



## AMERICAN ACADEMY OF INSURANCE MEDICINE

115<sup>th</sup> Annual Meeting and Scientific Sessions

October 7-11, 2006

---

### EVALUATION QUESTIONNAIRE

---

Each year, attendees at the American Academy of Insurance Medicine Annual Meeting and Scientific Sessions are asked to assess the program. Please take the time to complete this Evaluation Questionnaire. Your responses will help in planning for future meetings sponsored by AAIM.

**Note: Place your completed questionnaire in the box at the Meeting Registration Desk. This Evaluation Questionnaire must be completed to receive CME credits.**

If you forget to leave your questionnaire at the meeting, you may mail it to:

AAIM Secretariat  
174 Colonnade Road, Unit 25  
Ottawa, Ontario K2E 7J5  
Canada

**Name of Attendee:** \_\_\_\_\_  
PLEASE PRINT

---

### Objectives of the Annual Meeting

---

1. To provide both new and experienced medical directors with the latest clinical and risk classification information for a wide variety of medical impairments.
2. To present important topics from our Core Body of Knowledge.

---

### AAIM CME Mission Statement

---

To provide insurance medical directors, medical consultants, and nurses with quality continuing medical education in life, health, disability, and long-term care insurance. This will be accomplished by lectures, workshops, the Introductory Course for new medical directors, the Triennial Review, the Annual Scientific Program, the Journal of Insurance Medicine, and other appropriate programs approved by the American Academy of Insurance Medicine.

The Academy will also endeavor to assist other organizations with an interest in insurance medicine and who provide quality education to their membership by providing joint sponsorship for approved programs.

---

### Evaluation of Individual Scientific Presentations

---

For each individual presentation given at the AAIM Annual Meeting and Scientific Program, please rate them in the following categories:

1. Presentation and delivery
2. How well were the learning objectives achieved
3. Hand-out and audiovisual aids
4. Practical value of the content in terms of usefulness to you in your role as a medical director, medical consultant, or nurse for your company

Please refer to the objectives for each individual presentation as you consider each presentation.

**Monday, October 9 -- Morning Session**

**CRP as a Risk Factor for Cardiovascular Disease and Mortality**

Cliff Titcomb Jr., MD

**Objectives**

1. Briefly review the medical literature regarding C-reactive protein as a marker for cardiovascular events and death
2. Discuss the current status, including pros and cons, regarding CRP as an underwriting screening tool for the risk of cardiovascular disease and death
3. Briefly discuss current clinical uses of CRP 116 respondents

	Disappointing				Superb	Avg
Presentation delivery	1	2	3	4	5	4.5
Learning objectives achieved	1	2	3	4	5	4.6
Syllabus/handout/audiovisual	1	2	3	4	5	4.4
Practical value of the content	1	2	3	4	5	4.5
Was the educational content scientifically sound?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			4.48 overall

**Additional comments:**

I would have rather have had some of the chart information in your presentation rather than the word slides (ideally both). I would especially have like comparing BMP v Smoking v HDL v IRP

Excellent presentation of complex risk analysis

Very practical review

Very good. Always appreciate talks on lab tests that are balanced and not by lab reps that may be biased

Great talk but the CAD stuff is becoming "a bit old hat"

As always, excellent speaker, well-researched and presented in a clear and orderly way

Very good presentation and slides

Good material presented in a concise and up-beat manner. Very helpful for this lay underwriter.

Graphs would have been nice in the handout.

Overall great; references would have been helpful

Excellent review with good data and relevant info for insurance

Excellent talk but difficult color scheme on slides

Excellent topic

Outstanding speaker, on his way to becoming "A Grand Master of Insurance Medicine." Well organized; does slides very well

Good talk.

Always an excellent speaker, easy to follow, always applies to our work

Always an excellent presenter. I have, unfortunately, heard much of this talk before

Considerable value in displayed slides NOT PRESENT IN THE HANDOUT

Excellent industry speaker. Some new info that was useful

Poor color scheme in slides!

Hard to read red text on slides.

Excellent talk; I wonder, however, if an entire hour-slot should have been devoted to this topic

Too detailed; would have appreciated a higher-level view

Excellent presentation.

Excellent presenter and industry speaker. Tons of credibility. Great job summarizing the data.

Topic is basically a negative finding and could have better been concise in as much as it is a part of a broader talk on secondary risk factors.

Please include ALL slides in syllabus along with references!

Covered subject well and thoroughly

Color scheme of slides didn't project well

## Congenital Heart Disease

Gordon Cumming, MD

### Objectives

1. Review the more common types of congenital heart disease, including the long-term mortality outcomes associated with each
2. Discuss the mortality outcomes associated with common treatment modalities for different types of congenital heart disease

115 respondents						Ave	
	Disappointing				Superb		
	1	2	3	4	5		
Presentation delivery	1	2	3	4	5	3.9	
Learning objectives achieved	1	2	3	4	5	4.2	
Syllabus/handout/audiovisual	1	2	3	4	5	4.2	
Practical value of the content	1	2	3	4	5	4.1	
Was the educational content scientifically sound?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			4.13 overall

### Additional comments:

Excellent.

Covered a subject most of us know little about.

Clearly knowledgeable in his area. I would have liked a bit more detail on how to approach a congenital heart case. His experience and knowledge is

Need to emphasize his incredible knowledge of history of pediatric cardiology.

An icon of insurance medicine. May he live to speak for many more years. I expect him at his 9th Triennial to help me again. Many thanks.

This a low percentage of business we see. The info presented has been repeatedly presented over the years without much change. We don't need to

Interesting, if somewhat esoteric

if given again, the future program needs a fresh perspective

have heard same talk many times

Wealth of information, I think Dr. Cumming clearly has more background familiarity with congenital heart diseases than anyone. I have great respect for

Good overview with a large amount of information. Should have included references for further self-study. These disorders are rarely seen in our shop

Always like to get the historical perspective. The insertion of small cases are great and bring the information home.

Old pro and I enjoy him immensely. These cases pop often enough to warrant coverage of the topic.

Could us more pictures in presentation to help with understanding of anatomic pathophysiology and surgical corrections.

A Grand Master of Insurance Medicine. Outstanding speaker. Helpful, practical data.

Nothing new was presented -- rehash.

I really enjoyed the historical perspective that Dr. Cumming provides

Always a pleasure to have Dr. Cumming.

References not given, nothing new presented.

Always expert in his field, very approachable for questions.

I learned more in the small break-out session because it was informal and slower-paced.

Slides seemed disorganized and needed more detail. It was hard to take notes.

Although I highly respect Dr. C, I find his lecture style hard-to-follow

Needs to review anatomy and pathology first, THEN talk about the correction.

We are very fortunate to have a resource like him.

Excellent as always.

As usual, great talk.

Excellent. I appreciate the complete overview. I use these handouts weekly at work.

Wonderful as always.

Insightful, delightful, historical context anecdotes

**Malignancy Pearls**

Jack Swanson, MD

**Objectives**

1. Discuss types of underwriting information that should serve as ‘red flags’ for risk of current or future cancer
2. Discuss some of the most useful points in determining mortality risk for common cancers
3. Review key factors for assessing risk of recurrence in common cancers of underwriting concern

116 Respondents

	Disappointing					Superb	Ave
Presentation delivery	1	2	3	4	5		4.8
Learning objectives achieved	1	2	3	4	5		4.8
Syllabus/handout/audiovisual	1	2	3	4	5		4.7
Practical value of the content	1	2	3	4	5		4.5
Was the educational content scientifically sound?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			4.8
							4.74 Overall

**Additional comments:**

Magnificent presentation, as always

Helpful and practical topic in oncology. In future talks, please include mortality outcomes for the stage 3 & 4 cancers. Many of us underwrite life-settlements.

Jack does a great job of giving us practical, useable, actionable information

Good speaker, easy to listen to, and knows his topic.

As always, FANTASTIC.

