

**Speaker Guidelines**

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to award Category 1 credit for physician education. The Medical Society expects faculty participating in the Category 1 activities which are either directly or jointly-sponsored activities to adhere to the following guidelines:

**ACCME Standards for Commercial Support**

As an accredited CME sponsor, PAMED requires that all speakers comply with the ACCME Standards for Commercial Support of CME. The ACCME’s Standards for Commercial Support require that anyone in the position to control the content of a Category 1 activity disclose all relevant financial relationships with commercial interests within the past 12 months in order to assess if there is any potential conflict of interest. As a faculty member, you are required to disclose any financial interest or relationship that you may have with any commercial company or the manufacturer(s) of any commercial product/service. PAMED has a standard disclosure form which you will be asked to complete and return to our office. Any individual that refuses to disclose relevant financial relationships cannot be included in the Category 1 CME activity. If PAMED determines that a potential conflict of interest exists, we are required to resolve that conflict prior to the activity. A variety of methods may be utilized to accomplish resolution of a conflict of interest, such as an independent content review. If you are identified as having a potential conflict of interest, we will contact you to discuss the course of action which will be taken.

The Commercial Support Standards also require that your presentation be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies must be used. Further, should your presentation include discussion of any unlabeled or investigational use of a commercial product, we ask that you disclose this to the participants. Should you determine that you cannot comply with these requirements or any of the provisions of the Commercial Support Standards, please contact PAMED’s Office of CME at [cmeadmin@pamedsoc.org](mailto:cmeadmin@pamedsoc.org) as soon as possible.

**CME Presentation Guidelines**

Please read and follow the CME presentation guidelines below when preparing your presentation slides/material. Activities accredited for CME by the Pennsylvania Medical Society may not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME and are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. As such presentations must follow the ACCME guidelines listed below:

* The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. (SCS 5.1)
* Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company. (SCS 5.2)
* All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. (CME Clinical Content Validation)
* All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental de-sign, data collection and analysis. (CME Clinical Content Validation)
* Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest. (SCS 4.3)
* Presentations associated with cannabis - As the use of medical marijuana is an area of medicine that is considered still evolving, unproven, or experimental, it’s important for recommendations to be rooted in science, evidence, and data. The validity of clinical recommendations is **not** determined by legislation or advocacy. It is important and appropriate to help clinicians learn *about* issues such as medical marijuana — but it’s not allowable to train clinicians *how to*recommend therapies and treatments unless they are accepted by the medical profession and are based on scientifically valid evidence. It is our expectation that any mention of therapies and treatments be accompanied by a discussion of the level of evidence that supports or does not support the therapy or treatment in terms of (1) conclusive evidence, (2) substantial evidence, (3) moderate evidence, (4) limited evidence or (5) no or inconclusive evidence as defined in the attached Evidence Categories Descriptions document.

**Cannabis- Evidence Category Descriptions**

**CONCLUSIVE EVIDENCE**

For therapeutic effects: There is strong evidence from randomized controlled trials to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is strong evidence from randomized controlled trials to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are many supportive findings from good-quality studies with no credible opposing findings. A firm conclusion can be made, and the limitations to the evidence, including chance, bias, and confounding factors, can be ruled out with reasonable confidence.

**SUBSTANTIAL EVIDENCE**

For therapeutic effects: There is strong evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is strong evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are several supportive findings from good quality studies with very few or no credible opposing findings. A firm conclusion can be made, but minor limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

**MODERATE EVIDENCE**

For therapeutic effects: There is some evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is some evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are several supportive findings from good-to-fair-quality studies with very few or no credible opposing findings. A general conclusion can be made, but limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

**LIMITED EVIDENCE**

For therapeutic effects: There is weak evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is weak evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are supportive findings from fair-quality studies or mixed findings with most favoring one conclusion. A conclusion can be made, but there is significant uncertainty due to chance, bias, and confounding factors.

**NO OR INSUFFICIENT EVIDENCE TO SUPPORT THE ASSOCIATION**

For therapeutic effects: There is no or insufficient evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is no or insufficient evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are mixed findings, a single poor study, or health endpoint has not been studied at all. No conclusion can be made because of substantial uncertainty due to chance, bias, and confounding factors.