2007; 3:00 - 5:30 pm

EMCC R08-R09

2 Machines

- Abdominal and Small Parts Probes

(1 Breast Station, 1 Abdominal/Biliary Station)

SC18: Ultrasound Instructors Course

Wednesday, 10/10/2007; 9:30 am - 12:30 pm

EMCC R08-R09

2 Machines

- Transabdominal & Small Parts Probes

SC22: Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast

Wednesday, 10/10/2007; 2:45 - 5:30 pm

EMCC R02-R03

2 Machines

SC23: Ultrasound in the Surgical ICU

Wednesday, 10/10/2007; 12:30 - 5:30 pm

EMCC R04-R05

2 Machines

- Low Frequency Transducers

Conditions**Statement of Purpose**

This activity is for scientific and educational purposes only. It will not promote the company's products, directly, or indirectly.

Control of Content & Selection of Presenters and Moderators

ACS is responsible for full control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program. The Company or its agents will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications, will disclose financial or other relationships between the Company and the speaker, and will provide this information in writing. ACS will record role of the Company or its agents in suggesting presenter(s); will seek suggestions from other sources and will make selection of presenter(s) based on balance and independence.

Disclosure of Financial Relationships

The ACS will ensure meaningful disclosure to the audience, at the time of the program of (a) Company funding and (b) any significant relationship between the sponsor and Company (e.g., grant recipient) or between individual speakers or moderators and the Company.

Involvement in Content

There will be no "scripting", emphasis, or direction on content by the Company or its agents.

Ancillary Promotional Activities

No promotional activities will be permitted in the same room or vicinity before, during, or after the educational activity. No product advertisements will be permitted in the activity room.

Objectivity & Balance

ACS will make every effort to ensure that data regarding the Company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.

Limitation on Data

The ACS will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).

Discussion of Unapproved Uses

The ACS will require that presenters disclose when a product is considered off-label or investigational.

Opportunities for Debate The ACS will ensure meaningful opportunities for questioning or scientific debate.

Independence of Sponsors in the Use of Contributed Funds All funds and other support associated with this CME activity must be given with the full knowledge and approval of the American College of Surgeons.

Funds should be in the form of an Educational Grant made payable to the American College of Surgeons.

No other funds from the commercial supporter will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

The Commercial Supporter agrees to abide by all requirements of the ACCME's Updated Standards for Commercial Support of Continuing Medical Education.

The American College of Surgeons agrees to:

- > Comply with the ACCME's Updated Standards of Commercial Support of CME.
- > Acknowledge educational support from the commercial supporter.
- > Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

=====

AGREED

For the Commercial Company:

Signature/Date

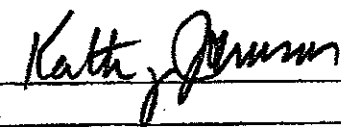
Print Name/Title

 10/2/07
Jennifer Lanci MKTG Coord.

For the American College of Surgeons:

Signature/Date

Print Name/Title

 10/4/07
Kathy Jensen

Rev 7/06

Exhibit 7

LETTER OF AGREEMENT

Terms and Conditions of an Educational Grant

Between The American College of Surgeons and the Commercial Supporter:

Company Providing the Grant: Aloka Ultrasound

Address: 10 Fairfield Blvd., Wallingford, CT 06492

Company Contact Name: Tom Oke

Telephone: 203- [REDACTED]

Fax: 203- [REDACTED]

E-mail: [REDACTED]

Regarding the following CME Activity:

Program Name: 92nd Annual American College of Surgeons Clinical Congress

Date and Location (if applicable): October 8 - 12, McCormick Place Convention Center, Chicago, Illinois

This grant will provide support for the above named CME activity by means of:

☒ Other gift in kind (e.g., equipment loan):

SC04: Vascular Ultrasound: New Applications and Laboratory Management

Sunday, October 8th, 3:00 - 5:30 p.m.

3 Machines, All Probes Convex Low, Smallparts Linear, Vascular Linear

SC09: Breast Ultrasound

Monday, October 9th, 1:30 - 5:45 p.m.

2 Machines

SC13A: Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery

Tuesday, October 10th, 9:50 a.m. - 12:00 p.m.

2 Machines, B-Mode with Color/ Power Doppler, Abdominal Probe

SC13B: Laparoscopic and Open Intraoperative Ultrasound in Abdominal Surgery

Tuesday, October 10th, 2:30 - 5:30 p.m.

3 Machines, B-Mode with Color/ Power Doppler Probe, 1 Laparoscopic, 1 IOUS, 1 Transabdominal

SC16: Ultrasound Course for Residents

Tuesday, October 10th, 3:30 - 5:30 p.m.

2 Machines, Abdominal and Small Parts Probes, (1 Breast Station, 1 Abdominal/Biliary Station)

SC17: Ultrasound Instructors Course

Wednesday, October 11th, 10:00 a.m. - 12:30 p.m.

2 Machines, Transabdominal & Small Parts Probes

SC18: Thyroid and Parathyroid Ultrasound

Wednesday, October 11th, 12:15 - 4:30 p.m.

2 Machines, Small Parts Probes

SC20: Advanced Technology in Image-Guided Diagnosis and Treatment of the Breast for Ultrasound and Stereotactic Imaging

Wednesday, October 11th, 3:00 - 5:30 p.m.

2 Machines

☒

Approximate Value \$ 15,000.

Conditions

Statement of Purpose

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Control of Content & Selection of Presenters and Moderators

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The Commercial Supporter agrees to abide by all requirements of the ACCME's Updated Standards for Commercial Support of Continuing Medical Education.

The American College of Surgeons agrees to:

- Comply with the ACCME's Standards of Commercial Support of CME.
- Acknowledge educational support from the commercial supporter.
- Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

AGREED

For the Commercial Company:

Signature/Date [Signature] 9-19-06

Print Name/Title Tomoko Business Manager

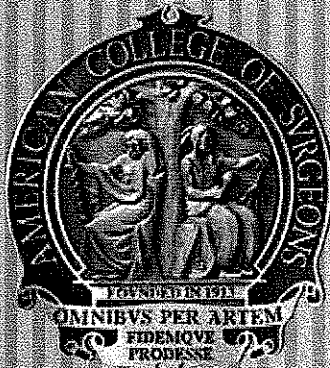
For the American College of Surgeons:

Signature/Date [Signature] 9/20/06

AMERICAN COLLEGE OF SURGEONS 95TH ANNUAL

Clinical Congress

CHICAGO, IL • OCTOBER 11-15, 2009



The Surgeon

as a Role Model

TECHNICAL EXHIBITORS

PROSPECTUS



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Installation and Decorating

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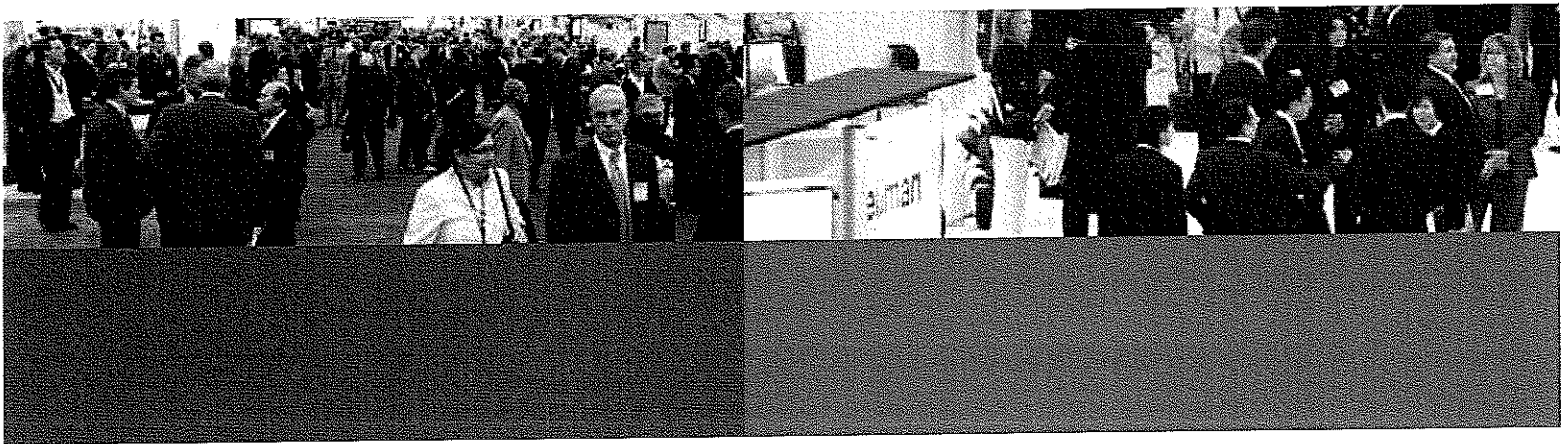
18-19

2008 Technical Exhibitors

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AMERICAN COLLEGE OF SURGEONS 95TH ANNUAL

Clinical Congress

This fall, approximately 9,000 domestic and international surgeons will arrive in Chicago for one of the largest surgical meetings of its kind! The 95th Annual Clinical Congress will be held at McCormick Place West on October 11-15, 2009. Our attendees come highly motivated to participate in our cutting edge educational programs. They also look forward to the technical exhibits as a logical extension of the educational experience. Current thinking and innovative products and services go hand-in-hand to help surgeons provide the best possible care for their patients and to improve their practice management skills.