Great speaker, who anticipates and answers commonly asked questions

Unfortunately, he was a little rushed, but his material was excellent and his presentation practiced

No age break-down with low-grade, early stage prostate cancer. The mortality rate doesn't appear to be as bad per current literature as he maintains.

Always excellent, very practical, and covered very common and important topics.

Simplifies complex topics beautifully, and gives us useful tools for risk-assessment

Consistently one of the best presenters

Another Grand Master of Insurance Medicine. Excellent speaker, excellent organization.

More time was needed to properly cover all the material

wonderful, well-delivered, power-packed!

Outstanding for a new medical director (like me)

Excellent speaker who should return

Excellent topic

Highly relevant

As always, great information esp. given the time constraints

Excellent

Always a pleasure to hear

Excellent presentation as usual

I wish his time wasn't cut short; I'd of preferred to hear his entire presentation unhurried versus giving the next speaker his entire allotted time.

Always excellent.

Excellent.

An oldie but goodie. Always a great speaker with updated information.

A treasure-trove of highly-relevant information, superbly delivered

Thanks for staying active.

Loved this presentation -- hit the highlights, didn't linger where un-necessary. He just keeps getting better and better.

Excellent overview

Another icon. Always a treat to listen to and never delivers anything but a superb talk

WOW. The pearls were great!

Fast but great. This talk could have been two hours.

Executive Function, Predictive Factor for Cognitive Decline and Dementia

Donald Royall, MD

Objectives

1. Define Executive Function and discuss its value as a predictive factor for cognitive decline, dementia and death
2. Review some of the available tools for testing Executive Function, including their pros and cons
3. Discuss the relationship of Executive Function to normal aging, Mild Cognitive Impairment (MCI), Alzheimer Disease and Vascular Dementia

115 Respondents

	Disappointing					Superb	Ave	
Presentation delivery	1	2	3	4	5		4.3	
Learning objectives achieved	1	2	3	4	5		4.3	
Syllabus/handout/audiovisual	1	2	3	4	5		4.2	
Practical value of the content	1	2	3	4	5		4.1	
Was the educational content scientifically sound?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.21 overall

Additional comments:

Too much time spent on this interesting but narrow subject

Knows subject well 00 very complex and more than a little difficult to understand

Too much detail/slides for time allotted. Would like to have had more time to go over this material, because seems very valuable info

Interesting, but not enough practical info for our purposes

I really enjoyed this talk. I appreciated the cutting-edge nature of this presentation but found it difficult to "keep" the slides without more descriptive detail in the slides (ie, a bit too cartoon-like for helping explain this and study it afterwards. Appreciated the correlation with depression.

Fascinating. New information to me with significant potential for use in my activities of risk-assessing the elderly. Good speaker.

Superb -- possibly best presentation in recent memory

Informative

Excellent!! This talk should be repeated again at another meeting.

Very intelligent speaker. He should know, however, that irregardless is not a word.

Very interesting

Highly relevant. Will change my practice.

Difficulty following him near the end difficult to follow and to relate to underwriting issues

very good speaker; his talk was extremely intriguing and a tremendous addition both from the standpoint of topic diversity and data presented

Very, very relevant topic

No clear table given for acronyms. Very poorly constructed slides except for the ones he works with. Minimal references given. Is that because the majority of his work is unpublished, or yet to be published (page 26-38)?

Overall the material is very interesting and could be useful, but his delivery and slides detracted from getting his objectives across.

Very interesting points were brought up. Who is right? I will need follow-up research on this topic to make a final decision. He had some valid points, however.

He went too far into the different sub-types which may have relevance from an academic standpoint but didn't bring it to a practical level for insurance medical directors. It is unclear whether the Exec 25 has been validated; he did not go into that. I also question the dramatic improvement in SCORE with two weeks of sertiline. It makes me question the validity and reproducibility given such a dramatic change in only two weeks.

New and useful info -- thanks!

Fascinating. New information to me with significant potential for use in my activities of risk-assessing the elderly. Good speaker.

Way too detailed. Just get to the bottom line.

Exceptional and knowledgeable.

Presentation a bit too detailed but I definitely got some higher take-home points.

The most productive, thought-provoking, and stimulating presentation of the meeting. Kudos for finding this innovative and cutting-edge researcher.

Interesting review.

Excellent new stuff.

Interesting

Some difficulty following his talk because of extensive use of acronyms. He is clearly exceptionally versed in his topic.

Excellent.

Confusing.

Would have preferred more discussion on the mortality aspect of executive function decline

The speaker was charming and enjoyable, although his obvious verbal fallacy clouded his topic, leaving things fuzzy and poorly defined. He raised questions about what "normal senescence" should be considered that he didn't bother to address.

Entertaining speaker. One of the best presentations in the past few years.

Too much information.

Excellent topic.

Great!

Outstanding helpful and new information

He seemed to have an axe to grind and discounted on a body of evidence that was contrary to his view-point.

Not what I expect and wasn't prepared to follow. He was passionate.

Tried to cover too much information and talked too fast.

A workshop is needed for me to get the gist here

Superb and novel

**Lunch / History & Portraits, Medical Luminaries**

Venita Jay, MD

**Objectives**

1. Present portraits and interesting and relevant information about a selection of influential Individuals in the history of medicine

103 respondents

	Disappointing		Superb			Ave
Presentation delivery	1	2	3	4	5	4.1
Learning objectives achieved	1	2	3	4	5	4.2
Syllabus/handout/audiovisual	1	2	3	4	5	4.1
Practical value of the content	1	2	3	4	5	3.5
Was the educational content scientifically sound? <input type="checkbox"/> Yes <input type="checkbox"/> No						3.96 overall

**Additional comments:**

Nice idea, but it didn't work well in a lunch context

We do not need to listen to a program at lunch. We value this time to converse with each other

It was difficult to pay attention due to the background noise

really liked this! But, not as a lunch presentation. Suggest you include this in regular program. It would be a nice break from all the science!

Very interesting presentation of historical persons

Wonderful presentation. Good job reminding us of our "predecessors"

Excellent speaker. However, lunchtime is for relaxing, giving your brain a break, and re-connecting with friends. Please don't do this again.

Venita's talk was interesting ... but in my opinion, some downtime would have been preferable. I would like to learn from her at another time.

Very enjoyable talk. The clattering of dishes was somewhat disruptive, but the speaker did a good job keepin her train of thought.

Difficult to take it in during lunch.

Excellent speaker. Nice topid during that time slot. Very interesting.

Great addition to our topics. She did a magnificent job at perhaps the most difficult time to speak (ie, over the lunch hour)

Very pleasant speaker and good information. I would endorse keeping this format for the Monday luncheon

Just right for a lunch presentation

Very enjoyable alternative to the strictly scientific lectures.

Very interesting talk!

Wonderfully good and entertaining

Interesting presentation, but not sure it adds an impact to our day-to-day dealings in the industry. Would have preferred to socialize at lunch, and cat

Thanks to Dr. Jay for her willingness to speak during lunch. There were many distractions, but I enjoyed the material she presented.

Why this presentation? People like to network and talk during lunch.

Excellent

Prefer not to have a presentation during lunch given we have sat through them all morning. Would like to have this time to talk with others and take a

Interesting -- a bit long. Not sure lunch hour appropriate time for this.

Interesting topics but not at all "useful."

Although the talk was very informative, it would have been nice to have some time to converse with colleagues that I see but only once or twice a year

This was fun -- and reminds us of the science of our pfeession.

Doing this over lunch was distracting.

Would prefer to socialize at lunch.

Lunch and learning does not go together!!

Would have enhanced presentation with more pictures

Irrelevant

Boring presentation

Entertaining

Excellent, informative, and entertaining. I hope Dr. Jay will continue giving these types of talks.

