United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

May 21, 2009

Via Electronic Transmission

Gene D. Block
Chancellor
University of California, Los Angeles
Box 951361
Los Angeles, CA 90095

Dear Mr. Block:

The United States Senate Committee on Finance (Committee) has jurisdiction over the Medicare and Medicaid programs and, accordingly, a responsibility to the more than 80 million Americans who receive health care coverage under these programs. As Ranking Member of the Committee, I have a duty to protect the health of Medicare and Medicaid beneficiaries and safeguard taxpayer dollars appropriated for these programs. The actions taken by thought leaders, like those at University of California, Los Angeles (UCLA/Institution), often have a profound impact upon the decisions made by taxpayer funded programs like Medicare and Medicaid and the way that patients are treated and funds expended.

I have also been taking a keen interest in the almost $24 billion annually appropriated to the National Institutes of Health (NIH/Institute) to fund grants at various institutions such as yours. Institutions are required to manage a grantee's conflicts of interest.[1] But I am learning that this task is made difficult because physicians do not consistently report all the payments received from medical companies.

To bring some greater transparency to this issue, Senator Kohl and I introduced the Physician Payments Sunshine Act (Act). This Act will require drug, medical device, and biologics companies to report publicly any payments that they make to doctors, within certain parameters.

A. DR. WANG

I am also writing to try and assess the implementation of financial disclosure policies at the University of California, Los Angeles. In response to my letter of November 5, 2007, your Institution provided me with the financial disclosure reports that Dr. Jeffrey C. Wang filed during the period of January 2000 through June 2007.

Furthermore, after I requested Dr. Wang's financial disclosures, he began compiling more information into a new annual report of outside activities. I was supplied with this information last summer and noticed that in this new report on financial disclosures, Dr. Wang revealed other payments that he had not reported previously to

[1] Responsibility of Applicants for Promoting Objectivity in Research for Which PHS Funding is Sought, 42 C.F.R. 50 (1995).

UCLA. As part of my oversight duties, I asked several companies to disclose the payments they made to several physicians, including Dr. Wang.

Because these disclosures do not match, I am attaching a chart intended to provide a few examples of the data reported me [Attachment A]. This chart contains the following columns: payments disclosed in the forms Dr. Wang filed at UCLA, payments revealed by Dr. Wang in 2008, and payments reported to me by companies.

B. INSTITUTIONAL AND NIH POLICIES

UCLA has no set limit on the level of compensation that physicians can receive for outside personal consulting arrangements. However, consulting is to be accomplished within the framework of the Institution's policies, including those pertaining to time spent consulting, compensation plans, intellectual property, professional liability insurance, and the use of university resources. Additionally, UCLA faculty members need prior approval to engage in certain activities that are likely to raise issues of conflict of commitment.

Federal regulations also place several requirements on a university/hospital when its researchers apply for NIH grants.[2] These regulations are intended to ensure a level of objectivity in publicly funded research, and state in pertinent part that NIH investigators must disclose to their institution any "significant financial interest"[3] that may appear to affect the results of a study. NIH interprets "significant financial interest" to mean at least $10,000 in value or 5 percent ownership in a single entity.

Based upon information made available to me, it appears that Dr. Wang did not fully disclose payments received by Medtronic, Inc., FzioMed, Inc., and DePuy Spine, Inc., among others.

C. DISCREPANCIES IN REPORTING

My staff investigators carefully reviewed each of the Physician Disclosure forms that Dr. Wang filed at UCLA. Based upon the information made available to me by UCLA, it appears that Dr. Wang did not report all of his financial interests on UCLA's *Statements of Economic Interests (Form 700-U)*. On those forms, Dr. Wang was asked the following, "*Have you received income of $500 or more from the entity listed in Part 1 during the reporting period?"* In response, Dr. Wang consistently checked "*No.*" Based upon the information in my possession from Medtronic it appears that Dr. Wang did in fact receive compensation in excess of $500.