Last year at your request, our Board approved several changes to the Clinical Congress to make the meeting more valuable to our membership as well as a better market place for you. Once again, we will have a 1½ hour lunch break—with no competing General Sessions, and the exhibit hall hours will remain the same—Monday through Wednesday, 9:00 am to 4:30 pm.

Don't hesitate in responding and securing your desired booth space for the 95th Annual Clinical Congress. Just complete the enclosed application and return it to us with your deposit check as soon as possible.

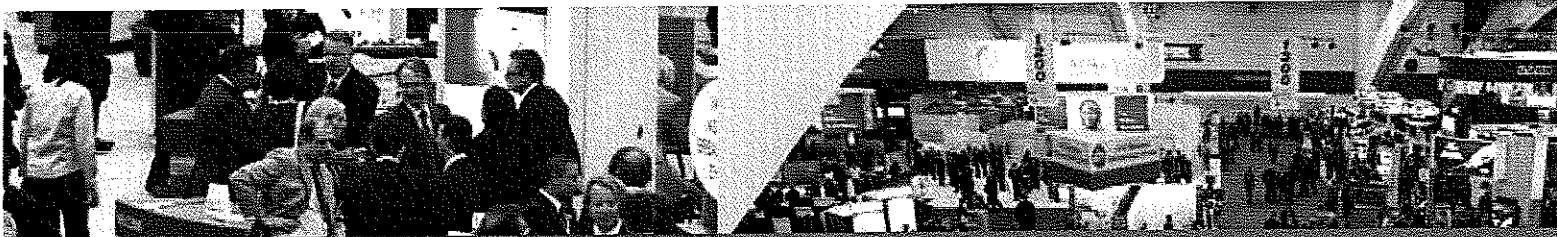
We look forward to seeing you at the 2009 Clinical Congress, and so do the health care professionals who are looking for "answers" to today's professional needs.



Felix P. Niespodziewanski
Director, Convention & Meetings



Jacquelyn Mitchell
Manager, Exhibits & Convention Services



Why Exhibit?

- ◆ **The Annual Clinical Congress is one of the largest surgical meetings of the year.**
- ◆ **Reach an audience of almost 9,000 health care professionals.**
- ◆ **Be where your competitors will be.**
- ◆ **Last year 22,450 leads were generated.**

2008 CLINICAL CONGRESS ATTENDANCE BREAKDOWN

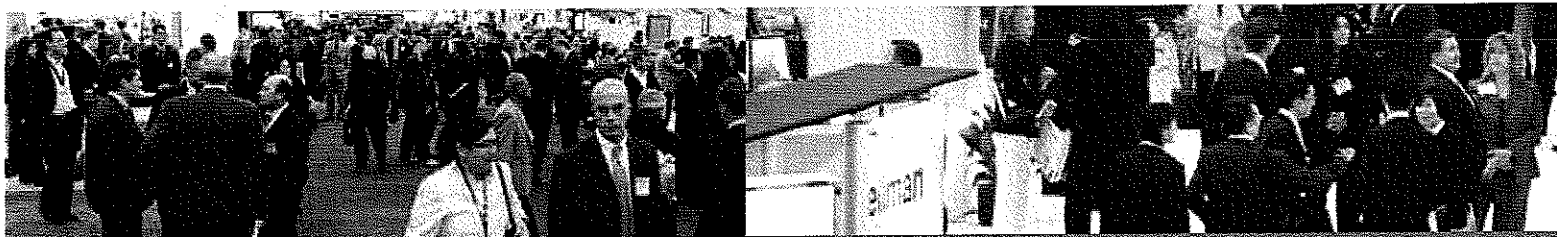
Fellows	5,212	(36%)
Initiates	500	(3%)
Associate Fellows	461	(3%)
Residents	1,469	(10%)
Guest Physicians	1,308	(9%)
Affiliates	93	(1%)
Medical Students	361	(3%)
Allied Health	479	(3%)
Social Program	797	(6%)
Staff & Press	210	(1%)
Technical Exhibitors & Miscellaneous	3,703	(25%)

2008 PHYSICIAN ATTENDANCE GEOGRAPHIC

United States	6,984	(78%)
Europe	597	(7%)
Latin America/Caribbean	497	(6%)
Canada	307	(3%)
Australia/Oceania	27	(0%)
Middle East	117	(1%)
Asia	347	(4%)
Africa	74	(1%)

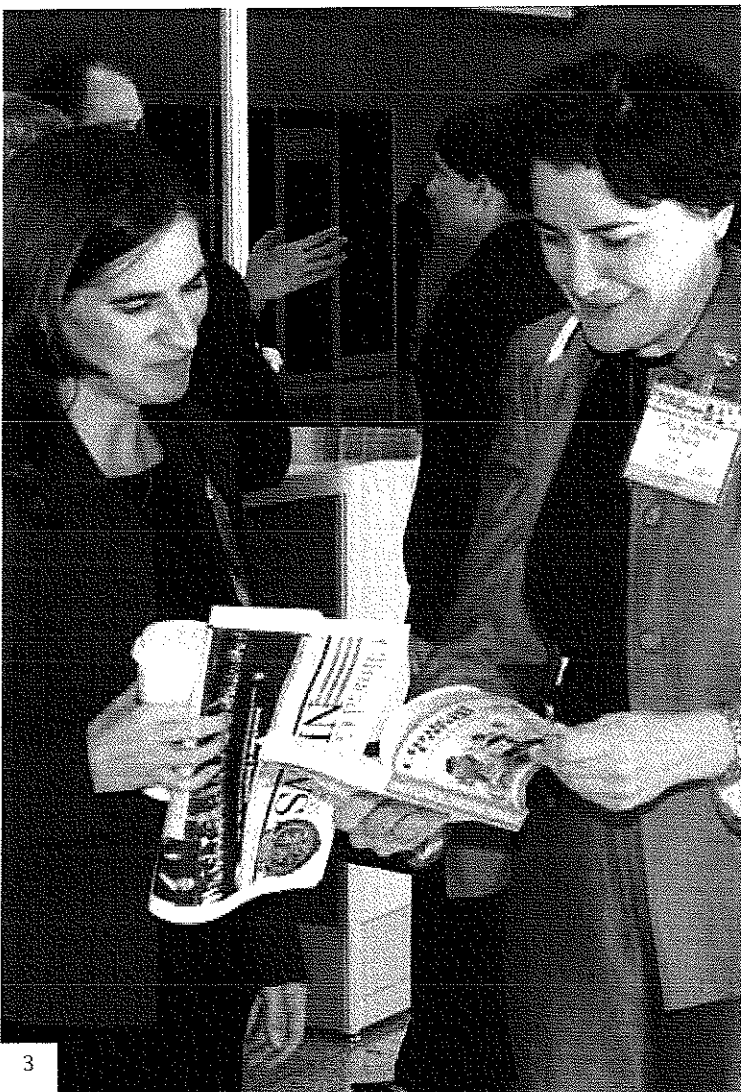
2008, 2007, 2006, 2005 BREAKDOWN BY SPECIALTY

	San Francisco 2008	New Orleans 2007	Chicago 2006	San Francisco 2005
Colon and Rectal Surgery	338	258	301	220
General Surgery	6,798	4,509	6,065	6,827
Neurological Surgery	53	63	152	69
Obstetrics and Gynecology	59	47	58	54
Ophthalmic Surgery	32	13	34	30
Orthopaedic Surgery	34	39	56	40
Otolaryngology	125	102	98	102
Pediatric Surgery	200	164	209	217
Plastic Surgery	189	149	105	196
Thoracic Surgery	385	300	399	454
Urological Surgery	119	84	129	135
Vascular Surgery	347	237	315	266
Not Indicated	271	612	451	351
Total	8,950	6,577	8,372	8,961