---

**Monday, October 9 - Afternoon Session**

---

**Cutaneous Lymphomas**

Robert Coates, MD, FLMI &amp; Adolphus Favors, MD

**Objectives**

1. Discuss the classification and immunophenotyping of cutaneous lymphomas
2. Discuss the prognostic and survival data regarding cutaneous lymphomas
3. Apply the presented data to the cutaneous lymphoma cases

103 respondents

	Disappointing				Superb	<b>Ave</b>
Presentation delivery	1	2	3	4	5	<b>4.1</b>
Learning objectives achieved	1	2	3	4	5	<b>4.2</b>
Syllabus/handout/audiovisual	1	2	3	4	5	<b>4.1</b>
Practical value of the content	1	2	3	4	5	<b>3.5</b>
Was the educational content scientifically sound?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			<b>3.96 overall</b>

**Additional comments:**

I left still not understanding the data. Case descriptions with the staging were confusing .... Were they accurate or not?  
difficult subject well covered

Presenters didn't appear to be thoroughly familiar with subject matter. Uncertain responses to some questions

Dr. Favors did a very good job.

Good overview. Useful and (believe it or not) commen enough to discuss. Thank you for CD info  
needed more time for case discussions

I personally needed more ibtro to better understand the cases. Cases were useful to bring out teaching points. Both Drs Coates and Favors very pati  
good topic presented well

Excellent, and very well presented

**Executive Function as a Predictor of Cognitive Decline**

Donald Royall, MD

**Objectives**

1. Using case examples, discuss the use of Executive Function testing to evaluate symptoms of early cognitive decline
2. Compare and contrast the value of Memory testing vs. Executive Function testing in evaluating individuals with evidence of cognitive decline

72 respondents

	Disappointing		Superb			Ave
Presentation delivery	1	2	3	4	5	4.5
Learning objectives achieved	1	2	3	4	5	4.3
Syllabus/handout/audiovisual	1	2	3	4	5	4.1
Practical value of the content	1	2	3	4	5	4.3
Was the educational content scientifically sound?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			4.29 overall

Although we didn't really cover any of the cases, it was a very entertaining and provocative lecture. He's given me some new things to think about. The speaker went well over his allotted time limit, but the moderator (Linda Goodwin) shushed any suggestion he stop talking -- "he's too good." I had This was outstanding!!!

A monologue  
Spectacular!!

highly relevant and additional info gleaned after the morning presentation. What he said will change my practice.  
Excellent content and information

Fascinating! This was news to me. Thank you Dr. Royall and AAIM!  
Excellent!

Good followup workshop to his lecture this morning.  
Didn't get to cases. Fairly random focus .... "flight of ideas"  
Cases not done.  
Monologue ... not interactive  
Got off the cases so really didn't answer specific questions poised as relevent to underwriting  
This workshop and platform talk should be repeated as it is very revelant and contains new information about our aging population  
Again superb presentation. Exciting material. Not "rehash" of same old topics  
Very interesting. More of an extension of platform presentation than a workshop, though ... missed the case-focused advice!  
This is/will be leading edge info in the field of dementia. I will be taking this concept back to our LTC folks!  
Excellent! This should be repeated.  
Interesting, though I am not sure how useful

**Congenital Heart Disease in Adults – Case Studies**

Gordon Cumming, MD

**Objectives**

1. Using case examples, discuss some of the common types of congenital heart disease, both treated and untreated, that may be present in an adult insurance applicant population
2. Present the current mortality outcome data for adults with evidence of repaired or un-repaired congenital heart disease

46 Respondents

	Disappointing					Superb	Ave	
Presentation delivery	1	2	3	4	5		4.2	
Learning objectives achieved	1	2	3	4	5		4.4	
Syllabus/handout/audiovisual	1	2	3	4	5		4.2	
Practical value of the content	1	2	3	4	5		4.3	
Was the educational content scientifically sound?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.28 overall

Additional comments:

A Grand Old Master: what more can be said.

Excellent real life/practical info. Gets better and better everytime I hear him talk. Slide work is getting better from past years and although not perfect

Fun and I love the anecdotes!

Practical review of congenital heart disease

Found this very useful -- reinforcing concepts on a very complex subject

Very enjoyable talk

Nice case studies

Another outstanding job by Dr Cumming

**Pros and Cons of PSA Screening**

Rodney Richie, MD, FACP, FCCP & Jack Swanson, MD

**Objectives**

1. Present supporting arguments both for and against the use of PSA as a screening test for the risk of prostate cancer
2. Discuss the pros and cons of newer prostate cancer screening markers

						94 respondents
Disappointing			Superb			Ave
Presentation delivery	1	2	3	4	5	4.6
Learning objectives achieved	1	2	3	4	5	4.5
Syllabus/handout/audiovisual	1	2	3	4	5	4.5
Practical value of the content	1	2	3	4	5	4.4
Was the educational content scientifically sound?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.49 overall	

**Additional comments:**

Excellent! Enjoyed the "white hat" versus "black hat" format.  
 Swanson is always superb!  
 Too much anecdote but otherwise OK. Needed to define what they're addressing ....public health?.....insurance?.....individual decision-making?  
 Jack is superb as is Rod  
 I gave Jack Swanson all "4's" and Rod Richie all "5's". I appreciate Dr. Richie staying with data applicable to large populations, not individuals, and a  
 Very nice summary of the current PSA literature and studies  
 Excellent workshop, that could have been improved by getting through more cases  
 Lively discussion of important topic  
 Very well done, particularly appreciate Dr. Richie's objective evaluation of the subject  
 Dr. Swanson is outstanding. We needed more time and case studies, rather than presentations.  
 Needed more time to get thru the case studies 00 also would like to see the "answers" (red and green flags) of the cases - this applies to all case studies  
 Very nicely done.  
 Workshops are for case-discussions, NOT presentations.  
 Excellent workshop format showing both sides of screening and addressing issues we are commonly faced with every day.  
 Good dialogue between Drs Swanson and Richie  
 Good presentation with fair and accurate analysis of both viewpoints  
 Drs Richie and Swanson did a very credible job of presenting the data. The topic was broad from the standpoint of trying to present the data in one hour

**Legal Issues for Medical Directors and Underwriters**

Daniel Perkins, JD, MBA, FALU

**Objectives**

1. Illustrate the most useful ways that medical directors and underwriters can prepare themselves to be credible expert witnesses
2. Use case examples to discuss ways that medical directors and underwriters can best represent their companies in regard to legal issues
3. Discuss the value in legal settings of medical directors and underwriters contributing to the scientific literature

	Disappointing					Superb	<b>Ave</b>
Presentation delivery	1	2	3	4	5		<b>4.1</b>
Learning objectives achieved	1	2	3	4	5		<b>3.8</b>
Syllabus/handout/audiovisual	1	2	3	4	5		<b>3.8</b>
Practical value of the content	1	2	3	4	5		<b>3.9</b>
Was the educational content scientifically sound?	<input type="checkbox"/> Yes <input type="checkbox"/> No						<b>3.91 overall</b>

**Additional comments:**

Presentation tone tended to be intimidating at times. Failed to give good examples of ways to respond to questions.

He focused on one important issue, which was good.

Would have liked some specifics or references to get needed statistical data

Marginal value

I think there is a bit too much paranoia (maybe that's normal for attorneys). Would like to hear from an attorney with many more year's experience.

General review, however no real value-added information

Helpful to know I can't solely depend on reinsurers manuals.

I thought the subject had potential, but I was not excited by the specific subject chosen.

I have dealt with these issues in previous life (?)

