



## **Conflict of Interest Disclosure Form**

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

NAME: JAVIER PUENTE

AFFILIATION: HOSPITAL CLINICO SAN

CARLOS

In accordance with criterion 18 of document UEMS 2023.08.rev "EACCME® Criteria for the Accreditation of E-Learning Materials (ELM)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations must be made available online on the ELM page. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the ELM has been provided.

### **DISCLOSURE**

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

#### **Type of affiliation / financial interest**

#### **Name of commercial company**

Receipt of grants/research supports: Roche-Genentech, Astellas, Pfizer

Receipt of honoraria or consultation fees: MSD, BMS, Roche-Genentech, Janssen, Novartis, Bayer, Astellas, Astra Zeneca, Bayer, Pfizer, Eisai, Ipsen.

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): Travel expenses: Janssen, Merck, IPSEN, Pfizer, Astra Zeneca

**Signature:**

**Date: 13-jul-2026**

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