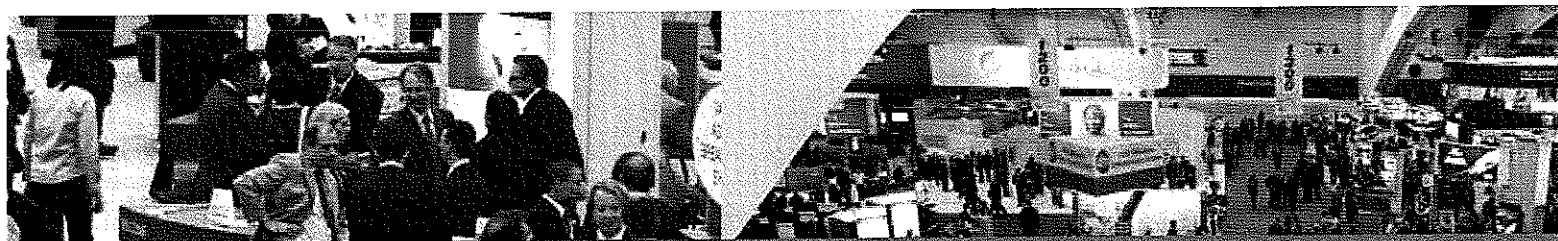


2009 Timeline

If you have any questions regarding these dates and deadlines, please contact Jacquelyn Mitchell, Manager, Exhibits & Convention Services, Convention & Meetings, at 312/202-5292, fax 312/202-5003, jmitchell@facs.org.



- | | |
|----------------|--|
| FEBRUARY/MARCH | Prospectus mailing. |
| APRIL 17 | Exhibitor block housing form due to ACS. |
| APRIL/MAY | Space assignment/invoice mailing. |
| JULY 1 | Full payment for exhibit space due. Service kit information sent upon receipt of final payment. No refunds issued for cancellations or reductions. |
| AUGUST 14 | Exhibitor-appointed contractor request deadline. Forms and certificates of insurance must be received in writing from the exhibitor by 9:00 am. Faxes will not be accepted (see Rule IVB). Independent contractor certificate naming ACS as an additional insured. ORIGINALS ONLY. |
| AUGUST 14 | Peninsula ("end cap") and free-form island elevation and overview drawings due. |
| AUGUST 17 | Rooming lists and deposits for block housing due. |
| SEPTEMBER 4 | Application for hotel accommodations due to ACS Housing Bureau. |
| SEPTEMBER 30 | Exhibit personnel advance registration deadline. |
| OCTOBER 8 | Setup of free-form exhibits begins (prior arrangement required). |
| OCTOBER 9 | General setup begins (all exhibitors). |
| OCTOBER 11 | Exhibit installation must be completed by 6:00 pm. The exhibit hall will be closed to all personnel at 7:00 pm for cleaning and to prepare for opening. |
| OCTOBER 12 | Exhibits open at 9:00 am. |
| OCTOBER 14 | Exhibits close at 4:30 pm (move-out begins). |



I. ACS Policies, Procedures, and Information

A. Objective

The purpose of our policies and procedures is to provide a professional and educational environment in which the exhibitor can demonstrate, and the attending surgeon can view, products and services that improve the quality of care given to the patient, enhance the management of the surgical practice, or contribute to the educational and instructional atmosphere of the meeting. Our policies and procedures, along with the application for exhibit space, are an integral and binding part of your contract with the American College of Surgeons (ACS) and have been designed to be implemented in a fair, effective, and equitable manner. The abbreviation "ACS" used in the policies and procedures shall mean the American College of Surgeons, a not-for-profit corporation, and, as the context may require, its directors, officers, agents, and/or employees duly acting for ACS in the management of the exhibition.

B. Eligibility, Fees, Dates, Space Assignment

1. EXHIBIT ELIGIBILITY

All products and services to be exhibited must be directly related to patient care and safety or the practice of surgery and approved by the Technical Exhibits Committee in its sole and absolute discretion. All decisions of the Technical Exhibits Committee are final. Exhibitors may only display those products and services that they regularly manufacture or distribute. Exhibitors shall not exhibit any products or services other than those described in their application or approved in writing by the Technical Exhibits Committee. Applications deemed ineligible by the Technical Exhibits Committee will be

returned with full refund. Exhibitors shall not in any manner indicate that ACS endorses or approves of exhibitor's product or service merely because the Technical Exhibits Committee approved such product or service for display at the Clinical Congress.

Distribution of any printed material, showing of equipment, product presentations to ACS registrants or guests by exhibitors, other than in the exhibitors' assigned booth space during the official dates of the Clinical Congress, is prohibited.

2. FDA REGULATIONS

Exhibitors must abide by all applicable Food and Drug Administration (FDA) regulations, including, but not limited to, any or all approved requirements. Any product that is an investigational device or an investigational drug must be clearly marked as such. Exhibitors must ensure that with respect to all such devices or drugs, only permissible preapproved dissemination of scientific and educational information is provided at the exhibit and that appropriate disclosures and cautionary notices are included with the devices or drugs. All products and services exhibited at the Clinical Congress shall comply with

Food and Drug Administration policy and procedures (particularly with respect to the marketing and labeling of investigational drugs and investigational devices) and other applicable policy and procedures. Exhibitors are reminded that the FDA prohibits the advertising or other promotion of investigational or unapproved drugs and devices. The FDA also forbids the promotion of approved drugs or devices for unapproved uses. In addition, under FDA rules, the background of the exhibit must show the generic name of any drug product featured.

For additional information, contact:
FDA Division of Drug Marketing & Advertising
888/463-6332
www.fda.gov

If the FDA or a court of competent jurisdiction determines that a company's exhibit at an ACS meeting is in violation of any FDA regulations, including, but not limited to, the promotional restrictions and rules described above, the company will be subject to sanctions, including, but not limited to, exclusion from exhibiting at subsequent ACS meetings.

3. TECHNICAL EXHIBIT DATES AND HOURS

	INSTALLATION	OPEN HOURS*	DISMANTLING
THU. 10/8	8:00 am-4:30 pm		
FRI. 10/9	8:00 am-4:30 pm		
SAT. 10/10	8:00 am-4:30 pm		
SUN. 10/11	8:00 am-6:00 pm		
MON. 10/12		9:00 am-4:30 pm	
TUE. 10/13		9:00 am-4:30 pm	
WED. 10/14		9:00 am-4:30 pm	4:30-9:00 pm
THU. 10/15			8:00 am-4:30 pm
FRI. 10/16			8:00 am-12:00 noon

*Exhibitors will be permitted on the floor at 8:00 am daily.



for Exhibiting

4. OFFICIAL MEETING DATES

The 95th Annual Clinical Congress of the American College of Surgeons commences on Sunday, October 11, 2009, at 7:30 am and adjourns on Thursday, October 15, 2009, at 1:00 pm. During this period, neither exhibitors nor their agents may conduct, participate in, or sponsor any educational or marketing activities directed toward ACS Clinical Congress registrants, other than as part of an approved exhibit, without the permission of ACS. Further information regarding sponsoring a satellite symposium will be sent to all exhibiting companies in late April. Please contact Erin Quinn at 312/202-5034 or equinn@facs.org.

5. EXHIBIT SPACE RENTAL FEES

Space will be rented at \$33 per square foot for island and corner locations and \$32 per square foot for in-line booths. Standard booth rental for in-line booths includes side (3') and back wall (8') drape and a 7" x 44" sign indicating booth number, company name, city, and state.

6. EXHIBIT SPACE APPLICATION/ CONTRACT AND DEPOSIT

Each exhibitor shall fill out the application completely and accurately. The Exhibit Space Application/Contract must be accompanied by a \$1,000 deposit per 10' x 10' and received by March 27, 2009, to qualify for initial assignment of space using priority points. Faxes will not be accepted unless accompanied by a credit card number. Applications received after March 27 will be assigned in order of receipt.

Applications received from exhibitors who have any outstanding balances due ACS or its vendors will not be processed without resolving unpaid balances.

ACS may use the information supplied by an exhibitor in the application as part of ACS's marketing, advertising, and other informational materials.

The person who signs the application or their designee shall be the exhibitor's official representative, who certifies representatives and acts on behalf of the exhibitor for all negotiations and approvals. Distribution of any printed material, showing of equipment, product presentation to ACS registrants or guests by exhibitors, other than in the exhibitors' assigned booth space during the official dates of the Clinical Congress, is prohibited.

7. SPACE ASSIGNMENT NOTIFICATION AND PAYMENT SCHEDULE

Space assignment and invoices will be mailed on or about April 27, 2009. Space must be fully paid by July 1, 2009, or it may be reassigned or sold by ACS without notice. The Technical Exhibitors' Service Kit will not be accessible until receipt of final payment.

