# Disclosure of Financial Relationships

AAs required by the ACCME Standards for Commercial Support, all educational planners, presenters, instructors, moderators, authors, reviewers, and other individuals in a position to control or influence the content of an activity must disclose all financial relationships with any commercial interest that have occurred within the past 12 months. This includes the disclosure of all financial relationships with a commercial interest of a spouse or partner. The ACCME considers financial relationships to create conflicts of interest when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. All identified conflicts of interest must be resolved and the educational content vetted for fair balance, scientific objectivity, and appropriateness of patient care recommendations. It is required that the disclosure be provided to the learners prior to the start of the activity. Individuals with no financial relationships must also inform the learners that no financial relationships exist. Learners must also be informed when off label; experimental/investigational uses of drugs or devices are discussed in an educational activity or included in related materials.[[1]](#footnote-1)

**Please note:** The disclosure information provided in this document will be kept on file by the Society of Surgical Oncology (SSO) for one (1) year. *If there are changes to any of the disclosure information provided within that year, it is the responsibility of the party providing the information to inform the SSO Education Department of the changes by emailing* [*beckywilliams@surgonc.org*](mailto:beckywilliams@surgonc.org)*.*

**Please complete this document in its entirety, sign and date, and return it to Becky Williams, SSO Program Manager, at** [**beckywilliams@surgonc.org**](mailto:beckywilliams@surgonc.org)**.**

**Contact Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSO ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address 2: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check and complete all that apply within the last 12 months.**

* I, or spouse/partner, have no financial relationship(s) to disclose.

OR

I, or spouse/partner, have financial relationship(s) with a manufacturer, marketer, reseller, or distributor of a healthcare product or service. (Provide information below for the last 12 months) ACCME does not consider providers of clinical service directly to patients to be commercial interests.

*\*ACCME requires disqualification for failure to disclose.*

# Disclosures

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**Commercial Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please mark all relevant boxes to indicate the nature of financial relationship(s).

Stocks

Consultant

Employee

Advisory Board

Speaker Honorarium

Research

Grant

Other (Please specify.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commercial Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# Agreements

I

I agree to allow SSO to inform the learner of my disclosure(s) and role in the preparation of SSO CME activities, relevant to the content, context and my role in these activities.

* Yes
* No (Please contact SSO to discuss.)

I understand that in the event a potential Conflict of Interest is identified, I will be asked

to resolve the conflict with the SSO CME/CPD Committee.

* Yes
* No (Please contact SSO to discuss.)

I understand that SSO's policy prohibits speakers from soliciting personal grants for honoraria or reimbursement of travel expenses (if travel is approved for this activity).

* Yes
* No (Please contact SSO to discuss.)

# Presentation Content

WiWill your presentation(s) content/test questions contain recommendations for patient management?

* Yes
* No

Will your presentation(s) discuss off label use of treatments?

* Yes
* No

*Please note that the learners must be informed if off label or experimental/investigational information is discussed.*

*For enduring materials, specific information must be provided with content.*

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Do you agree to the above statements?

* Yes
* No (Please contact SSO to discuss.)

**Signature: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

1. **A commercial interest is any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. ACCME does not consider providers of clinical service directly to patients to be commercial interests.**  [↑](#footnote-ref-1)