CSVS Disclosure Policy on Conflict of Interest and Off Label Use of Drugs or Medical Devices

Responsibility of the Presenter

All presenters must complete the CSVS education disclosure form (attached).

Topics chosen for presentation during a CME activity must not be product or promotion oriented, and presentations must give a balanced view of all relevant therapeutic options available. Use of generic names is required wherever possible. If trade names are employed, use of those of several companies is preferable to that of a single supporting company.

Under certain circumstances, balance may not be possible, in which case the rationale for the inclusion of a one-sided presentation should be explained to the participants (e.g., the discussion of a new product, or in the instance of research presentations which focus on only one product and for which there is no product class evidence).

For live presentations, all disclosures must be stated orally or on a slide at the beginning of the presentation and will be noted in published material related to the activity. Slides, handouts, and other materials utilized as part of an educational activity cannot contain any advertising, trade names or a product group message. Speakers are required to disclose that they have nothing to disclose if this is the case.

Responsibility of the CSVS Event Planning Committee

Disclosure of affiliations, sponsorships, honoraria, monetary support, and other potential conflicts of interest (e.g., stock options, patents, research grants) must routinely be made to the participants in a CME activity by the event planning committee. The fact that information presented involves a) a device or drug not approved by the Canadian Health Products and Food Branch (HPFB) or b) an off label use of an approved device, product or drug, must also be disclosed.

Presenter disclosures should cover relevant relationships for a period of two years prior to the course. Disclosures may be made in the event syllabus or handouts, and should be included as the first or second slide in the speakers' presentations. If there are no handouts or slides, a one-page summary of declared relationships should be distributed to participants. Commercial supporter representatives participating on planning committees must be so designated on course brochures and other relevant materials.

Evaluation of Disclosure

All speaker and overall course evaluation forms should include a question concerning commercial bias, e.g., "Did the program avoid commercial bias or influence?". Compilations or summaries of evaluation forms must be made available to the CME Office at the conclusion of each approved CME activity.

The Canadian Society for Vascular Surgery

Education Disclosure Form

Please see the attached CSVS Education Disclosure Policy for reference.

1. Financial Disclosure

• If you do not have any relationships to disclose, check the box below.

☐ **I have no relevant financial relationships to disclose.**

• If you do have relationships to disclose, check the box below, indicate the entity the relationship is with and describe the relationship in the table below.
(Make as many copies of this form as necessary to reflect the relevant relationships.)

☐ **I do have a financial relationship that creates, or may be perceived as creating, a conflict related to this educational activity (please describe below).**

Type of relationship	The entity with which there is a relationship	Provide brief detail based upon "Type" (e.g., principal investigator)
A. Employment (full or part-time)		
B. Research Grant (e.g., principal investigator, collaborator or consultant; pending grants and grants already received)		
C. Other Research Support (e.g., receipt of drugs, supplies, equipment or other in-kind support)		
D. Speakers Bureau/Honoraria (e.g., speakers bureau, symposia, and expert witness)		
E. Ownership Interest (e.g. stock options, patent or other intellectual property)		
F. Consultant/Advisory Board (including volunteer roles)		

2. Regulatory Disclosure

Does your presentation describe the use of a device, product, or drug that is not HPFB approved?

☐ **Yes**

☐ **No**

Does your presentation describe the off-label use of a device, product, or drug that is approved for another purpose?

☐ **Yes**

☐ **No**

If you answered YES to one or both of the questions above, please answer the following:

Please provide the name of the referenced device(s), product(s) or drug(s) and indicate the HPFB status of each:

Device/Product/Drug	Approved	Investigational - Not Approved
1.		
2.		
3.		

If you indicated that you will be describing an off-label use of a device/product/drug, please describe the off-label use below:

_____

_____

_____

_____

_____

I agree that the content of my presentation will be based upon the best available evidence and will not promote any health care device or service.

Presentation Title: _____

Printed Name: _____

Signature: _____

Date: _____

EACH CREDITED AUTHOR OF AN ABSTRACT MUST RETURN A COMPLETED DISCLOSURE FORM to CSVS via e-mail to info@canadianvascular.ca