Interesting material. Talked a little too fast. Maybe next presentation could be a series of important cases with litigation and outcomes. Stories make

---

**Tuesday, October 10 - Morning Session**

---

**BNP as a Predictor of CV and All-Cause Mortality**

Gregg Anders, DO

**Objectives**

1. Give an overview of the current status of BNP as a marker / risk factor for cardiovascular and all-cause mortality
2. Discuss the value of BNP as a screening tool for cardiovascular disease
3. Discuss the current use of BNP as a clinical management tool

116 respondents

	Disappointing					Superb	Ave	
Presentation delivery	1	2	3	4	5		4.3	
Learning objectives achieved	1	2	3	4	5		4.3	
Syllabus/handout/audiovisual	1	2	3	4	5		4.2	
Practical value of the content	1	2	3	4	5		4.0	
Was the educational content scientifically sound?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.20 overall

**Additional comments:**

- Well-organized. Authoritative.
- Good to hear this overview at this time. Good references
- Excellent!
- Interesting.
- Too long: could/should have been given in 15 minutes without the padding
- Excellent!
- Borderline relevance
- Very cogent and insightful lecture
- An excellent review of the clinical literature along with the pros and cons of using BNP
- Nice clinical review. Uncertain of implications for insurance medicine
- Very good talk. Too bad about the hard drive issue. Covered all the major articles on this subject. Easy to follow.
- For me, still a question without a definite answer
- Excellent speaker
- Very useful review of a difficult topic
- Wish there could have been more time and more in-depth discussion. I am looking at this from the nursing perspective.
- Topic could have been combined with CRP talk.
- Needed to gear talk towards underwriting statistics and age-specifics
- Great topic; did not quite hit the mark for our purpose of insurance applicants.
- I found this more appropriate for a cardiology audience vs general insurance medical audience
- This became a clinical lecture and review of some papers
- Needed more emphasis on screening low risks OR screening stable "low risks" cardiac applicants
- Excellent !
- Excellent presentation by a good speaker
- Well-organized. Good speaker.

**Renal Insufficiency and GFR – Predictors for CV and All-Cause Mortality**

James Simon, MD

**Objectives**

1. Discuss the role of renal insufficiency and GFR as markers / risk factors for cardiovascular disease and death and for all-cause mortality, with an emphasis on their predictive value at older ages
2. Discuss the long-term mortality findings associated with mild to moderate degrees of renal insufficiency, with an emphasis on outcomes in the elderly
3. Compare the accuracy of calculated GFR using serum creatinine and build vs. GFR measured by 24 hour urine collection studies

	Disappointing					Superb	Ave
Presentation delivery	1	2	3	4	5	5	4.3
Learning objectives achieved	1	2	3	4	5	5	4.4
Syllabus/handout/audiovisual	1	2	3	4	5	5	4.4
Practical value of the content	1	2	3	4	5	5	4.3
Was the educational content scientifically sound? <input type="checkbox"/> Yes <input type="checkbox"/> No							4.36 overall

Additional comments:

Good speaker & good topic  
 Good information but presentation tended to drag  
 Very complex  
 A few too many slides not focused on lower risk populations but otherwise a great and useful talk  
 Relatively novice speaker -- Leehuce format issues re GPN equations, limitations, variability with ethnicity, etc, not addressed.  
 Might of concentrated more on milder forms of renal disease  
 TOO LONG .... Speakers need to respect subsequent speaker's time  
 Very helpful for my CLINICAL practice. Thanks!  
 Good speaker  
 Very useful, but far too much data and slides  
 Did not focus enough on older (>65yo) persons with Stage 2 & 3 chronic disease .... Missed the boat there  
 Very educated presentation .... Pertinent to AAIM?  
 Topic would have been as well presented in 30 minutes. Dr Simon is an excellent presenter and the info was very relevant to Insurance Medicine. He  
 Speaker did not really understand interests of the audience  
 Very informative  
 First part was excellent; utility of information on ESRD is questionable  
 Good review of chronic renal disease!  
 Excellent speaker  
 It would have been nice if he had dealt with the EARLY STAGES of RENAL disease a little more  
 Excellent speaker -- a natural teacher. Very easy to follow and very practical. THANK YOU FOR GETTING HIM!  
 Uncertain of how this applies to insurance medicine. Very thorough clinical review.  
 Fabulous talk. Nice balance of reviewing the current data and talking cutting edge biomarkers/data/studies  
 VERY NICE that he initially corrected some uncertainty on a question to Dr. Anders. The only negative comments were that his data seemed repetitive  
 Superb review  
 Hopeful outcome data and clarification of estimating GFR  
 Poor time keeping  
 Excellent  
 A bit clinical but did overall useful. Did not address the elderly challenges we have.  
 Very comprehensive. Many items pertinent to insurance medicine  
 Excellent review of literature. Very useful information.

**ECG Patterns Predictive of Sudden Cardiac Death that Every Medical Director Should Recognize**

Ross MacKenzie, MD, FRCP(C), FACC

**Objectives**

1. Review some of the important resting ECG findings associated with increased risk of sudden cardiac death

113 respondents

	Disappointing				Superb	Ave	
Presentation delivery	1	2	3	4	5	4.8	
Learning objectives achieved	1	2	3	4	5	4.7	
Syllabus/handout/audiovisual	1	2	3	4	5	4.8	
Practical value of the content	1	2	3	4	5	4.6	
Was the educational content scientifically sound?	<input type="checkbox"/> Yes				<input type="checkbox"/> No		4.73 overall

**Additional comments:**

- Ross is tops; impeccable, practical, focused, and well-organized.
- Very good topic, well presented
- Excellent! As always.
- Covered a limited subset
- very practical
- Probabl better to quote the sources of the graphs as the slides (?)
- Outstanding
- As Usual
- Excellent review of ECG's and sudden death syndrome
- Superb
- Great, as usual
- Always the best. Very easy to follow and covered some VERY important information. Had me laughing harder than I ever have done at a meeting du
- Excellent review / summary with a nice illustration of the typical findings.
- THE MASTER at presenting cardiology date. May he never die!
- Very interesting and very good
- Excellent -- beautiful slides and very well articulated.
- Excellent talk
- Excellent presentation
- Always an excellent presenter!
- His usual professional, competent, illuminating self.
- Practical?
- As usual, a delightful and excellent speaker!
- Just great!
- Ross is impressive. Interesting topic. It would be nice to have more presentations focused on unusual ECG's

**MMLC Intercompany Build Study Results**

Thomas Ashley, MD, FACP

**Objectives**

1. Review the MMLC Intercompany Study findings on Build and discuss the implications for underwriting and the insurance industry

107 respondents

	Disappointing					Superb	Ave
Presentation delivery	1	2	3	4	5		4.0
Learning objectives achieved	1	2	3	4	5		4.2
Syllabus/handout/audiovisual	1	2	3	4	5		4.1
Practical value of the content	1	2	3	4	5		4.1
Was the educational content scientifically sound? <input type="checkbox"/> Yes <input type="checkbox"/> No							4.09 overall

**Additional comments:**

Data too soft for presentation. Too few deaths. Why present such data when no solid underwriting conclusions?  
 A little dry. Not much here for me to take home that applies to my professional activities.  
 Very dry presentation. I don't mean to be critical of the speaker.  
 Data presented is not ready for prime-time  
 At times difficult to follow  
 Just a bit difficult to follow. The data presented was good, but "connecting the dots" was difficult.  
 Nice review of data  
 Very good talk  
 Good presentation. I wish I understood it better.  
 A bit overwhelming with the math  
 practical review of daily topic  
 Excellent work and presentation  
 Did a good job with problematic data, but lost me with later slides  
 Good review  
 Difficult to follow to objective  
 Tom is a very good speaker, a good addition to the roster of industry speakers  
 Speaker very dry  
 The presentation got "fuzzy" at the end; charts didn't print out well  
 Need MORE of these studies. Need more companies to contribute. Wonder if AAIM can get involved as an organization in these studies.  
 GREAT STUFF. Need more company participation to support sound actuarial principals to reasonably anticipated experience. To explain to applican  
 Very thoughtful of very complex data. Was most appreciated.  
 Hard to see some graphs

**Tuesday, October 10 - Afternoon Session**

**CBC Pearls**

Bradley Heltemes, MD

**Objectives**

1. Present case samples that illustrate some of the common CBC abnormalities that may occur in the setting of underwriting; discuss the concerns of mortality risk assessment that are associated with these abnormalities

