

ASRS 2021 Slide Review Checklist:
Title of Presentation:
Author:
Name of Reviewer: _____

1. Financial disclosure(s) slide is present.	<input type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution:
<input type="checkbox"/> Please add financial disclosure statement as a lead slide in the presentation. <input type="checkbox"/> Other, describe: Click or tap here to enter text.	
2. <u>NO</u> product logos or commercial marketing is included in the presentation	<input type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution:
<input type="checkbox"/> Product logos must be removed – indicate slide numbers and/or logo names: Click or tap here to enter text. <input type="checkbox"/> Names of ineligible companies must be removed – indicate slide numbers and/or company names: Click or tap here to enter text. <input type="checkbox"/> Clinical trial logos are prohibited if the study is owned or trade marked by an ineligible company. – indicate slide numbers and/or logo names: Click or tap here to enter text. <input type="checkbox"/> Other, describe: Click or tap here to enter text.	
3. The presentation refers to generic or compound names and NOT TRADE NAMES, when possible and appropriate.	<input type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution:
<input type="checkbox"/> Please change trade names or brand names to generic or compound names wherever possible – indicate slide numbers and/or trade names: Click or tap here to enter text. <input type="checkbox"/> If it is necessary to use a trade name, trade names from several companies must be used (where available), and not just trade names from a single company – indicate slide numbers and/or trade names: Click or tap here to enter text. <input type="checkbox"/> Other, describe: Click or tap here to enter text.	
4. Recommendations for patient care are based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.	<input type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution below:
<input type="checkbox"/> Please add a statement identifying the recommendations that are not “standard of care” and cite evidence to support changing the standard of care based on new clinical trial data. Click or tap here to enter text. <input type="checkbox"/> Modification is not required due to unique clinical circumstances, e.g. cases where evidence is still emerging and the standard of care is evolving. Please explain: Click or tap here to enter text. <input type="checkbox"/> Other, describe: Click or tap here to enter text.	
5. If there are any new and evolving topics covered for which there is a lower (or absent) evidence base, are they clearly identified as such within the education and individual presentations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution below: <input type="checkbox"/> Not applicable
<input type="checkbox"/> Please add the clear identification of the new or evolving topic within the presentation. Click or tap here to enter text. <input type="checkbox"/> Other, describe: Click or tap here to enter text.	

6. All scientific research referred to, reported or used in this CME activity in support of justification of patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.	<input type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution below:
<input type="checkbox"/> Describe resolution needed: Click or tap here to enter text.	
7. If this presentation includes discussion of off-label use, the presenter has disclosed that the use or indication in question is not currently approved by the FDA for labeling or advertising.	<input type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution below: <input type="checkbox"/> Not applicable
<input type="checkbox"/> Please add a statement that the medications or treatments discussed are “off-label”, such as “The treatment discussed represents an off-label use of bevacizumab” or “The treatment discussed in the presentation is not an FDA approved use of bevacizumab”. Slide reviewers: please indicate which medication or treatment is “off-label”: Click or tap here to enter text. <input type="checkbox"/> Other; describe resolution needed: Click or tap here to enter text.	
8. Content for this presentation, including any presentation of therapeutic options, is well-balanced, evidence-based and unbiased.	<input type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution below:
<input type="checkbox"/> Please make the presentation more balanced by mentioning alternative treatments; add a statement indicating “On balance, the data support the following: ...” Click or tap here to enter text. <input type="checkbox"/> Reference the best available literature; add a statement indicating “The best available evidence in the literature is at the level of < > and supports the following conclusions < >. Integrating what this literature says with what the new study has revealed, my recommendations on what we should do now are < >.” Click or tap here to enter text. <input type="checkbox"/> For presentations that involve only one drug or device, the pros and cons; the advantages or disadvantages; indications or contraindications should be discussed to ensure fair balance. Click or tap here to enter text. <input type="checkbox"/> Other, (for example, inappropriate title, misleading overview statement,) describe: Click or tap here to enter text.	
9. Please indicate if the presentation includes any of the following:	<input type="checkbox"/> YES <input type="checkbox"/> NO, describe resolution below:
<input type="checkbox"/> Advocacy for, or promotion of, unscientific approaches to diagnosis or therapy. <input type="checkbox"/> Recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits, <input type="checkbox"/> Recommendations, treatment, or manners of practicing healthcare that are known to be ineffective in the treatment of patients. If yes to any of the above, please explain: Click or tap here to enter text.	

- ☐ Presentation promotes office locations, practice members and their subspecialty interests, scope of services, and/or contact information for referral purposes. Delete slides/information as follows: [Click or tap here to enter text.](#)
- ☐ Presentation contains promotions for non-ASRS meetings.
- ☐ Institutional slide template with logo throughout prohibited (acceptable to have institutional logo on first slide only).
- ☐ **Recommend second review and/or opinion from Education Chair and/or a specialist in the topic area.**