

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 6/5/2025

Your Name: Lowell Schiller

Manuscript Title: A Blueprint for FDA: Recommendations to Improve Innovation and Access

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In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Schaeffer Center for Health Policy and Economics at the University of Southern California</td> <td style="width: 50%; padding: 2px;">This work was supported by the Schaeffer Center for Health Policy and Economics at the University of Southern California</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Schaeffer Center for Health Policy and Economics at the University of Southern California	This work was supported by the Schaeffer Center for Health Policy and Economics at the University of Southern California			<small>Click the tab key to add additional rows.</small>	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Aetion, Inc.	Former full-time employee and current outside advisor
		Welsh, Carson, Anderson & Stowe	Consulting payments (through Schiller Strategies LLC)
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Aetion, Inc.	Travel expenses to attend Aetion-sponsored conferences and meetings
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Real World Evidence Alliance	President and Chair of the Board of Directors (and formerly Treasurer)

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		Aetion, Inc.	As a former employee and current advisor, I hold stock and stock options in the company
		Datavant	Datavant has entered into an agreement to acquire Aetion. I do not have an equity interest in Datavant.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 8/11/2025

Your Name: Barry Liden

Manuscript Title: A Blueprint for FDA: Recommendations to Improve Innovation and Access

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4	Consulting fees	<input type="checkbox"/> None	
		AdvaMed	Fees paid to me to support their patient engagement program
		ReGelTec	Fees paid to me to consult on FDA application
		Leavitt Partners	Fees paid to me to consult on project to define patient benefit measure
		CVRx	Fees paid to me to provide patient preference research
		Foundation for Sarcoidosis Research	Fees paid to me to provide strategic prioritization support
		Heart Valve Voice	Fees paid to me to draft patient journey
		Philips	Fees paid to me to support patient engagement strategy development and implementation
		Terumo	Fees paid to me to support patient advisory board
		Varian	Fees paid to me to provide strategic patient engagement advice
		Patient Voice Partners	Fees paid to me to provide patient advisory board facilitation services
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board	<input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		Edwards Lifesciences	I hold stock in this company – I was a former employee and received stock grants and purchased stock through the ESPP.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 8/26/2021

Your Name: Eunjoo Pacifici

Manuscript Title: Click or tap here to enter text.

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