88 respondents

	Disappointing				Superb		Ave
Presentation delivery	1	2	3	4	5		4.3
Learning objectives achieved	1	2	3	4	5		4.2
Syllabus/handout/audiovisual	1	2	3	4	5		4.2
Practical value of the content	1	2	3	4	5		4.3
Was the educational content scientifically sound?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			4.25 overall

**Additional comments:**

- Good practical session
- Helpful to know cases submitted to three different reinsurers coming back with 3 different opinions
- Well done; good review
- Well done workshop style dealing with a topic rarely covered so practically
- Super job of engaging the audience and dealing with the multiple uncertainties given the topic
- Makes one realize there are "no right answers"
- Good cases; would have been improved by providing OUTCOME of the cases
- Nice summary of commonly encountered issues
- Very good cases and great interaction with everyone in the room. Excellent job.
- Great! And fun discussion
- Interesting review review of problem CBC cases
- Very well done
- Little discussion in group; presenter didn't get audience participation
- Excellent presentation: Well Done!
- Sensible approach to limited information when we get CBC data
- Wish we'd had time to get through all the cases
- Again, more time for case studies
- Good cases; would have liked a more objective model to evaluate

**Diabetes Mellitus Case Studies**

Alison Moy, MD

**Objectives**

1. Using case examples, discuss the cardiovascular and mortality outcomes of high risk type 2 diabetics, i.e. those with known CAD or a history of previous MI
2. Discuss the long-term mortality outcomes associated with intensive insulin therapy in the setting of acute hospitalization
3. Review the spectrum of albuminuria and progressive renal disease and cardiovascular outcomes in type 1 and 2 diabetics

						92 respondents
	Disappointing				Superb	Ave
Presentation delivery	1	2	3	4	5	4.5
Learning objectives achieved	1	2	3	4	5	4.4
Syllabus/handout/audiovisual	1	2	3	4	5	4.4
Practical value of the content	1	2	3	4	5	4.5
Was the educational content scientifically sound? <input type="checkbox"/> Yes <input type="checkbox"/> No						4.48 <b>overall</b>

**Additional comments:**

Excellent!

Disappointed that discussions went off on tangents and wasted valuable time. Speaker needs to curb unnecessary discussions. Debates need to be Need PowerPoint, not overhead projector!

Please keep the subjects on-track

Excellent discussion

Would have been great if speaker could have finished. Audience stopped her repeatedly, although she did try to get back on-track many times

Interesting and informative presentation

Very good at pointing out risks

Very good discription of DM factors

I NEVER MISS her presentations. I like her format for teaching. She mixes the cases into the didactic which insures practical application during the w

Always outstanding! Practical and easy-to-follow. Excellent teacher. Nice combination of cases with literature. (Still, I find the bottom of p. 15 hard to

Alison did a great job of reviewing the current DM literature with reference to mortality

One of the industries MAJOR SPEAKERS! Knowledgeable, intuitive, and able to engage our audience in discussion.

Very good update on literature of DM mortality.

Always enjoyable!

Excellent, succinct workshop

Very well done workshop-style. Cases carried the thought process through a series of fact and risk/benefit ratios

Excellent and to-the-point

Lead astray by audience

DM is difficult due to all the variables. It is hard for UW to appreciate the synergistic effect with cardiovascular disease. Impressive desire to want to c

**ECG Case Studies**

Ross MacKenzie, MD, FRCP(C), FACC & Rosalie Mastropolo, MD

Objectives

1. Present and discuss case studies that illustrate findings on resting ECGs that are of interest in regard to mortality risk assessment in a population of insurance applicants
2. Discuss case examples where available echocardiographic results may or may not be helpful in assessing the risk associated with abnormal resting ECGs

					93 respondents	
Disappointing					Superb	Ave
Presentation delivery	1	2	3	4	5	4.2
Learning objectives achieved	1	2	3	4	5	4.4
Syllabus/handout/audiovisual	1	2	3	4	5	4.3
Practical value of the content	1	2	3	4	5	4.4
Was the educational content scientifically sound?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.33 overall	

**Additional comments:**

Didn't get through all case studies. Conversations/discussions went off on tangents  
 Need to keep discussion on-track in the interest of time  
 Loved having the "talking points" as an add-on to the handout  
 difficult to integrate home office experience with prepared case studies  
 Loved inclusion of echo into presentation  
 Need to keep discussions on-track. Please talk into the microphone. I really wanted to get through all case studies; only 1/3 were covered.  
 Suggest using microphone for questions and answers. Suggest placing notes for each tracing with tracing.  
 Dr MacKenzie did NOTHING in the session I attended. He should not have been names as one of the presenters.  
 Did not make it through most of the ECG's in the handout  
 Really helpful guides on ECG interpretations  
 Wished Dr MacKenzie would have presented more  
 Speaker should have spoken into the microphone so those in the back could hear what she was saying  
 Hard to follow at times because speaker was drawn off topic  
 Unfortunately poor organization and difficult to visualize ECG's. Would suggest having handout of ECG's instead of just the PP slides  
 Very good review  
 Excellent review of difficult ECG's  
 AWESOME! Could be done at every annual meeting since it's so practical.  
 Great ECG examples; could be very useful to anyone in the industry and especially anyone studying for written boards.  
 I had a hard time hearing Rosalie but overall good review  
 Rose went a little too-fast  
 Rosalie's only problem is staying in front of the microphone and being able to handle heckler's like Howard Munick. She needs to learn to go onto the m  
 Very good topic; it would have been helpful to have larger copies of the ECG's in the syllabus. Also, since pace is fast, you should number the ECG's  
 A summerization of key pearls would have been excellent  
 I was getting a little tired but some of the slides seemed a little busy and I missed some points as a result  
 Regretably, we did not get through the full stack of slides. Rose seemed distracted; may have been the technology  
 This was GREAT! We need more work on subtle ECG changes and sensitivity and specificity of ECG changes. It would be nice to have one of these  
 Bad accoustics and pictures poor  
 Very helpful on clearing up questions I have on rating and coding for inferior MI. Rosalie did an excellent job!

**Wednesday, October 11 -- Morning Session**

**Prostate Cancer**

Ian Thompson, MD

**Objectives**

1. Discuss long-term mortality outcomes associated with different treatment modalities for prostate cancer
2. Discuss long-term mortality outcomes associated with risk factors and findings at time of diagnosis of prostate cancer, including stage, grade, family history, etc.
3. Discuss the long-term cancer risk related to HPIN and the value of estrogen modulators in reducing progression to disease and death

101 Respondents

	Disappointing					Superb	Ave	
Presentation delivery	1	2	3	4	5		4.8	
Learning objectives achieved	1	2	3	4	5		4.7	
Syllabus/handout/audiovisual	1	2	3	4	5		4.7	
Practical value of the content	1	2	3	4	5		4.7	
Was the educational content scientifically sound?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.74 overall

Additional comments:

Helpful in how to avoid underwriting dependence on PSA

Excellent speaker

WOW!! Spectacular!! The best prostate cancer or any cancer presentation we've probably ever had

Keep him on conference schedule to update us on this very controversial topic!

Good speaker, interesting "take" on prostate cancer

Very informative and well-presented

Fantastic presentation!

WOW!

Graphs hard-to-see, fast talker

A bit hurried

MUST REPEAT!

Outstanding!

Great content, charismatic, entertaining, good handout. I would like to hear more from him

I have never heard a better prostate talk! On a new view of a complex set of data.

A little time-pressured and evalgical in delivery

The best talk on prostate cancer that I've ever heard!

Outstanding! Thanks.

Outstanding!

Very interesting talk.

Had some understanding re: insurance industry, but it was limited. Tried to make it apply to Insurance Medicine.

What a brilliant talk!

Dynamic presentation.

Made me rethink!

Dr Thompson is great; supported all my suspicions that PSA testing is voodoo. Excellent!

