

**Please declare any relevant conflict of interest - Rakesh Popat**

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

<b>Name of Company</b>	<b>Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents &amp; copyrights; royalties)</b>
GSK	Grants/research support
GSK	Honoraria or consultation fees
Janssen	Honoraria or consultation fees
Roche	Honoraria or consultation fees
BMS	Honoraria or consultation fees
Abbvie	Honoraria or consultation fees
Janssen	Participation in a company sponsored speaker bureau
BMS	Participation in a company sponsored speaker bureau
GSK	Participation in a company sponsored speaker bureau

**Relationships not covered above**

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

## Please enter your personal details

Name	Rakesh Popat
Organization/institute/company	University College London Hospitals NHS Foundation Trust
Work (postal) address	250 Euston Road, London, NW1 2PG
E-mail address	rakesh.popat@ucl.ac.uk

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  Date:

### Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

### Relevant financial activities that might present a potential conflict of interest.

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote/present for the educational activity. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to the CME-CPD activity. Please note that your interactions that are outside the presented work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work, you should disclose support ONLY from entities that could be perceived to be affected financially by the presented work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Intellectual Property such as patents and copyrights, whether pending, issued, licensed and/or receiving royalties should also be disclosed.

### Definitions:

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

**Please declare any relevant conflict of interest - Jean Luc Harousseau**

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
GSK	Honoraria or consultation fees

**Relationships not covered above**

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

**Please enter your personal details**

Name	Jean Luc Harousseau
Organization/institute/company	Institut de Cancerologie De L'Ouset
Work (postal) address	Centre Rene Gaudcheau, France, 44800
E-mail address	jl.harousseau@yahoo.fr

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  DocuSigned by:

Date:

**Clarifications:** 7C636C08F1DF4F3...

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Royalties: Funds are coming in to you or your institution due to your patent

**Please declare any relevant conflict of interest - María-Victoria Mateos**

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

<b>Name of Company</b>	<b>Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents &amp; copyrights; royalties)</b>
Janssen	Honoraria or consultation fees
Calgene	Honoraria or consultation fees
Takeda	Honoraria or consultation fees
Amgen	Honoraria or consultation fees
GSK	Honoraria or consultation fees
AbbVie	Honoraria or consultation fees
Pfizer	Honoraria or consultation fees
Regeneron	Honoraria or consultation fees
Roche	Honoraria or consultation fees
Sanofi	Honoraria or consultation fees
Oncopeptides	Honoraria or consultation fees

**Relationships not covered above**

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

## Please enter your personal details

Name	María-Victoria Mateos
Organization/institute/company	University Hospital of Salamanca
Work (postal) address	Paseo de la Transición Española S/N, 37007
E-mail address	mvmateos@usal.es

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  Date: \_\_\_\_\_  
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### Clarifications:

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**Please declare any relevant conflict of interest - Mohamad Mohty**

No, I have no financial relationship(s) to disclose

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Adaptive Biotechnologies	Honoraria or consultation fees
Amgen	Honoraria or consultation fees
BMS	Honoraria or consultation fees
Celgene	Honoraria or consultation fees
Janssen	Honoraria or consultation fees
Takeda	Honoraria or consultation fees
Novartis	Honoraria or consultation fees
Sanofi	Honoraria or consultation fees
Stemline	Honoraria or consultation fees

**Relationships not covered above**

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

## Please enter your personal details

Name	Mohamad Mohty
Organization/institute/company	Sorbonne University
Work (postal) address	Sorbonne University, Paris, 75012
E-mail address	mohamad.mohty@inserm.fr

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  Date:

DocuSigned by:

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