Additionally, UCLA pointed out this discrepancy in response to my inquiries. In particular, it was indicated to me that Dr. Wang "erred in completing the *Statements of Economic Interests for Principal Investigators,*" (Form 700-U). UCLA stated further that there was a discrepancy in Dr. Wang's reporting in that he stated that he had no financial

[2] Id.; see also http://grants.nih.gov/grants/partners/0706NIHExtramuralNexus.pdf.
[3] "Significant Financial Interest" is defined by the regulation as anything of monetary value, including but not limited to: salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); intellectual property rights (e.g., patents, copyrights and royalties from such rights).

interests in FzioMed, Inc.; however he should have indicated that he was a consultant to the company. For instance, Dr. Wang failed to report in September 2006 that he received $2,000 every month that year, from FzioMed, Inc. Dr. Wang also did not divulge that he had $10,500 in stock options with FzioMed, Inc. in the question which asks, "*Do you, your spouse, or your dependent children have an investment of $2,000 or more in the entity listed in Part 1 above."* [Attachment B]

On a separate occasion in 2004, Dr. Wang completed and signed UCLA's Form 700-U [Attachment C]. On that form, he reported receiving no income from Depuy Spine, Inc during the reporting period. However, according to payments Dr. Wang revealed in 2008, he actually received payments from Depuy Spine, Inc, in January, June, and December 2004 totaling $6,200. [Attachment D] In 2008, Dr. Wang also revealed that he had received several DePuy royalty payments in 2004, which totaled nearly $17,000.

Dr. Wang also did not report to UCLA much of the money that he received from Medtronic, until 2008. Again, based upon the information in my possession, Dr. Wang revealed this information only ***after*** I had asked for his financial disclosures. For instance, according to records he filed with UCLA on January 10, 2007 and March 6, 2007, Dr. Wang did not report his economic interest in Medtronic, Inc. [Attachment E] But, in 2008, Dr. Wang revealed that Medtronic actually paid him $14,600 on January 4, 2007, for "lecture and teachings at spine meetings and Universities in Korea for one week." He also revealed that in February 2007, he earned $3,000 from Medtronic, Inc., and in October 2007, he was paid $3,589. [Attachment F]

In addition, I continue to be concerned that in order to respond to my initial request, UCLA had to ask Dr. Wang to re-review his outside income filings. As I noted previously, it was only at this time that Dr. Wang revealed many of the payments he received from private companies.

In light of the information set forth above, I ask your continued cooperation in examining conflicts of interest and the need for greater transparency at UCLA. Institutions across the United States must be able to rely on the representations of its faculty members to ensure the integrity of medicine, academia, and the grant-making process. At the same time, should the Physician Payments Sunshine Act become law, institutions like yours will be able to access a database that will set forth the payments made to all doctors, including your faculty members. Indeed, at this time there are several pharmaceutical and device companies that are supporting the Physician Payments Sunshine Act, and for that I am gratified.

Accordingly, I request that UCLA respond to the following questions and requests for information. For each response, please repeat the enumerated request and follow with the appropriate answer.

1) For each grant received by Dr. Wang, please confirm that he reported to UCLA's designated official "the existence of [a] conflicting interest." Please provide separate responses for each grant received for the period from January 1, 2004 to the present, and provide any supporting documentation for each grant identified.

2) For each grant identified above, please explain how UCLA ensured "that the interest has been managed, reduced, or eliminated." Please provide an individual response for each grant that Dr. Wang received from January 1, 2004 to the present, and provide any documentation to support each claim.

3) For each grant identified above, please provide the amount of money paid directly to Dr. Wang for "salary." Please detail this information by grant supporter, grant title, grant topic, year, and salary amount.

4) Please provide an update on any reports of research misconduct or reviews of the discrepancies in disclosures by Dr. Wang, including what action, if any, UCLA is/will consider. The time span of this request covers January 1, 2004 to the present.

5) Please report whether a determination can be made as to whether or not Dr. Wang violated guidelines governing clinical trials and the need to report conflicts of interest to an IRB. Please respond by naming each clinical trial for which Dr. Wang was the principal investigator, along with confirmation that conflicts of interest were reported, if possible. The time span of this request covers January 1, 2004 to the present.

6) Please provide any notifications and/or communications to the NIH regarding conflicts of interest and research by Dr. Wang. This request covers the period of January 1, 2004 through the present.

7) Please provide a total dollar figure for all NIH monies annually received by UCLA. This request covers the period of 2004 through 2008.

8) Please provide a list of all NIH grants received by UCLA. This request covers the period of 2004 through 2008. For each grant please provide the following:

    a. Primary Investigator;
    b. Grant Title;
    c. Grant number;
    d. Brief description; and
    e. Amount of Award.

Thank you again for your continued cooperation and assistance in this matter. As you know, in cooperating with the Committee's review, no documents, records, data or information related to these matters shall be destroyed, modified, removed or otherwise made inaccessible to the Committee.