Dynamic, interesting, and useful.

Highly relevant, will change my underwriting medical assessment of PSA. Exceptional presentation for content and commen sense

Particularly good at adapting material to needs and level of audience

Brings to fore many of our industry concerns. Hopefully industry will respond.

Excellent.

Best speaker yet!

Very heavy focus on clinical trial and cliinical out-comes. Would like more focus on all-cause mortality

Excellent speaker  
 Excellent speaker. Update of studies in future would be GREAT!  
 Great talk: content and delivery. Always invite Dr T if AAIM is in San Antonio.  
 Overwhelmed with too much material

**Update on Hypertension and Mortality Risk**

Rodney Richie, MD, FACP, FCCP

**Objectives**

1. Discuss the long-term mortality risk associated with hypertension at different ages and in different populations
2. Review changes in mortality outcomes that have been observed in association with using different treatment modalities for hypertension
3. Review changes in the incidence and prevalence of hypertension

97 respondents

	Disappointing				Superb		Ave
Presentation delivery	1	2	3	4	5		4.5
Learning objectives achieved	1	2	3	4	5		4.5
Syllabus/handout/audiovisual	1	2	3	4	5		4.5
Practical value of the content	1	2	3	4	5		4.5
Was the educational content scientifically sound?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			4.49 overall

**Additional comments:**

Excellent!!  
 Supurb. If I lived in or near Waco, Texas, I'd want Rod to be my physician  
 Good review of clinical aspects of hypertension, but more attention to mortality experience required for this audience  
 Always does fine talk.  
 As always, Dr Richie is an outstanding speaker  
 One of the best platform talks at this meeting  
 Highly relevant. Will change my medical assessment for underwriting hypertension  
 Excellent speaker  
 Very good review of our every-day practice  
 Very good overview!  
 Different from my treatment for diabetics, but an excellent talk  
 Excellent talk. Reviewed material that we all should know AND FINALLY incorporate into all medical practices. Great job!!  
 Very informative overview of hypertensive treatment  
 Seemed to overlook a volume of data not necessarily consistent with ALLHAT  
 Very good update with quite a few interesting points  
 Good overview; but nothing new here  
 Excellent. I always learn a lot from Dr Richie  
 Excellent information with effective delivery  
 Very informative and well-presented  
 Great talk; more clinically focused as based on Rx and risk of hypertensives and less on degree of hypertension and mortality results but still superb!  
 Good basic information; actually more clinical than insurance  
 Rod is GREAT! Nice overview!

**MMLC Intercompany Diabetes Mellitus Study Results**

Anthony Millano, MD, MA, MPH

**Objectives**

1. Review the MMLC Intercompany Study findings on Diabetes Mellitus and discuss the implications for underwriting and the insurance industry

	Disappointing				Superb	Ave
Presentation delivery	1	2	3	4	5	3.9
Learning objectives achieved	1	2	3	4	5	4.1
Syllabus/handout/audiovisual	1	2	3	4	5	4.1
Practical value of the content	1	2	3	4	5	4.1
Was the educational content scientifically sound?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			4.05 overall

**Additional comments:**

Unclear how to apply these tables to rating given individual -- not sure if I can compare this to our reinsurance manual

I don't feel the speaker addressed to many and obvious weaknesses in the data he presented

Excellent presentation

Hard-to-follow at this stage of the meeting. Too much basic DM information. Would have been better as a workshop topic.

Helpful.

Possibly the most useful talk of the week!

Tagential, rambling

Terrible presentation

Good statistical review of an important topic

Very good. Enjoyed his candor.

Whenever a speaker is using such detailed tables in a talk, and asking us to follow along, it would be good to reproduce table in the talk and use animation

Somewhat difficult to follow

Last talk needs to be MUCH LESS laborious and must finish on time

It was REALLY, REALLY hard to follow the tables and follow the slides at the same time. At the least, the tables should have been on separate pages

Slides contained too much detail and too much prose

Tendency to side-track. Probably best not to talk so specifically about other company pricing/guidelines.

---

**Overall Meeting Evaluation**

---

1. Overall, how useful was this year's AAIM Meeting and Scientific Program to you in your role as an insurance company medical director, medical consultant, or nurse? **Ave score 4.6**

**Of Little Use**

1

2

3

4

**Very Useful**

5

2. How well did the educational sessions give a balanced view of therapeutic options, including use of generic names? **Ave score 4.2**

**Not Very Well**

1

2

3

4

**Very Well**

5





executive function / Too many items to list, but useful content was unusually high this year / Role of PSA screening / Insist on GFRs; insist on more legible ECG tracings / The data sits on my desk as a useful, daily reference volume / Insight into dementia / More attention to CBC / Cutaneous lymphoma, prostate cancer / Dementia tests, CBC eval, ECG eval / Assessing the Executive Function level of my patients / CBC reading, ECG abnormality / CKD management / Value of BNP, CRP, ECG patterns, PSA / Prostate cancer and PSA / Initial treatment of hypertension choice of drugs / I will be more diligent with subtle ECG findings / Prostate cancer calculator / EKG findings; GFR material – making sure the creatinines that are being used are in line with what the MDRD study is based on; as industry we need to re-look at PSA/Ca Prostate – review guidelines / Prostate issues; EKGs / The DM Study – will work with Doug Ingle at NML / Executive function / Use of CRP in selected situations / Discussion about chronic kidney disease / Too numerous – every session had useful information as usual / More attention to executive function for LTC risk; review practices for prostate cancer with biochemical recurrence – can make more favorable decisions / Life expectancy as related to renal disease / Everything / Update mortality statistics / Hematology session / Treatment for HTN; PSA f/u, CPR f/u / HTN lecture very good; Renal lecture – correlating it with CV morbidity and mortality / Mortality data / Prostate cancer calculator; BP management; ECG guidelines / DM rating / BNP use; MDRD data / Us of MDRD / Use of PSA, interpretation of coronary risk factors, prognosis of congenital heart disease, diagnosis of QT syndrome /

**9. Would you be interested in making a presentation at a future AAIM Scientific Program?**

**Yes - 12**     **No - 70**

If “Yes” please print your name, your company, and the topic(s) on which you would be interested in speaking: John Iacovino – Life/Senior Settlements; Diastolic Dysfunction / Rod Richie – interstitial lung disease; importance of glycemic “tight control” in critical illness / Terry Savage – Life expectancy underwriting / Marjorie Keymer – Critical Illness / Cliff Hale – perhaps in 3-5 years / Lorraine Kretchman – GI workshop with a co-presenter, in a couple of years / Bob Coates – as needed, if needed / Richard Braun – any lab related topic / Steve Nightingale – life settlements, disability underwriting / Daniel Zimmerman – pediatric subject e.g. obesity, developmental delay (would prefer to wait until 2008); Robert Feingold – Flexible on topics / Anthony Milano – Cancer mortality; Impairment-specific life expectancy / Dave Williams – prefer workshop only, would do a variety of topics / Venita Jay – History of Medicine / Brad Heltemes – melanoma, colorectal cancer /

If “No”, please list any suggestions of capable speakers and topic(s) that you may have.