8. PRIORITY POINT SYSTEMS AND SPACE ASSIGNMENT

Points, date of receipt, and exhibitor's preference for proximity to other exhibiting companies will be taken into consideration in determining booth location, subject to availability of space and services required, such as water, drain, and electricity. **Preferences indicated are for guidance only and are not guaranteed.**

Although you may not have exhibited at ACS previously, bonus points can still be earned by returning your application with a deposit as quickly as possible. Since the point system for space assignment uses exhibit history, it is likely that prime spaces will be assigned to long-term exhibitors. If

all your requests are near the main entrance, it is probable that we will not be able to accommodate your choices. By scattering location choices around the floor, you increase your chances of receiving one of your selections. Point allocation is as follows:

- ❖ 1 point for every 100 sq ft (10' x 10') of booth space
- ❖ 3 points for each year of exhibiting, inclusive of 2000
- ❖ Double points for companies who exhibited consecutively for the past 5 years, maximum of 54
- ❖ Triple points for companies who exhibited consecutively for the past 9 years, maximum of 81
- ❖ 5 bonus points for applications received within 10 business days of the mailing date
- ❖ 3 bonus points for applications received within 11 to 15 business days of the mailing date
- ❖ 1 bonus point for applications received within 16 to 20 business days of the mailing date

Exhibiting companies involved in mergers or acquisitions will receive the points that were earned by the company with the most favorable exhibit history.

9. CANCELLATIONS, REDUCTIONS, AND REFUNDS

Written notification of a reduction or space cancellation must be received by ACS on or before July 1, 2009, to be eligible for any refund. A \$1,000 service charge will be assessed for each 100 sq ft of canceled or reduced space.

Space not claimed or occupied after 2:00 pm Sunday, October 11, 2009, for which no special arrangements have been made with ACS, may be

AMERICAN COLLEGE OF SURGEONS

Policy and Procedure

Title: Conflict of Interest Policy – Officers, Officers-Elect, Board of Regents, Board of Governors Executive Committee, Editor-in-Chief of the Journal of the American College Surgeons and its affiliated organizations.

Approved by: Board of Regents

Effective Date: June 7, 2002

Purpose: To define, identify, and resolve potential conflicts of interest on the part of officers, board members and other leadership of the American College of Surgeons ("the College") and its affiliated organizations.

I. Applicability

A. This policy shall apply to the Officers, Officers-Elect, Board of Regents and Directors, Board of Governors Executive Committee, Editor-in-Chief of the Journal of the American College of Surgeons ("leadership," "member of leadership").

B. The Board of Regents shall adopt this policy by appropriate resolution pursuant to its Bylaws. The resolution shall be recorded in full in the minutes of the Board of Regents with the complete policy attached.

II. Rationale

The American College of Surgeons is a nonprofit organization dedicated to the advancement of knowledge through service, research, and education. It is the College's policy and its affiliated organizations that its leadership conduct the business of the College and its affiliated organizations in accordance with the highest legal, ethical, and moral standards. This policy statement is designed to reinforce a standard of conduct that is proper for the College or its affiliated organizations and that protects the reputation, financial well-being, and legal obligations of the College and its affiliated organizations.

III. Definitions

Conflict of Interest. A **conflict of interest** may arise as the result of any of the following: whenever a member of the College's or its affiliated organizations leadership has a significant financial interest in an actual or proposed transaction or arrangement that may be of some business interest to the College or its affiliated organizations; or the receipt of significant gifts or other favors. Any

conflict of interest on the part of a member of leadership must be disclosed and acted on as prescribed in this policy.

Significant Financial Interest. **Significant financial interest** means anything of monetary value, including, but not limited to, salary or other payments for services (for example, consulting fees or honoraria); equity interests (for example, stocks, stock options or other ownership interests); and intellectual property rights (for example, patents, copyrights and royalties from such rights). The interest of the leadership may be direct or indirect, including, but not limited to, an interest of an immediate family member or of any other person having a substantial personal relationship to the member. Significant financial interest includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

The term does not include

- (1) Salary, royalties, or other remuneration from the College or its affiliated organizations.
- (2) Income from seminars, lectures, or teaching engagements sponsored by public or not-for-profit entities.
- (3) Income from service on advisory committees or review panels for public or not-for-profit entities.
- (4) An equity interest that, when aggregated for the member and the member's spouse and dependent children, meets both of the following tests:
 - Does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and
 - Does not represent more than a five percent ownership interest in any single entity.
- (5) Salary, royalties or other payments that, when aggregated for the member and the member's spouse and dependent children over the next 12 months, are not expected to exceed \$10,000.
- (6) Gifts or other favors of in substantial value.

Immediate Family Member. **Immediate family member** includes spouse and dependent children as well as other family members residing in the same household.

IV. Members of Leadership

A. All leadership of the College or its affiliated organizations shall exercise the utmost good faith in all transactions touching upon their duties and responsibilities to the College and its property or its affiliated organizations. In their dealings with and on behalf of the College or its affiliated organizations, members of leadership shall be held to a strict rule of honesty and fair dealing among themselves and with the College or its affiliated organizations. They shall not use their positions, or knowledge gained from their leadership role, in such a

way that a conflict might arise between the interests of the College, its affiliated organizations or that of the member.

B. All acts of members related to the conduct of the business of the College or its affiliated organizations shall be for the best interest of the College or its affiliated organizations.

C. Although it is recognized that a degree of conflict of interest may exist from time to time, such conflicts shall not be permitted to adversely influence the decision-making process of the College or its affiliated organizations. To this end, the member shall promptly report in writing the possible existence of a conflict of interest for himself or herself or any other member subject to the policy. The report shall be made to the Treasurer described in paragraph V or to his or her delegate.

D. A full disclosure of all facts pertaining to any transaction that is subject to any doubt concerning the possible existence of a conflict of interest shall be made before consummating the transaction. Disclosure shall be made in writing to the Treasurer or to his or her delegate.

E. Leadership shall be required to disclose all conflicts of interest to the Treasurer or to his or her delegate utilizing the Disclosure Statement form attached as Exhibit A. The Disclosure Statement shall be filed annually not later than January 31. The procedures to be followed in filing Disclosure Statements shall be established by the Treasurer or by his or her delegate.

V. Treasurer

The Treasurer shall provide oversight of all leadership conflicts of interest matters in the College or its affiliated organizations pursuant to its conflict of interest policies; recommend changes in conflict of interest policies when appropriate; conduct an annual review of policies and procedures implemented for the purpose of identifying and handling conflicts of interest matters in the College or its affiliated organizations; and take such actions and perform such duties as are otherwise specified for the Treasurer.

VI. Examples of Conflicts of Interest

For purposes of guidance in applying this policy, the following are examples of conflicts of interest.

A. Financial Interests

The following are prohibited activities unless specifically approved by the Conflict of Interest Committee:

1. Participation by a member of leadership in a decision by the College or its affiliated organizations (including making a recommendation) to enter into a contract or transaction for the acquisition of goods or services with an entity in which the member or his or her immediate family or any other person having a substantial personal relationship to the member has a significant financial or ownership interest. Ownership in a mutual fund or similar investment that may have holdings in an entity that does business with the College or its affiliated organizations will not constitute a significant financial ownership interest that creates a conflict of interest.

2. Use of employees of the College or its affiliated organizations to perform services for a company or other organization in which the member has a significant financial interest.

3. Use of the College's or its affiliated organizations' supplies or equipment to support the activities of a company or institution in which the member has a significant financial interest.

4. Use of the name of the College, its seal, or its letterhead for other than official business. Use of the name, seal or letterhead of an affiliated organization for other than official business.

5. Participating in the negotiation of or approval of contracts between the College or its affiliated organizations and a company or organization in which the member has a significant financial interest.

6. Use of information acquired as a result of the member's relationship with the College or its affiliated organizations for personal purposes or benefit.

7. Offering or giving something of value beyond what is permitted by law for the purpose of influencing the action of an official in the discharge of his or her public or legal duties.

B. Gifts and Other Favors

1. The acceptance of bribes is prohibited under all circumstances.

2. The following are prohibited activities unless specifically approved by the Finance Committee: acceptance of gifts or excessive entertainment from any outside concern that does, or is seeking to do, business with the College or its affiliated organization under circumstances from which it might be inferred that such action was intended to influence or possibly could influence the individual in the performance of his or her duties.

Any gifts accepted by a member of leadership from suppliers, research sponsors, organizations, corporations, or persons who have business dealings with the College or its affiliated organizations should not be of substantial value.

3. Acceptance of reimbursement for travel expenses or other expenses related to a conference or meeting is prohibited except in those instances in which the member is making a presentation or providing a similar contribution at the meeting or conference.

