

## Disclosures

### Personal Commercial (5)

Company Name	Relationship Category	Compensation Level	Topic Area(s)
<i>Self</i>			
American College of Cardiology Foundation	Consultant Fees/Honoraria	Significant (>= \$5,000)	General Cardiology Noninvasive Imaging Valvular Heart Disease
Edwards Lifesciences	Consultant Fees/Honoraria	Significant (>= \$5,000)	Cardiothoracic Surgery Valvular Heart Disease
Medtronic CardioVascular	Consultant Fees/Honoraria	Significant (>= \$5,000)	Cardiothoracic Surgery Valvular Heart Disease
St. Jude Medical	Consultant Fees/Honoraria	Significant (>= \$5,000)	Valvular Heart Disease
St. Jude Medical	Research/Research Grants ‡ Randomized comparison of exercise hemodynamics and left ventricular remodeling with aortic bioprostheses after aortic valve replacement for aortic stenosis.	Significant (>= \$5,000)	Cardiothoracic Surgery

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

No disclosures on record

### Personal Organizational or Other Non-Commercial (0)

No disclosures on record

### Clinical Trial Enroller (0)

No disclosures on record

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

No disclosures on record

### Expert Witness Testimony (25)

Year	Case Title	Represented	Description	Compensation
<i>Self</i>				
2018	Acute PE resulting in death	Defendant	Question of whether delayed recognition of acute PE contributed to death.	Modest (< \$5,000)
2018	Delayed diagnosis of severe AS	Defendant	Delayed diagnosis of a patient with severe AS	Modest (< \$5,000)
2018	Cardiorespiratory arrest	Defendant	Cervical spine surgery was complicated by hematoma with cardiorespiratory arrest.	Modest (< \$5,000)
2017	IE, severe AR	Defendant	Delayed recognition of IE and severe AR	Modest (< \$5,000)
2017	Death after non cardiac surgery	Defendant	62 y/o woman died after non cardiac surgery.	Modest (< \$5,000)
2017	Amiodarone pulmonary toxicity	Plaintiff	75 y/o man on amiodarone died after cardiac surgery	Modest (< \$5,000)
2017	Survival estimate with cardiac disease	Plaintiff	73 y/o man with cardiac disease died during non cardiac surgery	Modest (< \$5,000)
2016	AMI during noncardiac surgery	Plaintiff	Cardiac complication of non-cardiac surgery	Modest (< \$5,000)
2016	AAA diagnosis	Plaintiff	Undiagnosed AAA	Modest (< \$5,000)
2016	Pulmonary artery hypertension	Defendant	Unrecognized PAH during pregnancy	Modest (< \$5,000)
2016	Cardioactive drug therapy for noncardiac indications	Defendant	Sequelae of administration of IV epinephrine	Modest (< \$5,000)
2016	Preoperative cardiovascular management	Plaintiff	Peri-op atrial arrhythmia before non-cardiac surgery.	Modest (< \$5,000)
2015	Re-do aortic valve replacement	Plaintiff	Death in the early post-op interval after re-do AVR in a young patient with congenital AS.	Modest (< \$5,000)
2015	CAD, hypoxia	Defendant	Lethal arrhythmia during PSG	Modest (< \$5,000)
2015	Diagnosis of CAD	Defendant	Failure to diagnose CAD leading to MI, death	Modest (< \$5,000)

Year	Case Title	Represented	Description	Compensation
2015	Cause of in-hospital death	Plaintiff	Hypoglycemia and contributing factors	Modest (< \$5,000)
2015	Aortic dissection	Plaintiff	Undiagnosed aortic dissection	Modest (< \$5,000)
2015	Percutaneous coronary intervention.	Plaintiff	Indications for PCI in a patient with CAD.	None (\$0)
2014	Sudden cardiac death	Plaintiff	Sudden death in a patient with cardiomyopathy.	Modest (< \$5,000)
2014	Pulmonary embolus	Plaintiff	Possible cradiac cause of acute PE.	Modest (< \$5,000)
2014	Peripartum cardiomyopathy	Plaintiff	Possible LV dysfunction following pregnancy.	Modest (< \$5,000)
2014	Assessment of cardiac risk factors.	Defendant	Indications and interpretation of functional resting in a patient with ASCVD risk.	Modest (< \$5,000)
2014	Perioperative cardiac risk during noncardiac surgery.	Defendant	A patient died during noncardiac surgery.	Modest (< \$5,000)
2013	Acute coronary syndrome	Plaintiff	Appropriate care at time of initial presentation.	Modest (< \$5,000)
2012	Infective endocarditis	Defendant	Appropriateness of management for a patient with endocarditis.	Modest (< \$5,000)

† Commercial Funding Source | ‡ Trial Name

## Agreement

**Certified Education Attestation** | Signed on 2/1/2018

[URL for full agreement: http://disclosures.acc.org/Public/Definition/CertifiedEducationAttestationAgreement](http://disclosures.acc.org/Public/Definition/CertifiedEducationAttestationAgreement)

**Confidentiality, Disclosure and Assignment Agreement** | Signed on 2/1/2018

[URL for full agreement: http://disclosures.acc.org/Public/Definition/ConfidentialityDisclosureandAssignmentAgreement](http://disclosures.acc.org/Public/Definition/ConfidentialityDisclosureandAssignmentAgreement)

**Embargo** | Signed on 2/1/2018

[URL for full agreement: http://disclosures.acc.org/Public/Definition/EmbargoAgreement](http://disclosures.acc.org/Public/Definition/EmbargoAgreement)

**On-Going Obligation Agreement** | Signed on 5/15/2018

## 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.