I look forward to hearing from you by no later than June 11, 2008. All documents responsive to this request should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov. If you have any questions, please do not hesitate to contact Paul Thacker or Misha Kelly at (202) 224-4515.

Sincerely,

Charles E. Grassley
Ranking Member

cc: Raynard S. Kington, M.D., Ph.D
Acting Director
National Institutes of Health

Attachment

Attachment A

SELECTED DISCLOSURES OF DR. JEFFREY C. WANG

Year	Company	Disclosure Filed with Institution	Payments Revealed in 2008	Amount Company Reported
2007	Medtronic, Inc.	No amount provided	$14,600 (CME/Teaching)** $800 (Travel Expenses)** $6,900 (Product Development) $34,400 (Royalties)	$17,900 (Consulting) $200 (Travel Expenses) $45,300 (Professional Pmts) $27,500 (Royalties)
	FzioMed, Inc.	Not reported	$24,000 (Product Development)	N/A
	Depuy Spine, Inc.	Not reported	$12,900 (Royalties) $5,000 (Product Development)	N/A
	AO Foundation	Not reported	$16,600 (CME/Teaching) $35,900 (Travel Expenses)**+	N/A
	Stryker Corporation	Not reported	$28,000 (CME/Teaching) $3,800 (Travel Expenses) $2,900 (Product Development) $3,300 (Royalties)	N/A
Total			**$188,900**	
2006	Medtronic, Inc.	Not reported	$400 (CME/Teaching) $2,400 (Product Development) $31,100 (Royalties)	$2,400 (Consulting) $4,000 (Travel Expenses) $40,400 (Professional Pmts) $38,000 (Royalties)
	FzioMed, Inc.	No amount provided	$24,000 (Product Development)	N/A
	Depuy Spine, Inc.	Not reported	$21,300 (Royalties)	N/A
	AO Foundation	Not reported	$12,100 (CME/Teaching) $13,100 (Travel Expenses) $2,500 (Honorarium)	N/A
	Stryker Corporation	Not reported	$6,000 (CME/Teaching) $4,100 (Product Development)	N/A
Total			**$116,800**	
2005	Medtronic, Inc.	Not reported	$8,900 (Travel Expenses) $34,300 (Product Development) $9,600 (Royalties)	$1,100 (Royalties)
	FzioMed, Inc.	Not reported	$24,000 (Product Development)	N/A
	Depuy Spine, Inc.	Not reported	$14,900 (Royalties)	N/A
	AO Foundation	Not reported	$21,500 (CME/Teaching) $600 (Travel Expenses)	N/A
	Stryker Corporation	Not reported	$7,300 (Product Development)	N/A
Total			**$121,000**	
2004	Medtronic, Inc.	Not reported	$400 (Travel Expenses) $39,500 (Product Development) $3,400 (Royalties)	$12,800 (Consulting) $3,400 (Royalties) $16,100 (Professional pmts)
	Fziomed, Inc.	Not reported	$200 (Travel Expenses) $24,000 (Product Development)	N/A

	Depuy Spine, Inc.	No amount provided	$6,400 (Product Development) $16,800 (Royalties)	N/A
	AO Foundation	Not reported	$13,600 (Travel Expenses)** $12,000 (CME/Teaching)	N/A
	EBI	Not reported	$3,000 (Travel Expenses) $17,600 (Product Development)	N/A
Total			**$136,700**	

Note: When a physician named a company in a disclosure but did not provide an amount, the text reads "no amount provided." When a physician did not list the company in the disclosure, the column reads "not reported." The Committee contacted several companies for payment information and the notation "n/a" (not available) reflects that a company was not contacted.

** **Travel expenses include travel to Switzerland, Hong Kong, Korea, London, Munich, Argentina**
+ **Includes Munich, Germany per diem, estimated at $634.92/per day**

Attachment B

CALIFORNIA FORM **700-U**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS FOR PRINCIPAL INVESTIGATORS

Date Received
Campus Use Only

Campus: _____

ID No: _____

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
Wang, M.D.	Jeffrey	C	(310) [redacted]
ACADEMIC UNIT OR DEPARTMENT	MAIL CODE		E-MAIL ADDRESS
UCLA Dept. of Orthopaedic Surgery	[redacted]		[redacted]
TITLE OF RESEARCH PROJECT			
Multicenter Clinical Trial to Dtermine the Safety and Effectiveness of Oxiplex/SP Gel (Fzio-SP002)			

1. Information Regarding Funding Entity:

(Use a separate Form 700-U for each funding entity.)