It is customary for companies in the medical/health care industry to underwrite medical conferences or other professional meetings that permit academic institutions, professional associations, and health care organizations to provide continuing education. Subsidies from industry, however, should not be accepted to pay for the costs of travel, lodging, or other personal expenses of the members who are merely attending conferences or meetings, nor should subsidies be accepted to compensate for their time. Subsidies for hospitality should not be accepted outside modest meals or social events held as a part of a conference or meeting.

It is appropriate for members who are participating in a conference or meeting as presenters or panelists to accept reasonable honoraria and reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for members who supply genuine consulting services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses.

The giving of a gift directly to a member from a company's sales representative may create a personal relationship that could influence the use of the company's goods or services. Accordingly, when a company contributes funds for conferences that are sponsored by academic or other educational institutions, the funds should be given by the company to the conference sponsor who, in turn, can use the money to reduce the registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the member attending the conference.

VII. Disclosures Required

In order to identify and to resolve any potential conflict of interest situations, the following disclosures are required:

A. All members of leadership of the College or its affiliated organizations will be required to file a Disclosure Statement annually or more frequently if changes arise that may either give rise to a conflict of interest or eliminate a previously reported conflict of interest.

B. Disclosure Statements will be reviewed by the Treasurer or his or her delegate, and any suspected conflicts of interest shall be reported promptly to the Finance Committee of the Board of Regents.

C. Members whose Disclosure Statements have been referred to the Finance Committee will be notified by the Treasurer or his or her delegate.

D. The Treasurer or his or her delegate will verify annually that Disclosure Statements have been filed and approved and will file a report with the Finance Committee annually of the results of the review of these statements.

VIII. Administrative Action in Response to Identified Conflicts of Interest

The Finance Committee, when appropriate, shall rule on the propriety of transactions referred to it involving a possible conflict of interest. Prior to any such ruling, the member of leadership will be provided an opportunity to communicate with the committee concerning the transaction in question. The committee shall recommend to the Board of Regents Executive Committee of the College the administrative action required to avoid a conflict of interest.

The Board of Regents Executive Committee shall take action on any presumed or potential violation of this policy by an member of leadership to ensure that a conflict of interest does not arise or does not continue. In addition to any legal penalties, such action may include, but shall not be limited to, oral admonishment, written reprimand, resignation, and restitution.

A member of leadership who disagrees with the findings or recommendations of the Finance Committee or the action of the Board of Regents Executive Committee may appeal the decision to the Board of Regents.

IX. Distribution of the Policy

All members of leadership of the College or its affiliated organizations shall be given a copy of this policy.

DISCLOSURE STATEMENT

I have read the College's and its affiliated organizations' Conflict of Interest Policy, understand its application to me and to members of my family, and agree to abide by the policy. Pursuant to the policy, I hereby state that, to the best of my knowledge and belief, I or members of my immediate family have the following interests and activities (check "None" where applicable):

1. OUTSIDE INTERESTS

Identify all positions (officers, director, trustee, etc.) and significant financial interests that you or your immediate family own or hold in any entity (i) that provides goods or services to the American College of Surgeons or its affiliated organizations; or (ii) that has made or is making any type of research grant or other award to the College or its affiliated organizations.

() None

2. OUTSIDE ACTIVITIES

Identify any and all instances in which you or your immediate family render or have rendered services to any entity that to the best of your knowledge, (i) does business with the College or its affiliated organizations (ii) provides services similar to the services of the College or its affiliated organizations, or (iii) that provides services in competition with services of the College or its affiliated organizations:

() None

3. OTHER

List any other activities or transactions in which you or your immediate family are engaged that might be regarded as constituting a conflict of interest.

() None

4. GIFTS, GRATUITIES AND ENTERTAINMENT

If you or any member of your immediate family has knowingly accepted gifts, gratuities, or entertainment that might influence your judgement or actions

concerning business of the College or its affiliated organizations, identify such items.

() None

INSIDE INFORMATION

I certify that neither I nor any member of my immediate family has knowingly disclosed or used information relating to the College's or its affiliated organizations' business for my personal profit or advantage or that of my immediate family.

I agree that I will advise the Treasurer in writing if there are any changes from the foregoing which should be disclosed under the policy.

DATED this _____ day of _____, 200__

Leadership Signature

Print Name

Approved: _____

Signature: _____

Disapproved: _____

Signature: _____

Disclosures

In accordance with the ACCME Accreditation Criteria, the American College of Surgeons must ensure that anyone in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest. Members of the Program Committee were required to disclose all financial relationships and speakers were required to disclose any financial relationship as it pertains to the content of the presentations. All reported conflicts are managed by a designated official to ensure a bias-free presentation. However, if you perceive a bias during a session, please report the circumstances on the session evaluation form.

Please note we have advised the speakers that it is their responsibility to disclose at the start of their presentation if they will be describing the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug or unapproved usage.

The requirement for disclosure is not intended to imply any impropriety of such relationships, but simply to identify such relationships through full disclosure, and to allow the audience to form its own judgments regarding the presentation.

If a speaker's name is not listed, this indicates the speaker had nothing to disclose.

Full Name	Disclosure	Session Code
Eddie K. Abdalla, MD	Sanofi-Aventis: Honorarium: Speaker's bureau	VE18
Arnold P. Advincula, MD, FACS	Cooper Surgical: Consultant; Ethicon Endo-Surgery: Consultant; Intuitive Surgical: Consultant; Olympus/Gyrus ACMI: Consultant	PG18
Jeff W. Allen, MD FACS	Allergan Medical: Honoraria: Proctor; Ethicon: Honoraria: Proctor	VE04
Jose I. Almeida, MD, FACS	AngioDynamics: Research grant; Principle investigator	PS116
Anthony Atala, MD, FACS	Plureon Inc: Ownership interest; Tengion Inc: Ownership interest	PS62
Sharon L. Bachman, MD	Covidien (Tyco Healthcare): Research grant funding: Co-I; Ethicon GmbH: Laboratory funding: Salary support; Ethicon Inc.: Mesh registry: Salary support; MTF: Research grant funding: Co-I; W.L. Gore: Laboratory funding: Salary support	PS40
Philip S. Barie, MD, FACS	Forest Laboratories: Honoraria: Consultant; Lilly: Honoraria: Consultant, Speaker's bureau; Merck: Honoraria: Consultant, speaker's bureau; Schering-Plough: Honoraria: Consultant; Wyeth: Honoraria: Consultant, speaker's bureau	PS113
Reginald C. W. Bell, MD, FACS	Davol, Inc: Speaker's honoraria: Speaker regarding hernia repair.	PS05
C. Robert Bernardino, MD, FACS	Porex Surgical, Noonan, GA: Honorarium: Lecturer	PS04
Marc Bessler, MD, FACS	BARD: Consulting fee: Consultant; GI Dynamics: Consulting fee: Consultant; Satiety: Research support: Investigator; USGI: Research support: Consultant	VE04
David G. Binion, MD	Abbott Laboratories: Honoraria, Consulting fees; Centocor: Honoraria, Consulting fees, grant support; Elan Biogen: Consulting fees; Proctor & Gamble Pharmaceuticals: Grant support; UCB Pharma: Honoraria, Consulting fees	PS36
Robin L. Blackstone, MD, FACS	Surgical Review Corporation: No compensation: Board member	SP09
Aaron D. Bleznak, MD, FACS	Genomic Health: Honoraria: Speaker	PS64
Henry Buchwald, MD, FACS	Ethicon Endo-Surgery: Consultant fee: Consultant; Fulfillium, Inc: Stocks: Consultant; MetaCure: Consultant fee, stock options: Consultant	PS101
Jo Buyske, MD, FACS	Covidien: Honorarium: Women in Surgery Advisory Council	PS61, PS82
Diego R. Camacho, MD, FACS	Financial Relationships: Consulting	SC13
Joseph A. Caprini, MD, FACS	Eisai: honorarium: Consultant; Sanofi-Aventis: Honorarium: Consultant	PS95
Alfredo M. Carbonell, DO, FACS, FACS	LifeCell Corporation: Honoraria: Consultant	SP09, VE05, VE06
Robert O. Carpenter, MD	Ethicon Endosurgery: MIS Bariatric Surgical Fellowship funded by Ethicon: Fellowship	VE02
Erik P. Castle, MD	Intuitive Surgical: Honorarium: Consultant/proctor/speaker	PG18
Peter A. Cataldo, MD, FACS	Richard Wolf Medical Instruments Co.: Honorarium for speaking/teaching: Speaker	PG22
William J. Catalona, MD, FACS	Beckman Coulter Incorporated: Research support: Investigator, consultant, speaker; Smith Kline Glaxo Inc: Honorarium: One-time speaker; deCode Genetics: Research support: Investigator, consultant, speaker	ME107
Bipan Chand, MD, FACS	BARD: Research investigator; Ethicon: Speaker; Sanofi-Aventis: Speaker	SC06
George Jae-Shik Chang, MD, FACS	Covidien: Honoraria: Speaker/course instructor	PS112, SC07, SF27
Sam S. Chang, MD, FACS	Endo: Advisory board	PS08
W. Randolph Chitwood, MD, FACS	Edwards Lifesciences: Consultant; Scanlan International: Royalties; Intuitive Surgical: Consultant	PS24

