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January 15, 2010

Sent via electronic mail

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

Dear Senator Grassley:

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

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

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

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

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

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

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

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Marjorie Eskay-Auerbach, MD, JD
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NASS Ethicist
David Rothman, PhD
New York, NY

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

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

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

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

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

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

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

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

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

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

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

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

NASS accepts individual grants and sponsorships. Restrictions on the use of these funds are in line with ACCME guidelines. When applicable, restrictions may include such stipulations as direct donations to the Annual Research Fund (ARF).

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

In the past two years NASS has taken the following actions and adopted the following policies:

- **David Rothman, PhD of Columbia University was added to the NASS Board of Directors to occupy a newly created position as Board Ethicist (January 2009).** Dr. Rothman is a recognized leader in medical ethics, professionalism, and relationships between medical societies and industry and has published extensively on the subject. Dr. Rothman's role on the NASS Board is to educate and advise the rest of the NASS Board of Directors on the science behind principles of conflicts of interest, to make recommendations regarding “best practices” that NASS may implement, and to provide context based on his extensive analysis of the policies of universities and other PMAs.
- ***Disclosure Policy* (January 2009) - requires all participants in any NASS activity, including those who serve in committee and leadership positions within the society, speakers, and authors on NASS publications to disclose any relationship with industry in the previous calendar year with an estimated value greater than \$100. **Disclosure must be made to NASS in actual estimated dollar amounts.** This includes:**
 - any remuneration from or relationship with a company (example: stock ownership, stock options, stock warrants, royalties, consulting fees, loans from the sponsor, speaking arrangements),
 - receiving gifts from a company (example: endowments, equipment, biomaterials, discretionary funds, support of office or research staff, support of training such as fellowships, sponsorship of trips, other sponsorships) and

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

expulsion, public letters of censure, and/or—in conjunction with NASS Education Council Chairs—barring the participant from presenting at a specified number of future meetings.

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

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

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

NASS strictly monitors and restricts outside income made by its top executives and Board members. **NASS requires from all participants (presenters, paper authors, board and committee members, etc) a very strict and detailed disclosure (including estimated dollar amounts of all relationships).**

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

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

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

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

The only types of relationships allowed under Level 1 are:

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

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

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

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

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

Please see Disclosure Policy for rules regarding disclosure.

RANGE KEY:

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

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

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

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

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

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

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

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

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

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

Mick, Charles A.: Nothing to Disclose

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

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

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

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

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

Resnick, Daniel K.: Nothing to Disclose

Rothman, David: Nothing to Disclose.

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Ray Baker, MD". The signature is written in a cursive, somewhat stylized font.

Ray Baker, MD
President

cc: Brian Downey
Paul Thacker