MarK Lewy – I may know a myeloma specialist who might be able to speak on myeloma and MGUS / Dr. Charlotte Lee – lab medicine / Continue with Dr. Richie – excellent in all topics I have heard hem speak about (pulmonary and HTN) / Health-related issues /

**10. Please write any comments about the Scientific Program in general, any speaker, and/or any topic not already mentioned.** Would like to see a re-introduction of at least one

“methodology” talk in each meeting / Good diversity of medical topics, but primarily directed to

life companies and not other products / Diverse topics, presenters well versed in our needs, good handouts / Excellent, diverse, addressed controversial issues / Overall outstanding program with excellent planning and much work done by those in charge. For their work, I am very appreciative of their time commitment. Having the “talking points” hand out after each workshop is done is a great idea, just in case each case study is not covered / I thought this year’s scientific program to be excellent / Excellent program / Outstanding presentation by Brad Heltemes, “CBC Pearls”, I think he is a rising star / Program and majority of topics are very important to underwriters; please maintain program / I thought the scientific program was excellent overall – great workshops. I like the idea of workshops in the afternoon / I found the new information very useful – PSA talk and Executive Function talks; I preferred the workshops that were truly participatory / I suggest speakers be asked to prepare a bibliography of articles referenced in their presentations to go along with handout, ideally with very brief one-line synopsis of the point made by the reference / Excellent program; Dr. Royall worth having back to give an update / Excellent program / All speakers were of high caliber / The ECG presentation and workshop were excellent / nice balance, wide range of topics / I really enjoyed the academic speakers. They are generally much better versed in analytical scientific approaches than industry speakers are. As valuable as our industry speakers are, they don’t bring us as much objective, cutting-edge, scientific knowledge and assessment of data as docs doing research can / I thought the ‘clinical’ speakers were great and guided well to discuss issues of interest to us / Outstanding speakers, very good topics / Dr. Moy’s workshop was the best and Dr. Royall should speak at the next conference. His research is fascinating and cutting edge, and he has a lot to offer the conference / Excellent / Drs. Swanson and Cumming are excellent industry speakers who are excellent speakers and have much to share / Excellent program. Some of the workshops had participants who kept asking questions (I think just liked to hear themselves talk). As a result a lot of time was lost and all the material was not covered. Frustrating. Speakers need to curb extraneous discussions and keep the presentations ‘on track.’ MDs should have their debates outside the seminar/ Excellent speakers! / Time allowed for each speaker is too long; I prefer 40-45 minutes and more topics / Overall very good / I’d be interested in review of the long-term outcomes of patients who have received coronary stents, particularly different kinds of stents and effect of operator experience on outcome / Liked mix of didactic lectures and workshops / The executive function presentation was exceptional / Pearls red & green flag theme very good and actually worked well / Excellent program / Excellent choice of speakers and topics; I’m happy with current format / Well balanced / I am very impressed by the program, topics, and the whole organization / Keep talks practical and focused on the latest research and updates / Excellent – thanks / If not already available, electronic version of the topics might be downloaded off the website or available on CD. Purchase?? (to save expenses) /

**11. What suggestions do you have for improvements to the annual Scientific Program?** The general formula currently used works very well. Some diversity of LTC, Structured settlements, disability AD&D, etc. / Perfect as is / Syllabus or handout should be a virtual stand alone piece of information, such that if I could not make it to that talk, I would be able to get the vast majority of the points covered / Continue the great work / This year was excellent! / Broader topics to appeal to those MDs challenged with different lines of business – DI, LTC, life settlements / This was the best AAIM meeting I have attended with respect to scientific program / Each topic to be a little shorter, to say 20 minutes lecture time and 10 minutes questions / ? more workshops / In regard to outcomes, ask speakers to address stage 3 & 4 cancers and severe stages of heart disease, etc., as this is very applicable to life settlements, structured settlements, etc. / Keep up the high quality of speakers / At lunch we should be able to socialize and not have more talks. We sit all morning in the lectures and are fatigued at lunch, so I appreciate no presentations at that time / Shorten platform presentations / Maintain status quo / Limit the number of slides, more didactic presentations / This meeting did a very good job of using both clinical (non-industry) and industry speakers / Case studies – apply the objective mortality methodology. I loved the case discussions but walked out of CBC, Cutaneous lymphomas, EKGs and DM thinking we're all doing too much guessing / The quality of the platform speakers was universally suburb, compared, say, to ASA, and reflected the effort they directed to the preparation of their topics / Would decrease time for lecture and increase time for questions / Impairment-specific life expectancy for longevity risk products / None / ? some smaller platform sessions 30 minutes long? Also would prefer to have the option to attend all short afternoon sessions. This time, could not attend PSA due to overlap with other sessions – there was no way to attend all sessions due to overlap / Have more case studies / Might consider publishing and selling the contents of our mortality courses (combining efforts of past courses.) To lessen expense, “book” would be in PDF format so it's printed at purchase expense and modification could be made easier / It has been excellent – maintain the same high quality /

**12. What suggestions do you have for improvements to the Annual Meeting in general?**

Scrambled eggs for breakfast! Make spouses breakfast equal to that of members / None that I can think of / None / More use of the AAIM website for post-meeting dispersal of info that speakers want to give (or had as handouts at the meeting). More use of direction to good websites on certain subjects. Would it be cost prohibitive to put on a CD, each speaker's top five articles in their entirety?? (articles with the best/most useful information for our work.) / Not any more in a resort so far out of downtown / Given the significant financial resources of the organization suggest decreasing the registration fee for members. Used to be \$350 or so not too long ago / I love the idea of incorporating the Triennial into every third year AAIM meeting / I don't like having the location so far away from the downtown area or the area where most tourist attractions are. Is it necessary to have a golf course site? How many attendees actually used

the golf course? Would like to have more individual free time. How about one afternoon free? / I like the general mix of platforms and workshops; good networking opportunities; think we should encourage the attendance of a broader MD mix / A later start – 8:00 a.m. is too early / Let us spend some of our budget on outside speakers in Boston from Harvard, Mass General, etc. / You have a winning formula; incorporating the Triennial into a meeting seems to be a good idea / Hold our meetings within cities, not at resorts; ACLI already does the resorts / Keep the friendly ambiance; keep Unconventional Planners – who do an excellent job / Having this conference in the city proper would be nice. Although the resort was beautiful, it would have been nice to be in the city with easy access to restaurants, etc. / Try to leave two hours between the last learning event and the evening activity, to allow exercisers to get a workout in; new member reception for 30 minutes before Sunday reception, attended by new members and Executive Council / Always invite Dr. Jay to give a lunch lecture! / The temperature of the room should be 72 degrees. Please do not have the room too cold / Westin La Cantera too expensive / Separate get-together for new members and new attendees; electronic version of the syllabus in addition to paper version / Insurance Medicine is becoming more than just primarily rating young and middle-aged individual applicant and I'd like to see the society's interest broadened to health/disability also, though that is not my own current interest / There was no pre-meeting info re: dress for social program. Monday lunch should be either speaker-free or very short presentation. Lunch is a good opportunity to network. Resort site often limits activities for spouses, dinners / Feel the new Triennial incorporation will be overall positive for all / More case discussions / Wife accompanied me; we did not participate in group activities because of cost / None / Prefer accessible city location rather than secluded resorts / Making the spouse/guest costs more reasonable: the Tuesday night dinner is expensive / Provide CD of presenters / More resort locations / Warmer rooms / Would prefer meeting held in large city (Chicago, KC) at downtown hotel. These cities easier to access from Boston. Golf irrelevant / Combine participant list with spouse/guest list / Try to keep costs down, including for spouse program. AAIM has plenty of money – can registration fee be lowered? /

**13. Do you plan to attend the 2007 AAIM meeting?**  Yes - 79  No - 12

If “No”, why not? Not my turn on rotation / It's someone else's turn / Will likely attend CLIMOA or ACLI, other members of staff will attend AAIM / We are rotated through these on a seniority basis / If my company will let me / Alternate AAIM and ACLI Medical Section meeting / Other staff members will likely attend / Just went to Boston last year at the ACLI meeting / Retirement from company / Alternate attendance with other MDs / Retiring – may attend a portion /