Full Name	Disclosure	Session Code
José R. Cintron, MD, FACS	Cook, Surgical Inc: Research grant: Researcher; Baxter: Research grant: Researcher	PS110
William S. Cobb IV, MD, FACS	Covidien: Residency lab grant; Covidien: Honoraria: Speaker's bureau; Ethicon, Inc: Honoraria: Speaker's bureau; W.L. Gore & Associates: Fellowship financial support; W.L. Gore & Associates: Honoraria: Consultant	PS05
Fred A. Crawford, Jr., MD, FACS	Johnson and Johnson stock: Nothing: None; Medtronic stock: Nothing: None	PS24
Juan A. Crestanello, MD	American College of Surgeons: Grant support: PI; Edwards Lifesciences: Grant support: Co-PI; NIH: Grant support: Co-PI; Thoracic Surgery Foundation Research and Education: Grant support: PI	SF15
Paul G. Curcillo, Jr., MD, FACS	Ethicon, Olympus, Storz: Honorarium: Speaker	SF19
Timothy A. Damron, MD, FACS	Genentech, Inc.: Research support for investigator initiated study: Principle investigator; Lippincott, Williams, and Wilkins: Royalties for textbook: Editor and author; Orthovita, Inc.: Research support for investigator initiated study: Principle investigator; Wright Medical: Research support for investigator initiated study: Principle investigator; eMedicine, Inc.: Royalties: Editor and author	SC07, VE22
Conor P. Delaney, MB, BCh, PhD, FACS	Adolor: Research funding / Unrestricted educational support / Honorarium: Research, teaching; Covidien: Research funding / Unrestricted educational support / Honorarium: Research, teaching; Ethicon: Research funding / Unrestricted educational support / Honorarium: Research, teaching; Gore: Research funding / Honorarium: Research / teaching	PS89, SP06, VE04
Eric J. DeMaria, MD, FACS	Covidien: Education/research grant; Surgical Review Corporation: Consultant	PS35
Steven R. DeMeester, MD, FACS	Power Medical Interventions: Consulting fee: Consultant	SC13
George DeNoto, MD, FACS	Speaker and consultant for Covidien: Honoraria for teaching Single Incision Labs: Course instructor or faculty for prior labs events; Speaker and consultant for Olympus: Honoraria for teaching Single Incision Labs: Course instructor at my facility	PG20-1, PS75
Frederick M. Dirbas, MD, FACS	Cianna Medical (SAVI brachytherapy catheter): Shareholder; Hologic (MammoSite brachytherapy catheter): Shareholder	SC10
William C. Dooley, MD, FACS	Luminous Technologies: Founding member	PS37
Susan E. Downey, MD, FACS	Ethicon Inc: Consulting fees: Consultant; Mentor Corp: Consulting fees: Consultant	SF12
Jeffrey A. Drebin, MD, FACS	Genentech: Received royalty payments for patents related to Herceptin	SP12, VE16
Quan-Yang Duh, MD, FACS	Covidien: Advisory board: Advisor, consultant	PS104, SF20, SC06, VE05, VE22
Brian J. Dunkin, MD, FACS	Covidien: No financial remuneration: Member, MIS and NOTES advisory board; Ethicon: Research grant: Investigator, NOTES Technology; Neoguide: Honorarium: Advisory board	PS04
Vikram D. Durairaj, MD	Porex: Honorarium: Speakers bureau	PS66
Soumitra R. Eachempati, MD, FACS	Cubist: Consultant/speaking fees: Consultant/speaker; Pfizer: Consultant/speaking fees: Consultant/speaker; Wyeth: Consultant/speaking fees: Consultant/speaker	PG20-1
David W. Easter, MD, FACS	Covidien: Honoraria: Speaker	SC07, VE24
Jonathan E. Efron, MD, FACS	Covidien: Honoraria: Instructor and lecturer on laparoscopic colectomy	PS35
Gulchin Ergun, MD	Astra-Zeneca: Speaker bureau; Takeda-Abbott: Speaker bureau	PS104
Liane S. Feldman, MD, FACS	Ethicon Endosurgery Canada: Unrestricted educational grant to Steinberg Bernstein Centre McGill University: Coinvestigator at Steinberg Bernstein Centre; Covidien Canada: Unrestricted educational grant to Steinberg Bernstein Centre McGill University: Coinvestigator at Steinberg Bernstein Centre	PS07, PS106, SP08
David R. Flum, MD, FACS	AspenBio Pharma, Inc.: Compensation: Member of medical advisory board; Covidien: Grant funding for investigation into the impact of variability in gastrointestinal bypass procedures on surgical weight loss and diabetes improvement outcomes in a porcine animal model: Co-investigator; Sanofi-Aventis: Grant funding to assess the use of VTE chemoprophylaxis in commonly performed abdominal procedures and evaluate the impact of use on clinical outcomes: PI	SP05
Debra Freeman, MD	Accuray, Inc.: Financial compensation: Consultant, clinical applications	PS104, PS26, SC06
Gerald M. Fried, MD, FACS	Covidien: Research support: Principle investigator; Olympus: Research equipment support: Principle investigator	VE04, VE16, SC13
Michel Gagner, MD, FACS, FRCSC	Covidien: Speakers honorarium, consulting fee: Speaker for educational activities; EMS: Shares, consulting fee: Board member and consultant; Ethicon Endo-Surgery: Speaker honorarium: Speaker for educational activities; Gore: Speaker for educational activities; Karl Storz: Travel sponsorship: Consultant; Olympus: Consulting fee, speaker honorarium: Consultant, speaker at educational activities	SC07
Daniel P. Geisler, MD, FACS	Covidien: Speaker and advisory board	PS42, PS50
David A. Geller, MD, FACS	Aloka: Consultant honorarium to teach lap. liver resection course: Consultant; Applied Medical: Consultant honorarium to teach lap. liver resection course: Course director; Covidien: Consultant honorarium to teach lap. liver resection course: Course director	PS64
Jon M. Greif, DO, FACS	Agendia Corporation (maker of MammaPrint and TargetPrint Genomic Assays): Honorarium for speaking engagements: Speaker; Novartis Pharmaceuticals (maker of Femara): Honorarium for speaking engagements: Speaker	PS65
Michael R. Harrison, MD, FACS	Magnets-In-Me, Inc: Equity only: Founder	SC06
Jeffrey W. Hazey, MD, FACS	Boston Scientific: Educational Grant; Covidien: Honorarium: Speaking and teaching;	