Name of Entity: FzioMed, INC

Address of Entity: 170-A Granada Drive

Principal Business of Entity: San Luis Obispo, CA 93401

Amount of Funding: $ 102,660

Estimated ☐ Actual ☒

2. Type of Statement (Check at least one box)

☐ Initial (for new or renewal funding)

Date of Funding: ___/___/___

☒ Completion Statement
The research project expired on: 08 / 31 / 10

3. Filer Information

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No ☒ Yes ☐

Title: _____

B. Do you, your spouse, or your dependent children have an investment of $2,000 or more in the entity listed in Part 1 above? No ☒ Yes ☐ – value is:

☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Exceeds $1,000,000

If you have sold or divested yourself of investments:

Date Divested: ___/___/___

C. Have you received income of $500 or more from the entity listed in Part 1 within the last 12 months? No ☒ Yes ☐ – amount is:

☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ Exceeds $100,000

Was income received through your spouse?
☒ No ☐ Yes

3. Filer Information - *Cont.*

D. Have you received loans from the entity in Part 1 for which the balance exceeds $500 in the past 12 months?
No ☒ Yes ☐ – balance is:

☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ Exceeds $100,000

If you checked "yes," was the loan:
☐ Secured ☐ Unsecured Interest rate: _____%

Was the loan entirely repaid within the last 12 months?
☐ No ☐ Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at $50 or more?
No ☒ Yes ☐ – describe below.

Description of Gift: _____

Value: $_____ Date Received: ___/___/___

F. Has the entity in Part 1 paid you for your travel?
No ☒ Yes ☐ – describe below.

Type of Payment: (check one) ☐ Gift ☐ Income

Amt: $_____ date(s): ___/___/___ ___/___/___
(if applicable)

Description: _____

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Jeffrey C. Wang, M.D. 9/29/06
(month, day, year)

Signature _____
(File the originally signed statement with your university.)

The Form 700-U is for university use only.
This statement is a public record under Gov. Code section 81008(a).

Attachment C

CALIFORNIA FORM **700-U**

STATEMENT OF ECONOMIC INTERESTS FOR PRINCIPAL INVESTIGATORS

Date Received
Campus Use Only

Please type or print in ink

ID No:

NAME (LAST) Wang (FIRST) Jeffrey (MIDDLE)

TELEPHONE NUMBER [redacted]

ACADEMIC UNIT OR DEPARTMENT Medicine - Orthopaedic Surgery

MAIL CODE [redacted]

EMAIL ADDRESS [redacted]

TITLE OF RESEARCH PROJECT
A Multicenter, Randomized, Feasibility Study Evaluating the Safety and Performance of Two Concentrations of HEALOS-MP52 (0.5 mg/cc and 1.0 mg/cc) and Autograft in a Transforaminal Lumbar Interbody Fusion (TLIF) Approach

1. Information Regarding Funding Entity:
(Use a separate Form 700-U for each funding entity.)

Name of Entity: DePuy Spine, Inc.
Address of Entity: 325 Paramount Drive, Raynham, MA 02767
Principal Business of Entity: Pharmaceutical

Amount of Funding: $ _____

Estimated ☒ Actual ☐

2. Type of Statement (Check at least one box)

☒ Initial (for new or renewal funding)

Date of Funding: _____

☐ Completion Statement
The research project expired on: _____

3. Filer Information

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No ☒ Yes ☐

Title: _____

B. Do you, your spouse, or your dependent children have an investment of $2,000 or more in the entity listed in Part 1 above?

No ☒ Yes ☐ - value is:

☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ $ Exceeds $1,000,000

If you have sold or divested yourself or investments:

Date Divested: _____

C. Have you received income of $500 or more from the entity listed in Part 1 within the last 12 months?

No ☒ Yes ☐ - amount is:

☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ $ Exceeds $100,000

Was income received through your spouse?

No ☒ Yes ☐

3. Filer Information – Cont.

D. Have you received loans from the entity in Part 1 for which the balance exceeds $500 in the past 12 months?

No ☒ Yes ☐ - balance is:

☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ $ Exceeds $100,000

If you check "yes", was the loan:

☐ Secured ☐ Unsecured Interest rate: _____%

Was the loan entirely repaid within the last 12 months?

No ☐ Yes ☐

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at $50 or more?

No ☒ Yes ☐ - describe below.

Description of Gift: _____

Value: $ Date Received:

F. Has the entity in Part 1 paid you for travel?

No ☒ Yes ☐ - describe below.

