

#### Disclosures

## Personal Commercial (12)

| Company Name                | Relationship Category                            | Compensation Level       | Topic Area(s) |
|-----------------------------|--|--------------------------|---------------|
| Self                        |  |                          |               |
| Eli Lilly and Company       | Consultant Fees/Honoraria                        | Modest (< \$5,000)       | Other         |
| Ethicon EndoSurgery         | Research/Research Grants                         | Significant (>= \$5,000) | Other         |
| Ethicon EndoSurgery         | Consultant Fees/Honoraria                        | Modest (< \$5,000)       | Other         |
| GI Dynamics                 | Consultant Fees/Honoraria                        | Significant (>= \$5,000) | Prevention    |
| Keyron                      | Consultant Fees/Honoraria                        | None (\$0)               | Prevention    |
| Mediflix                    | Consultant Fees/Honoraria                        | None (\$0)               | Prevention    |
| Medtronic                   | Consultant Fees/Honoraria                        | Significant (>= \$5,000) | Prevention    |
| Medtronic                   | Research/Research Grants<br>‡ STAMPEDE           | None (\$0)               | Prevention    |
| Novo Nordisk Inc.           | Consultant Fees/Honoraria                        | Modest (< \$5,000)       | Other         |
| Pacira Pharmaceuticals, Inc | Research/Research Grants ‡ Trial not started yet | None (\$0)               | Other         |
| Persona                     | Consultant Fees/Honoraria                        | Significant (>= \$5,000) | Prevention    |
| SE QHC, LLC                 | Ownership Interest/Partnership/Principal         | Significant (>= \$5,000) | Other         |

## Additional Personal Commercial Disclosures for Education Activities (0)

No disclosures on record

# Personal Organizational or Other Non-Commercial (1)

| Non-Commercial Enity Name                       | Relationship Category    | Compensation Level       | Topic Area(s) |  |
|---|--------------------------|--------------------------|---------------|--|
| Self  |                          |                          |               |  |
| Principal Investigator - NIH grant R01 DK089547 | Research/Research Grants | Significant (>= \$5,000) | Other         |  |
|   |                          |                          |               |  |

## Clinical Trial Enroller (0)

No disclosures on record

#### Institutional Financial Decision-Making Role (0)

No disclosures on record

## Expert Witness Testimony (32)

| Year | Case Title        | Represented | Description   | Compensation |
|------|-------------------|-------------|---|--------------|
| Self |                   |             |   |              |
| 2011 | Bariatric Surgery | Defendant   | bariatric surgery followed by a lap chole, during which an intra-operative complication occurred; continued complaintes of upper mid-gastric pain   | None (\$0)   |
| 2011 | Bariatric Surgery | Defendant   | ER visit for severe back pain which radiated to the abdomen followed by death; Cause of death was noted to be small bowel obstruction (hernia with volvulus and acute ischemic necrosis of small intestine)   | None (\$0)   |
| 2011 | Bariatric Surgery | Plaintiff   | laparoscopic Roux-en-Y gastric bypass followed by laparoscopic decompressive gastrotomy, peritonitis, sepsis and septic shock with renal failure, acute respiratory failure, cardiac arrest, and brain damage | None (\$0)   |
| 2011 | Bariatric Surgery | Defendant   | ROUX-en-Y gastric bypass with subsequent revision of jejunojejunostomy and death  | None (\$0)   |
| 2011 | Bariatric Surgery | Defendant   | pneumonia after bariatric surgery   | None (\$0)   |
| 2011 | Bariatric Surgery | Defendant   | Death after LRYGBP from massive DIC   | None (\$0)   |
| 2011 | GERD procedure    | Plaintiff   | STRETTA Procedure for GERD; ruptured esophagus resulting in severe infection and the amputation of most of her fingers and toes   | None (\$0)   |
| 2011 | Bariatric Surgery | Defendant   | vascular injury with a trocar during a lap band surgery   | None (\$0)   |