Full Name	Disclosure	Session Code
Daithi J. Heffernan, MD	Pfizer: Speaker honorarium: Speaker for Linezolid	SF04
B. Todd Heniford, MD, FACS	Ethicon Endo-Surgery: Research grant: Investigator; Ethicon, Inc.: Research grant: Investigator; Pegasus: Research grant: Investigator; W.L. Gore: Research grant: Investigator	PS74, VE06, VE21
Peter K. Henke, MD, FACS	Sanofi: Monetary support for a research study: PI on grant	PG25
Alan J. Herline, MD, FACS	Pathfinder Therapeutics Inc.: Stock: Founder	SC07
Daniel M. Herron, MD FACS	Covidien: Fellowship grant: Fellowship director; Ethicon Endosurgery: Fellowship grant: Fellowship director; Hourglass Technology: Consulting fee: Consultant; W L Gore: Consulting fee: Consultant	VE04
Peter Higgins, MD, PhD, MSc (CRDSA)	Genentech: Payment for consulting on design of clinical trial: Consultant; Otsuka: Grant funding for clinical trial: Local site PI	PS17
Santiago Horgan, MD	Ethicon Endosurgery: Grant: Consultant; Novare: Consultant; Olympus America: Grant: Consultant; USGI: Stock options: Advisory board	PS25, VE04
Steven R. Hunt, MD, FACS	Applied Medical: Honorarium: Instructor; Ethicon Endosurgery: Honorarium: Instructor; Karl Storz Endoscopy: Honorarium: Instructor	SC07
David A. Iannitti, MD, FACS	Microsulis: Consultant/research support; ValleyLab: Consultant/speaker/research support	PS42, VE06
Sayeed Ikramuddin, MD, FACS	Allergan: Surgical proctoring; Covidien: PI for research; Ethicon Endo Surgery: Surgical proctoring	PS101, VE04
Suzanne T. Ildstad, MD, FACS	Regenerex, LLC: Medical director/CEO	PS92
William B. Inabnet, MD, FACS	Covidien Healthcare: Research grant: Principle investigator	VE04, VE09
Brian P. Jacob, MD, FACS	Covidien: Honorarium: Speaker / consultant; Ethicon Endo inc: Honorarium: Consultant; New Wave Surgical: Nothing: Advisory board	VE12, VE23
Moises Jacobs, MD FACS	Ethicon Endosurgery: Consultant	PS25
Richard C. Karl, MD, FACS	Founder, Surgical Safety Institute: No salary: Founder	PS99
Mark R. Katlic, MD, FACS	Textbook editor, <i>Principles and Practice of Geriatric Surgery</i> : Royalties: Editor	PS45
Francine R. Kaufman, MD	DPS Health: Spouse's company; Medtronic Diabetes: Full-time employee: Chief medical officer	PS101
John S. Kennedy, MD, FACS	Genomic Health: Stockholder	PS64
Kent W. Kercher, MD, FACS	Ethicon Endo-Surgery: Research grant: Investigator; Ethicon, Inc.: Research grant: Investigator; W.L. Gore: Research grant: Investigator	PS05, PS23
Badrinath R. Konety, MB, BS, FACS	Abbott Molecular Diagnostics: Honorarium: Speaker; Spectrum pharmaceuticals: Clinical trial: Site investigator	PS08
James R. Korndorffer, MD, FACS	Covidien: Research grant: Consultant; Stryker: Unrestricted educational grant	PS79, SC04
Robert S. Krouse, MD, FACS	Novartis Pharmaceutical: Payment for consulting services on prospective trial: Steering committee member/consultant	PS44
Thomas M. Krummel, MD, FACS	Lung Port (pending): Ownership interest: SAB; PEAK Surgical: Ownership interest: SAB; Visible Productions: Ownership interest: SAB; Wing-Tec: ownership interest: SAB	PS73, PS106
Ronald O. Kruzel, CST, MA	Employed by the NBSTSA: Compensation in the form of salary: The NBSTSA sponsors credentials in surgical technology and surgical assisting that are not exclusive to these professional areas.	PS81
Karl A. LeBlanc, MD, FACS	Davol, WL Gore: Speaker bureau	PS05
Kirk A. Ludwig, MD, FACS	Applied Medical: Honorarium: Teaching laparoscopic colorectal surgery; Covidien: Honorarium: Teaching laparoscopic colorectal surgery.	SC07
Alan B. Lumsden, MD, FACS	BSCI, VNUS Medical, WL Gore, Abbott: Consultant; BSCI, WL Gore, Medtronic: Speakers bureau; Hatch Medical, Northpoint Domain: Stock shareholder; Medtronic: Spouse is employee	PS97
Douglas W. Lundy, MD, FACS	Synthes Orthopaedics: Nothing: Unpaid consultant	PG17
Michael J. Mack, MD	Edwards Lifesciences: Travel expenses for steering committee meetings: Consultant; Medtronic: Consultant fee: Consultant	PS24
Peter W. Marcello, MD, FACS	Applied Medical: Honoraria: Speaking; Covidien: Honoraria: Speaking; Ethicon: Honoraria: Speaking; Olympus: Honoraria: Consultant	PG22, PS36, SC07
Jeffrey M. Marks, MD, FACS	Covidien: Honoraria: Consultant; Neoguide: Honoraria: Advisory board; Olympus: Honoraria: Consultant; WL Gore: Honoraria: Consultant; Apollo Endosurgery: Honoraria: Advisory board	SC06, VE22, SF16
John H. Marks, MD, FACS	Covidien: Consultant fee; Honoraria: Consultant; Speakers bureau; Glaxo Smith Kline: Honoraria: Speakers bureau; Richard Wolf: Consultant fee; Honoraria: Consultant; speakers bureau; Stryker Endoscopy: Honoraria: Speakers bureau; SurgiQuest: Honoraria: Scientific advisory board; Zass: Consultant fee: Consultant	PS104, SC07
David J. Maron, MD, FACS	Ethicon Endo-Surgery: Consultant	PS78, VE24
Brent D. Matthews, MD, FACS	Atrium Medical: Consulting; WL Gore: Contracted research	PS40, SC04, VE06
Robin S. McLeod, MD, FACS	Ethicon & Ethicon Endosurgery: Education grant	PS30, PS57, SF23
Paolo Miccoli, MD	Ethicon Endosurgery: Organization of surgical training course: Scientific consultant; Karl Storz: Royalties for patented instruments: Scientific consultant	VE10
John R. T. Monson, MB, BCH, FACS	Covidien: Consultancy	SC07
Nicholas J. Morrissey, MD, FACS	Cook Medical: Honoraria: Speaker; Maquet Medical: Honoraria: Speaker; Medtronic: Honoraria: Speaker	PG25

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Kenric M. Murayama, MD, FACS	Covidien: Honorarium: Proctor/speaker; Ethicon Endosurgery, Inc: Honorarium: Proctor	SF20
Michael Murphy, MD	Biomet, Inc.: PI, Phase I Clinical Trial; Medistem, Inc:	PG25
George Muschler, MD	Arterocyte: Research grant: Principle investigator; Depuy spine: Royalties: Inventor; Medtronic: Research grant: Principle investigator; Synthes: Research grant: Principle investigator	PS62
Matthew G. Mutch, MD, FACS	Applied Medical: Honoraria: Speaking; Covidien: Honoraria: Speaking; Ethicon: Honoraria: Speaking	PG22
Lena M. Napolitano, MD, FACS	Pfizer, Wyeth, Schering Plough, Merck, Ortho-McNeil; Honoraria: Consultant, speaker's bureau	PG20-2, PS15, PS66, PS113
Ajay Nehra, MD, FACS	GSK: Consultant; Pfizer: Consultant; Sanofi-Aventis: Consultant	PS01
Yuri W. Novitsky, MD	CR Bard: Consulting fee: Consultant; Covidien: Honorarium: Speaker; Ethicon, Inc: Consulting fee: Consultant; LifeCell: Honorarium: Speaker; WL Gore: Consulting fee: Consultant	PS74, SP09
Patricia J. Numann, MD, FACS	I receive a stipend from the American College of Surgeons as Director of the Fundamentals of Surgery Program	PS79
Donald Nuss, MD, FACS	Biomet Microfixation: Research grant for multicenter study, Honoraria for workshops in other countries. Royalties for pectus bar and metallic stabilizer per 10 year agreement - April 1998 - April 2008	PS65, ME212
Thomas F. O'Donnell, MD, FACS	Covidien Ltd.: Consulting fees: Scientific consultant; VNUS: Consulting fees: Scientific consultant	PS116
Raymond P. Onders, MD, FACS	Synapse Biomedical: Founder and board member: My university and myself developed this technology for these orphan applications under FDA HDE programs	SP04
Greg M. Osgood, MD	Smith and Nephew: Institutional research funding: Researcher; Stryker: Institutional research funding; Honoraria for educational speaking: Researcher, lecturer; Synthes: Institutional research funding: Researcher	PS105
Himanshu J. Patel, MD, FACS	Medtronic Inc: Speaker honoraria: Speaker's bureau; WL Gore and Associates: Speaker honoraria: Speaker's bureau, consulting fees	PG25
Arjun Pennathur, MD, FACS	Boston Scientific: Research grant to university: Investigator; Rita Medical: Research grant to university: Investigator	PS72
Jeffrey H. Peters, MD, FACS	Torax Medical: Grant funding: Principle investigator	SP07
Walter J. Pories, MD, FACS	Johnson & Johnson: Research grant support: PI	PS58, PS101
Dana D. Portenier, MD	Covidien: Consulting fee: Consultant	PS20, VE04
Leela M. Prasad, MD, FACS	Applied Medical: Honorarium: Speaker; Covidien: Honorarium: Fellowship; Ethicon: Honorarium: Consultant; Intuitive: Honorarium: Consultant	PG22
Aurora D. Pryor, MD FACS	Covidien: Honoraria: Teaching; immersion: Consulting fees: Consulting; Transenterix: Ownership interest: Advisory board member	SF20, SC13, VE23
Bruce Ramshaw, MD, FACS	Atrium: Honoraria: Consultant; Covidien: Honoraria: Speaker, consultant; Ethicon, Inc.: Honoraria: Speaker, consultant; LifeCell: Honoraria: Speaker, consultant; MTF: Honoraria: Consultant; WL Gore: Honoraria: Speaker, consultant	PS05, PS23
Thomas E. Read, MD, FACS	Applied Medical: Research support, honoraria, stock options: Researcher, consultant, course faculty; Covidien: Honoraria: Course faculty; Ethicon Endo-Surgery: Honoraria: Course faculty	PG22, SC07
William O. Richards, MD, FACS	Bard: Research grant: Principle investigator; Covidien: Research grant: Principle investigator; Covidien: Travel and consultant fees: Consultant metabolic surgery scientific advisory board; Metacure: Research grant: Principle investigator	VE02
David E. Rivadeneira, MD, FACS, FASCRS	Applied Medical: Honoraria: Speaker & instructor at laparoscopic course, Consultant; Covidien: Honoraria: Speaker & instructor at laparoscopic course, consultant; Genzyme Biosurgery: Honoraria: Speaker; Trans1: Honoraria: Speaker & consultant	PG22, SC07
Homero Rivas, MD, FACS	Covidien: Consultant	SC13
Michael J. Rosen, MD, FACS	Lifecell: Honorarium: Consultant/ speaker; Covidien: Honorarium: Consultant/ speaker	PG15, PS05, PS40, VE05, VE22
Raul J. Rosenthal, MD, FACS	Covidien: Honorarium/educational grant: Consultant/speaker; Ethicon Endosurgery: Honorarium/educational grant: Consultant/speaker; Karl Storz Endoscopy: Honorarium/ Educational grant: Consultant/speaker; Synovis: Honorarium/educational grant: Consultant/ speaker	PS25, VE02, VE04
Mitchell S. Roslin, MD FACS	Covidien: Consultant for proctoring: Consultant; Valentx: Stock options: Scientific advisory board	VE02
J. Scott Roth, MD, FACS	Bard/Davol: Honorarium: Presentation; Covidien: Grant support, honorarium: Principle investigator, advisory board; Musculoskeletal Transplant Foundation/Ethicon: Honorarium: Advisory board, presentation; Serica: Honorarium: Advisory board	PS05
Soham Roy, MD, FACS, FAAP	ArthroCare: Consulting fees: Scientific/research consultant	PS29
J. Peter Rubin, MD	Covidien: Educational support: Fellowship director	PS37
Francesco Rubino, MD	Covidien: Speaker honoraria; Ethicon: Speaker honoraria; GI Dynamics: Consulting fees; NGM Biotech: Consulting fees; Roche: Research grant	PS58, PS101, VE04