**14. Do you plan to attend the 2009 Triennial meeting?**  Yes – 40  No - 42

If “No”, why not? Other people's turn to go / Already board-certified in insurance medicine, doubt my company will pay for this meeting / Too long, too expensive / I plan to attend the

scheduled several days of didactic lectures, not the workshops / Have completed prior course / Hopefully will have a new medical director at our company (replace or retirement) and they will attend / Other meetings with expert speakers outside the industry are more valuable / Too far to come (UK) / Company does not support more than one Triennial Course – this might change now that it melds with the AAIM meeting / Other staff will attend / Would like to but unsure due to the company needs and rotation of 'whose turn' / If my company will let me / Have attended many in the past / Will probably attend if it ends up being a combined Triennial and annual meeting / Already attended / Too time intense / Yes, as I assume it will be combined with the annual meeting, otherwise no, if it is a separate meeting / I already attend [sic] 2006 Triennial meeting / No, budget constraints / Yes, now that it will be the annual meeting / Time constraints / Yes, definitely now that incorporated / I've attended three in the past and don't get that much out of them anymore for the time expended. I will be sending a new assistant MD / Yes, if it's combined with the annual meeting / Other staff members will likely attend / We have new people in the shop who should go – I need to stay back and run the shop. I have attended previously / Low utility / retiring /

**15. Was this the first AAIM annual meeting you have attended?**  Yes – 7  No - 90

**16. Please rank the following locations in order of preference as locations for future AAIM meetings? (1 most preferred – 5 least preferred)**

- \_\_\_ New York City 1 = 20, 2 = 18, 3 = 20, 4 = 19, 5 = 17
- \_\_\_ Washington 1 = 23, 2 = 28, 3 = 23, 4 = 14, 5 = 6
- \_\_\_ San Diego 1 = 30, 2 = 26, 3 = 14, 4 = 14, 5 = 8
- \_\_\_ Quebec City 1 = 22, 2 = 19, 3 = 26, 4 = 18, 5 = 7
- \_\_\_ TBD 1 = 5, 2 = 2, 3 = 6, 4 = 12, 5 = 19

Consider: Minneapolis, Burlington, VT (October – foliage), Savannah, Nashville, Minneapolis, Palm Springs, Las Vegas, San Francisco, Chicago, Twin Cities,

**17. How do you obtain your CME/Nursing Contact Hours requirements? Check all that apply and indicate the extent of your use: 1 = Very little, 2 = Some, 3 = Most.**

- \_\_\_ Industry conferences (AAIM, ACLI, Regional, etc.) 1 = 2, 2 = 27, 3 = 55
- \_\_\_ Other medical/nursing conferences 1 = 8, 2 = 25, 3 = 22
- \_\_\_ Internet self study and test 1 = 14, 2 = 15, 3 = 18
- \_\_\_ Journal self study and test 1 = 13, 2 = 20, 3 = 25
- \_\_\_ MKSAP, ACP, etc. 1 = 7, 2 = 5, 3 = 6
- \_\_\_ Other (please specify) 1 = 3, 2 = 5, 3 = 5

Attendance at Grand Rounds in St. Louis / Self-study – education (teaching) activities / Audio-digest / Programs on tape/CD / American College of Emergency Physicians Continuous Certification / OMA, Junior college, variable / Preparing talks / CLIMOA, CIU, Canadian medical exams / Teaching / Italian CME System /

**18. How do you obtain the continuing education not related to CME/Nursing Contact Hours to meet the needs of your job? Check all that apply and indicate the extent of your use: 1 = Very little, 2 = Some, 3 = Most.**

- \_\_\_ Industry conferences (AAIM, ACLI, Regional, etc.) 1 = 3, 2 = 18, 3 = 38
- \_\_\_ Other medical/nursing conferences 1 = 7, 2 = 20, 3 = 11

- \_\_\_\_\_ Internet self study and test 1 = 6, 2 = 13, 3 = 26
- \_\_\_\_\_ Journal self study and test 1 = 6, 2 = 19, 3 = 28
- \_\_\_\_\_ MKSAP, ACP, etc. 1 = 6, 2 = 3, 3 = 2
- \_\_\_\_\_ Other (please specify) 1 = 2, 2 = 2, 3 = 5

Regular reading and assessment of the current medical literature / Various medical newsletters (Harvard Health Letter, HJS, etc.) / Programs on tape/CD / NEJM / Medical Letter CME, IM specialty conferences, etc. / Authoring 400 page cancer monograph with Dr. Singer / Medical Council of Canada / Teaching /

**19. Are you interested in participating on an AAIM committee?  Yes - 8  No - 58**

**If “Yes” please print your name and your company and check the committee(s) in which you have an interest.**

- Continuing Medical Education – Aslene Palmer, Harry Stanger (or Stangel?)
- Membership and Credentials- Valerie Ito, Aslene Palmer, Jim Goral, JS Topic, Karen Blackstone
- Mortality and Morbidity – Aslene Palmer, Steve Nightingale, Mortality and Morbidity
- Professional and Public Relations
- Marketing
- 2007 Annual Meeting Scientific Program Committee

Other – Bob Coates- Executive Council; Daniel Zimmerman (no preference stated, but wants to wait until after 2007);

**List committees in which you currently participate.** CME – Laura Vecchione, Roe Mastropolo, Rob Feingold, JS Topic.; 2007 Planning committee – Marjorie Keymer, Daniel George, Roe Mastropolo, ; Board of Insurance Med – Jill Mocarski, Rod Richie; Mortality and Morbidity – Tom Ashley, Anthony Milano, ; Membership – Lorraine Kretchman, Ben Withers, Dave Williams/ Executive Council – Dave Williams; Finance – Pat Snow /

**20. Have you visited the AAIM website?  Yes - 96  No - 5**

**If “No”, why not** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**21. Are you aware that the Newsletter and Membership Roster are on the website at [www.aaimedicine.org](http://www.aaimedicine.org)?  Yes - 86  No - 11**

**22. Were the facilities at The Westin La Cantera Resort conducive for learning?  Yes – 96  No - 3**

**If “No” please explain:** Meeting rooms too cold / The room was very cold!! / Conference room temp was difficult to control; watch “outdates” on snacks served – soda and water were dated June and July 2006; also one thing in regards to the meals (reception and farewell dinner) would put out cards if what the dish is for those with food allergies to avoid difficulties. The swordfish was not marked and I have a seafood/fish allergy and almost ate it because it was not labeled / Best classroom ever (plenary lecture room) / Rooms were too cold / The meeting room was too cold / Too expensive / On Tuesday – music from another room was disturbing / Rooms and

resort in general were far too cold / It was extremely cold in most of the rooms; prefer city location rather than resort. San Antonio would have been a perfect city for a downtown (city) hotel location / Occasional distraction by noise from next door rooms / Awkward layout / Excellent choice /

**23. Rate The Westin La Cantera Resort in terms of its quality, services, and staff.**

<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
<b>1 - 0</b>	<b>2 - 2</b>	<b>3 - 29</b>	<b>4 - 66</b>

**24. Please rank your preference for the social event typically held on Tuesday evening?**

- \_\_\_\_\_ Dinner Dance 1 = 11, 2 = 1, 3 = 4, 4 = 10, 5 = 14,
- \_\_\_\_\_ Dinner followed by entertainment by a comedian 1=13, 2=10, 3=8, 4=9, 5=5
- \_\_\_\_\_ Dinner followed by entertainment by a musician 1 = 25, 2= 15, 3= 10, 4=8, 5=0
- \_\_\_\_\_ Light musical entertainment with dinner 1 = 26, 2= 18, 3 = 16, 4 = 4, 5 = 2
- \_\_\_\_\_ Longer social gathering before dinner with nothing following dinner 1=19, 2=6, 3=4, 4=11, 5=10
- \_\_\_\_\_ Other (please specify) Devise a method to engage attendees so they do not leave at 9 p.m.! / I would prefer the same social gathering and no entertainment – just more opportunity to talk. Sometimes music with meal is too loud to talk across table. Great meeting! Hotel was great! Meals great! Thank you. / Ellyn and her team have done a great job / I would not stay for any after dinner entertainment / Casual party like this year's; would prefer not to have loud music during dinner so that we can talk / Have business meeting and reports begin with delivery of food to keep program on schedule / Never (choice #4) – There is no such thing as background music – always interferes with talking/socializing at the tables / Dinner Theatre? /