Type of Payment: (check one) ☐ Gift ☐ Income

Amount: $_____ date(s): _____ - _____

Description: _____

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/31/04
(month, day, year)

Signature _____
(File the originally signed statement with your university.)

The Form 700-U is for university use only.
This statement is a public record under Gov. Code section 81008(a).

Attachment D

Name of Company	Date of Payment	Payment Description	Amount of Payment	Comments
Axiomed	December-04	Product Development/Design/Review	$ 1,000	Payment for my participation in meetings to discuss their product development and research.
Depuy	January-04	Product Development/Design/Review	$ 200	Payment for participation in product design meetings and hourly rate for speaking at 400/hour.
Depuy	June-04	Product Development/Design/Review	$ 4,000	Payment for participation in product design meetings and hourly rate for speaking at 400/hour.
Depuy	December-04	Product Development/Design/Review	$ 2,000	Payment for participation in product design meetings and hourly rate for speaking at 400/hour.
Depuy		Product Development/Design/Review	$ 200	Payment for participation in product design meetings and hourly rate for speaking at 400/hour.
EBI	February-04	Product Development/Design/Review	$ 3,000	Payment for my time advising this company on their research, studies, and basic science regarding their products.
EBI	September-04	Product Development/Design/Review	$ 11,550	Payment for my time advising this company on their research, studies, and basic science regarding their products.
EBI	November-04	Product Development/Design/Review	$ 3,000	Payment for my time advising this company on their research, studies, and basic science regarding their products.
Endius	August-04	Product Development/Design/Review	$ 1,500	Payment for my time advising this company on their research, studies, and basic science regarding their posterior cervical product I designed.
Endius	December-04	Product Development/Design/Review	$ 1,500	Payment for my time advising this company on their research, studies, and basic science regarding their posterior cervical product I designed.
Fziomed	January-04	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States.
Fziomed	February-04	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States.
Fziomed	March-04	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States.
Fziomed	April-04	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States.
Fziomed	May-04	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States.
Fziomed	June-04	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States.

Dr. Jeffrey Wang

Attachment E

CALIFORNIA FORM **700-U**

STATEMENT OF ECONOMIC INTERESTS FOR PRINCIPAL INVESTIGATORS

Date Received
Campus Use Only

Campus: _____

ID No: _____

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
Wang	Jeffrey	C	(310) [redacted]
ACADEMIC UNIT OR DEPARTMENT	MAIL CODE		E-MAIL ADDRESS
Orthopedic surgery	703646		[redacted]

TITLE OF RESEARCH PROJECT

A Prospective, Randomized Clinical Investigation of rhBMP-2 and Compression Resistant Matrix with the CD Horizon...

1. Information Regarding Funding Entity:

(Use a separate Form 700-U for each funding entity.)

Name of Entity:

Medtronic Inc.

Address of Entity:

2600 Sofamor Danek Drive, Memphis, TN 38132

Principal Business of Entity:

Amount of Funding: $ $50,000

Estimated ☑ Actual ☐

2. Type of Statement (Check at least one box)

☐ Initial (for new funding)

Date of initial funding: ___/___/___

☑ Interim (for renewed funding)
Funding was renewed on: ___/___/___

3. Filer Information

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No ☐ Yes ☑

Title: Consultant

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of $2,000 or more in the entity listed in Part 1 above?
No ☑ Yes ☐ – value is:

☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Exceeds $1,000,000

If you have sold or divested yourself of investments:

Date Divested: ___/___/___

C. Have you received income of $500 or more from the entity listed in Part 1 during the reporting period?
No ☑ Yes ☐ – amount is:

☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ Exceeds $100,000

Was income received through your spouse or registered domestic partner? ☑ No ☐ Yes

3. Filer Information - *Cont.*

D. Have you received loans from the entity in Part 1 for which the balance exceeded $500 during the reporting period?
No ☑ Yes ☐ – highest balance:

☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ Exceeded $100,000

If you checked "yes," was the loan:

☐ Secured ☐ Unsecured Interest rate: _____%

Was the loan entirely repaid within the last 12 months?

☐ No ☐ Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at $50 or more?
No ☑ Yes ☐ – describe below.

Description: _____

Value: $_____ Date Received: ___/___/___

F. Has the entity in Part 1 paid you for your travel?
No ☑ Yes ☐ – describe below.

Type of Payment: (check one) ☐ Gift ☐ Income

Amt. $_____ date(s): ___/___/___ ___/___/___
(if applicable)

Description: _____

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/10/07
(month, day, year)

Signature _____
(File the originally signed statement with your university.)