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Peter Sand, MD	Allergan: Honoraria: Advisor, lecturer, investigator; Astellas: Honoraria: Advisor, lecturer, investigator; Coloplast: Honoraria: Advisor; GSK: Honoraria: Advisor, lecturer; Pfizer: Honoraria: Advisor, lecturer, investigator; Watson: Honoraria: Advisor, lecturer, investigator	PS01
Juan M. Sarmiento, MD, FACS	Covidien: Speaker honoraria: Speaker	VE09
Richard M. Satava, MD, FACS	Karl Storz: Consulting fee: Consultant	PS26, PS83
Robert G. Sawyer, MD, FACS	Merck: Honoraria: Consultant, speaker; Pfizer: Honoraria: Consultant, speaker; Schering: Honoraria: Consultant, speaker; Wyeth: Honoraria: Consultant, speaker	PS66, PS113
Gregory L. Schroder, MD, FACS	Allergan Medical: Honorarium: Proctor/consultant; Ethicon Endosurgery: Honorarium: Proctor/consultant; I Flo: Honorarium: Proctor/consultant	PS05
Daniel J. Scott, MD, FACS	Accelerated Technologies, Inc.: Honorarium: Consultant; Allergan: Honorarium: Educational course speaker; Covidien: Sponsored research: Investigator; Ethicon Endosurgery, Inc.: Licensing agreement, sponsored research: Co-inventor, investigator; Storz: Unrestricted educational grant: Center director	SC04, VE05, VE23
Bo Shen, MD	Ocera Therapeutics: Research grant: Investigator; Prometheus Lab: Honorarium: Consultant; Salix: Research grant: Investigator; UCB: Honorarium, research grant: Investigator, consultant	PS36
Vernon K. Sondak, MD, FACS	Schering-Plough Corporation: Honorarium: Speaker's bureau, advisory board/consultant	PS64
David H. Song, MD, FACS	Consultant for Biomet Microfixation: Consultant fees for market analysis: Consultant	PS115
Nathaniel J. Soper, MD, FACS	Boston Scientific: Use of instruments: Scientific advisory board; Covidien: Instruments and funds: For resident education; Ethicon Endosurgery: Research funding: For laboratory; Karl Storz: Equipment: For research; TransEnterix: Stock options: Scientific advisory board; USGI Medical: Use of instruments: Scientific advisory board	SC04, VE14, SC13
Scott R. Steele, MD, FACS	Ethicon Endosurgery: Honorarium: Speaker; Genzyme Biosurgery: Honorarium: Consultant	PG22
Amalia J. Stefanou, MD	Travanti Pharma: Provided iontopatches for the study	SP18
Greg V. Stieglmann, MD, FACS	Patent on Endoscopic Ligating Device: Royalty: Inventor	PS100
Lee L. Swannstrom, MD, FACS	Boston Scientific: Research support: Investigator/consultant; Ethicon Endosurgery: Research and education grants: Investigator/consultant; Olympus Medical: Research support: Investigator/consultant; USGI: Research support: Investigator/consultant	PS104, PS35, VE14, VE23
Mark A. Talamini, MD, FACS	Apollo Endosurgery: Stock options: Advisory board; Covidien: Honorarium: Consultant; Intuitive Surgical, Inc.: Travel expenses: Consultant; Max Endoscopy: Stock options: Advisory board; Sanofi-Adventis: Honorarium: Consultant	PS104
Kathryn M. Tchorz, MD, FACS	Educational grants from B-K Medical, Inc. and SonoSite, Inc.: Educational grants to Wright State University Dept of Surgery; Wright State University Surgical Resident Ultrasound Course Director; Ultrasound instructor for GulfCoast Ultrasound Institute: Honoraria: GulfCoast Ultrasound Course instructor	SC03
Julio Amilcar Teixeira, MD, FACS	Allergan: Cash: Consultant; Covidien: Cash: Consultant; Novare: Cash: Consultant; Ethicon Endosurgery: Cash: Consultant	SC13
David J. Terris, MD, FACS	Johnson & Johnson: Honorarium: director, thyroid course; Medtronic: Honorarium: Director, thyroid course	ME305, PS11, VE10
James R. Thistlewaite, MD	Astellas: Research support: Investigator; Bristol-Myers Squibb: Research support: Investigator; Novartis: Research support, consulting fee: Investigator, consultant	SF24
Robert Timmerman, MD	Elekta Oncology: Research grant: PI; Varian Medical Systems, Palo Alto, CA: Research grant: PI	PS72
Thadeus L. Trus, MD	Boston Scientific: Honorarium for consultation/research: Consultant	SC06
Kent R. Van Sickle, MD	Covidien: Honoraria: Consultant; guest speaker	SC04
H. David Vargas, MD, FACS	Applied Medical: Honorarium: Speaker, course faculty; Covidien: Honorarium: preceptor; Ethicon Endosurgery: Honorarium: Speaker, course faculty	SC07
Jean N. Vauthey, MD, FACS	Sanofi-Aventis: Research grant; Sanofi-Aventis: Speakers bureau	PS42
Andrew R. Watson, MD, FACS	Alcatel-Lucent: Salary support: Medical Director, Center for Connected Medicine; IBM: Salary support: Medical Director, Center for Connected Medicine; Karl Storz: Equipment: Research support	PS50
Sharon M. Weber, MD, FACS	Sanofi: Grant support: PI	PS76, SF22, SF27, SP02
Martin R. Weiser, MD, FACS	Diagnocure: Honorarium: Consultant	PG22, PS103
Richard L. White, MD, FACS	Novartis: Speakers bureau; Schering Oncology: Speakers bureau	PS55
Mark H. Whiteford, MD, FACS	Applied Medical: Honorarium: Speaker	SC07
Stephen D. Wohlgenuth, MD, FACS	Davol: Consulting fees, Honoraria: Consultant, speaker	PS05
Carson Wong, MD, FRCSC, FACS	American Medical Systems: Consultant	SP05
David A. Wong, MD, MSc, FRCSC	Colorado Orthopaedic and Surgical Hospital: Stockholder	PS29
Andrew S. Wright, MD, FACS	Covidien: : Consultant, research funding	PS26, SC13
Natan Zundel, MD, FACS	Cinemed: Fee: Speaker; Covidien: Fee: Speaker; Ethicon Endosurgery: Honoraria: Consultant	PS25