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Conflict of Interest Disclosure Form

(to be completed by the Medical Officer who takes responsibility for the application)

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☐ I have no potential conflict of interest to report

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Type of affiliation / financial interest

Name of commercial company

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Stock shareholder:

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- **Institutional financial interests:PI Paid** directly to my Institution, in form of financial support for clinical trials or contracted research for Amgen Inc, AstraZeneca, Daiichi Sankyo, , F. Hoffmann-la Roche, Genentech, , Innoup Farma, Lilly, Macrogenics, Medica Scientia Innovation, Menarini, Pfizer, Puma biotechnology,
- **Non-Financial Interests:** Member of ESMO, ASCO, EACR, SEOM, GEICAM and SOLTI Board of Directors (elected member)

Signature:

Date: 09/07/2026