The Form 700-U is for university use only.
This statement is a public record under Gov. Code section 81008(a).

FPPC Form 700-U (2005/2006)
FPPC Toll-Free Helpline: 866/ASK-FPPC

FEB-28-2007 10:42 From:UCLA OPRS 310 794 9565 To:8131094319 81 P.6/6

UNIVERSITY OF CALIFORNIA, LOS ANGELES

Supplement to Forms 700-U & 740

DISCLOSURE SUPPLEMENT

This form is to be completed by all Principal Investigators and Key Personnel who have reported a financial interest on either Form 700-U or Form 740. Completion of this form is required in accordance with UCLA Policy 925. The information provided herein may be released or transmitted to the sponsor upon request, and per the California Public Records Act, may also be released to the public upon request.

Name: JEFFREY C. WANG, MD

Principal Investigator's Name (if different): _____

Research Sponsor: MEDTRONIC, INC

Title of Research Project: A PROSPECTIVE, RANDOMIZED CLINICAL INVESTIGATION OF RECOMBINANT HUMAN BONE MORPHOGENETIC PROTEIN-2 AND COMPRESSION RESISTANT MATRIX WITH THE CD HORIZON® SPINAL SYSTEM FOR POSTEROLATERAL LUMBAR FUSION IN PATIENTS WITH SYMPTOMATIC DEGENERATIVE DISC DISEASE Version A & B, February, 2002 and Version C, April, 2006

If you are the Principal Investigator and have completed form 700-U, please go directly to Question #4.

1. If you have a financial interest in an entity other than the research sponsor and that interest is related to this research project, please provide the following:

   Name of Entity: _____

   Relationship to Research Project: _____

2. Are you a director, officer, partner, trustee, or employee of, or do you hold any position of management (paid or unpaid) in the sponsor or entity listed above?

   ☐ No ☐ Yes Title: _____ Name of Entity: _____

3. Do you, your spouse or dependent child, have:

   A. An investment of $10,000 or more or a 5% or more ownership interest in the sponsor or entity listed above?

   ☑ No ☐ Yes Estimated current value: $_____ Name of Entity: _____

   B. Income (including any payment, such as salary or consulting fees) of $10,000 or more received from the sponsor or entity listed above within the last 12 months? (Do not include any salary or summer salary paid by the University with funds provided by the sponsor or entity listed above.)

   ☑ No ☐ Yes Amount: $_____ Name of Entity Providing Income: _____

   C. Do you anticipate receiving income of $10,000 or more during the next 12 months?

   ☑ No ☐ Yes Anticipated Amount: $_____

   D. Loans received from the sponsor or entity listed above for which the outstanding balance has exceeded $10,000 in the past 12 months?

   ☑ No ☐ Yes Balance: $_____ Interest rate: _____%

4. If you received income, or anticipate receiving income, please specify the type of income (e.g., consulting, honoraria, salary, payment-in-kind, reimbursement for travel, per diem, other) and describe the reason payment was or will be received:

   Type: none Description: _____

5. Whether or not you, your spouse or dependent children already have an existing investment in the sponsor or entity listed above, do you anticipate obtaining a new interest, through a stock purchase plan, an employee stock option plan, or by other similar means?

   ☑ No ☐ Yes, describe: _____

   If you indicated in Question 3.A above or in Question 3.B on Form 700-U that you have an existing investment interest (e.g., stocks, bonds, warrants and options, including those held in margin or brokerage accounts), please indicate type (aggregate for family). Check all that apply:

   ☑ Stock ☐ Stock Options ☐ Bonds ☐ Other (specify): _____

   If stock or stock options, number of shares: _____ and/or estimated current dollar value: $_____

   If bonds, estimated current value: $_____ Estimated percentage of total value of the company your interest represents: _____%

6. Do you have an inventive or ownership interest in any intellectual property (e.g., inventions, tangible research materials, copyrights, etc.) that will be utilized in this project?

☑ No ☐ Yes If Yes, please answer questions A – D below.

A. Please provide a brief non-technical description of the intellectual property involved.

n/a

B. Please identify the owner of the intellectual property to be utilized in this project:

☐ Me, my spouse, and/or my dependent children
☐ The research sponsor
☐ The Regents of the University of California
☐ Other (identify): _____)

C. If The Regents of the University of California is the owner of the intellectual property, has it licensed rights to the sponsor or entity listed above?