| Year | Case Title                                  | Represented | Description   | Compensation                               |
|------|---|-------------|---|--|
| 2011 | Bariatric Surgery                           | Plaintiff   | lapband surgery with at least two puncture wounds to her bowels that were not discovered until an autopsy was                                       | as done None (\$0)                         |
| 2011 | Bariatric Surgery                           | Plaintiff   | gastric bypass surgery and two exploratory surgeries; leak and sepsis   | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Plaintiff   | gastric bypass surgery and two exploratory surgeries; leak and sepsis   | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Plaintiff   | bariatric (RNY procedure) followed by significant nausea, vomiting and diarrhea; multiple ER visits with low Karrest and in long term care facility | ; cardiac None (\$0)                       |
| 2011 | Bariatric Surgery                           | Defendant   | bariatric surgery in 2003; feeding tube in 2007 with cardiac arrest and death due to necrotizing pneumonia  | None (\$0)                                 |
| 2011 | general Surgery                             | Defendant   | surgery to repair a hernia and lyse adhesions; possible bowel perforation; multi-organ system failure and deat                                      | h None (\$0)                               |
| 2011 | Bariatric Surgery                           | Defendant   | lap band procedure with multiple complications  | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Plaintiff   | laparoscopic Roux-en-Y gastric bypass with multiple leaks and other complications   | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Defendant   | laparoscopic gastric bypass surgery with cut renal vein   | None (\$0)                                 |
| 2011 | General Surgery                             | Defendant   | laparoscopic bilateral inguinal hemia repair with an aortic injury requiring an emergent laparotomy   | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Defendant   | laparoscopic adjustable gastric banding converted to an open procedure; death   | None (\$0)                                 |
| 2011 | General Surgery                             | Plaintiff   | Laparoscopic surgery for large hiatal hernia with intrathoracic stomach and transverse colon and intermittent ovolvulus                             | pastric None (\$0)                         |
| 2011 | Bariatric Surgery                           | Plaintiff   | leak/infection after a gastric bypass   | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Plaintiff   | bariatric surgery case with leak  | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Plaintiff   | laparoscopic Nissen Fundoplication with a perforation of her esophagus requiring a right thoracotomy  | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Defendant   | gastric sleeve with an intra-abdominal abscess, acute renal failure and difficulty with eating  | None (\$0)                                 |
| 2011 | Bariatric Surgery                           | Plaintiff   | Roux-en-Y with leak, infection, and death   | None (\$0)                                 |
| 2011 | Leak after Roux-en Y<br>gastric Bypass      | Defendant   | Alleged delay in diagnosis  | None (\$0)                                 |
| 2011 | Complication of Roux-<br>enY Gastric Bypass | Defendant   | as above  | None (\$0)                                 |
| 2011 | complication of gastrectomy                 | Defendant   | as above  | None (\$0)                                 |
| 2011 | Intestinal perforation                      | Defendant   | Colon perforation during lap Nissen fundoplicatioin   | None (\$0)                                 |
| 2011 | several general surgery cases               | Third Party | 3rd party quality assurance review of general surgery cases   | None (\$0)                                 |
| 2010 | Bariatric Surgery                           | Defendant   | professional negligence in surgical care relating to a gastric bypass procedure   | None (\$0)                                 |
| 2004 | General Surgery                             | Defendant   | laparoscopic cholecystectomy with a common bile duct injury   | None (\$0)                                 |
|      |   |             |   | † Commercial Funding Source   ‡ Trial Name |

† Commercial Funding Source | ‡ Trial Name

#### **Agreement**

Certified Education Attestation | Signed on 2/24/2023

URL for full agreement: http://disclosures.acc.org/Public/Definition/CertifiedEducationAttestationAgreement in the property of the prope

Confidentiality, Disclosure and Assignment Agreement | Signed on 2/24/2023

URL for full agreement: http://disclosures.acc.org/Public/Definition/ConfidentialityDisclosureandAssignmentAgreement

Embargo | Signed on 2/24/2023

 ${\it URL\ for\ full\ agreement:\ http://disclosures.acc.org/Public/Definition/EmbargoAgreement}$ 

On-Going Obligation Agreement | Signed on 2/24/2023

#### **ACC** and **Disclosures**

ACC is committed to ensuring balance, independence, objectivity, and scientific rigor in their governance, programmatic, educational, chapter, and other activities. Fulfilling this commitment depends on member and public confidence in the College's integrity and objectivity. The College recognizes that the activities of College members in their practice, research, and other volunteer and private endeavors could lead to the development of conflicts of interest. Therefore, the College has established a Disclosure Policy and conflict of interest management process as appropriate. All members involved in College governance, including all committees and task forces, programmatic, certified educational, chapter, and other activities must provide complete, timely, accurate, and signed disclosure statements. Compliance with this process is mandatory for participation in College activities.