☐ No ☐ Yes (UC Case No., if known: _____)

D. Do you currently receive, or do you anticipate receiving in the future, royalty or other income resulting from licenses to the intellectual property?

☑ No ☐ Yes, royalty or other income is/may be received from the University of California
☐ Yes, royalty or other income is/may be received from a third party

7. Will you be supervising or assigning students, postdoctoral fellows, or other trainees on this project?

☑ No ☐ Yes

A. If Yes, please describe their participation or assignment:

B. Would the direct participation of students, postdoctoral fellows or other trainees in the research being supported or in any related consulting activities in any way hinder their ability to report or publish for academic (including thesis or dissertation) purposes? Please explain.

C. Will the students, postdoctoral fellows or other trainees participate in any consulting or other relationship with the sponsor or entity listed above, either independently or as an assistant to you?

☐ No ☐ Yes, describe: _____

8. If you have an ownership or other interest in an entity that is proposed as a subcontractor, consortium member, lessor or is otherwise involved in the project, please describe the relationship.

n/a

9. Is there additional information or any details about the specific nature of your financial interest(s) that you feel would be helpful to the Independent Substantive Review Committee (ISRC) in its review of this matter? Please attach additional pages as necessary.

n/a

10. If you are a UCLA faculty member and are a salaried employee of, or hold an executive or management position in, the sponsor or entity listed above, please attach a copy of the approval for outside professional activities required under University of California "Policy on Conflict of Commitment and Outside Activities of Faculty Members" (Academic Personnel Manual Section 025, Appendix B).

☑ Not Applicable ☐ APM 025 Approval for Outside Activities attached

VERIFICATION

I have used all reasonable diligence in preparing this statement, and to the best of my knowledge it is true and complete.

Signature _____ Date 3/6/07

Attachment F

Company	Date of Payment	Payment Description	Amount of Payment	Comments
AO Foundation	11.21.2007	CME/Teaching	$ 1,610	Payment for teaching at a Hong Kong spine educational course sponsored by the AO Foundation
AO Foundation	2.2.2007	CME/Teaching	$ 1,000	Payment for participating in educational meeting for the AO Foundation
AO Foundation	2.23.2007	CME/Teaching	$ 4,000	Payment for teaching at a four day spine educational course for the AO Foundation
AO Foundation	5.17.2007	CME/Teaching	$ 3,000	Payment for teaching at educational course for the AO Foundation
AO Foundation	8.15.2007	CME/Teaching	$ 2,000	Payment for teaching at a spine educational course for the AO Foundation.
AO Foundation	9.7.2007	CME/Teaching	$ 1,000	Payment for teaching at a spine educational course for the AO Foundation
AO Foundation	9.7.2007	CME/Teaching	$ 4,000	Payment for teaching at a spine educational course for the AO Foundation.
CO Health	2.1.2007	CME/Teaching	$ 1,000	Honorarium for teaching at a spine surgery educational course
CO Health	Apr.2007	CME/Teaching	$ 500	Honorarium for teaching at a spine educational course
Endius	5.31.2007	CME/Teaching	$ 5,000	Payment teaching at a two day spine educational course
Intellyst	3.23.2007	CME/Teaching	$ 800	Honorarium for teaching at a spine educational course sponsored by the Univ of South Florida
Medtronic	1.4.2007	CME/Teaching	$ 14,600	Payment for lectures and teaching at spine meetings and universities in Kotea for one week at 250/hour
Seaspine	9.17.2007	CME/Teaching	$ 2,430	Payment for chairing an educational meeting for two days.
Stryker Corporation	2.16.2007	CME/Teaching	$ 4,000	Payment for teaching at a spine course
Stryker Corporation	2.2.2007	CME/Teaching	$ 8,000	Payment for two days of speaking at an educational course
Stryker Corporation	5.7.2007	CME/Teaching	$ 16,000	Payment for teaching at a spine educational course - 4 days at 8 hour/day at 500/hour
Thomas Jefferson Univeristy Dept. of Orthopaedic Surgery	June.2007	CME/Teaching	$ 300	Honorarium for lecturing at Thomas Jefferson University Dept of Orthoapedic Surgery for their grand rounds lecture
University of South Florida	1.12.2007	CME/Teaching	$ 1,000	Honorarium for teaching at a spine educational course sponsored by the Univ of South Florida
American Academy of Orthopaedic Surgeons	11.15.2007	Expense Reimbursement	$ 404	Travel expense reimbursement - for my travel to speak at a Spine Educational course for the American Academy of Orthoapedic Surgeons
American Academy of Orthopaedic Surgeons	Apr.2007	Expense Reimbursement	$ 3,473	Travel expense reimbursement - for my travel to speak at a Spine Educational course
American Academy of Orthopaedic Surgeons	Feb.2007	Expense Reimbursement	$ 493	Travel expense reimbursement - for my travel to attend an editors meeting for the American Academy of Orthopaedic Surgeons
AO Foundation	12.06.2007	Expense Reimbursement	$ 102	Travel expense reimbursement - for my travel to speak at a Spine Educational course for the AO Foundation in Hong Kong
AO Foundation	Feb.2007	Expense Reimbursement	$ 57	Travel expense reimbursement - for my travel to speak at a Spine Educational course for the AO Foundation
AO Foundation	Jan.2007	Expense Reimbursement	$ 15,739	Travel expense reimbursement - for my travel to speak at a Spine Educational course for the AO Foundation in London and then traveling to Hong Kong
AO Foundation	July.2007	Expense Reimbursement	$ 108	Travel expense reimbursement - for my travel to speak at a Spine Educational course for the AO Foundation

Company	Date of Payment	Payment Description	Amount of Payment	Comments
Fziomed	7.1.2008	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States
Fziomed	8.1.2007	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States
Fziomed	9.1.2007	Product Development/Design/Review	$ 2,000	Payment for my time advising this company on their research, studies, and basic science regarding their products which are not yet sold or approved in the United States
Kuros	9.12.2007	Product Development/Design/Review	$ 1,600	Payment for meeting time with them at $400/hour
Kuros	9.24.2007	Product Development/Design/Review	$ 1,200	Payment for meeting time with them at $400/hour
Medtronic	10.9.2007	Product Development/Design/Review	$ 3,589	Payment for my participation in product design meetings at $250/hour and travel expense reimbursement for travel to speak at spine educational meetings, both payments bunched together
Medtronic	Apr.2007	Product Development/Design/Review	$ 250	Payment for attending a research meeting for the cervical spine study group for two days
Medtronic	Feb.2007	Product Development/Design/Review	$ 3,000	Payment for my participation in product design meetings at 250/hour
N-Spine	Dec.2007	Product Development/Design/Review	$ 35,176	Payment received for stock options for a company called N-spine. Cash payment was made upon the acquisition of N-Spine by Synthes.
Stryker Corporation	2.20.2007	Product Development/Design/Review	$ 700	Payment for acting as medical advisor for the cervicore artificial disc study - 200/hour
Stryker Corporation	2.27.2007	Product Development/Design/Review	$ 1,900	Payment for acting as medical advisor for the cervicore artificial disc study - 200/hour
Stryker Corporation	8.2.2007	Product Development/Design/Review	$ 250	Payment for acting as medical advisor for the cervicore artificial disc study - 200/hour
Syndicom, Inc.	10.1.2007	Product Development/Design/Review	$ 500	Payment for my attendance at a strategic planning meeting with this company - 4 hour meeting
Syndicom, Inc.	11.07.2007	Product Development/Design/Review	$ 1,000	Payment for my attendance at a strategic planning meeting with this company - 4 hour meeting
Synthes Spine Company	10.12.2007	Product Development/Design/Review	$ 600	Payment for my participation in a product development meeting pro-rated at 3,000/day
Synthes Spine Company	2.16.2007	Product Development/Design/Review	$ 6,000	Payment for my attendance and participation in product design meetings for two days of meeting at $3000/day
TissueLink Medical	1.5.2007	Product Development/Design/Review	$ 750	Payment for my time for meeting with them to discuss their research for their scientific presentations at a rate of $1500/day.
TissueLink Medical	6.14.2007	Product Development/Design/Review	$ 750	Payment for my time for meeting with them to discuss their research for their scientific presentations at a rate of $1500/day.
TrueMRI		Product Development/Design/Review	$ 145,000	Payment for assistance in developing companies spine imaging protocals. Note that compensation for this work was converted into 100,000 shares of the companies stock, not paid in cash.
Zimmer	4.20.2007	Product Development/Design/Review	$ 55	Payment received for options I held from a company called Endius which was purchased by Zimmer.
Aesculap Inc.	7.20.2007	Royalty	$ 1,675	Royalty for a product which I helped to design - an anterior allograft cage for lumbar spinal fusion.
Aesculap Inc.	Jan.2007	Royalty	$ 341	Royalty for a product which I helped to design - an anterior allograft cage for lumbar spinal fusion.