



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Jennifer R. Brown, M.D., Ph.D.

AFFILIATION: Dana-Farber Cancer Institute, Harvard Medical School

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE 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: research funding from BeiGene, Gilead, iOnctura, Loxo/Lilly, MEI Pharma, Nagoon Therapeutics, and TG Therapeutics

Receipt of honoraria or consultation fees: serves as a consultant for Abbvie, Acerta/Astra-Zeneca, Alloplex Biotherapeutics, BeiGene, Bristol-Myers Squibb, EcoR1, Galapagos NV, Genentech/Roche, Grifols Worldwide Operations, InnoCare Pharma Inc, iOnctura, Kite Pharma, Loxo/Lilly, Magnet Biomedicine, Merck, Numab Therapeutics, Pfizer, Pharmacycics

Participation in a company sponsored speaker's bureau: No

Stock shareholder: None

Spouse/partner: None

Other support (please specify): serves on the Data Safety Monitoring Board for Grifols Therapeutics and Receives royalties from UpToDate.

Signature: *Jennifer R Brown*

Date: *April 9, 2025*

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: NICHOLAS CHIORAZZI

AFFILIATION: THE FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Nicholas Chiorazzi

Date:

April 10, 2025

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Matthew S. Davids

AFFILIATION: Dana-Farber Cancer Institute / Harvard Medical School

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Please see attached page.

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 8 April 2025

Dr. Matthew Davids Disclosures 2025
(past 36 months)

Consulting: *AbbVie, Adaptive Biotechnologies, Ascentage Pharma, AstraZeneca, BeiGene, Bristol-Myers Squibb, Eli Lilly, Galapagos, Genentech, Genmab, Janssen, Merck, MEI Pharma, Nuvalent, Schrödinger, SecuraBio, Takeda, TG Therapeutics*

Research Support: *Ascentage, MEI Pharma, Novartis*

Royalties: *UpToDate*



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Prof. Dr. Barbara Eichhorst

AFFILIATION: University Hospital Cologne, Germany

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DISCLOSURE

☐ I have no potential conflict of interest to report

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Abbvie, Astra Zeneca, Bei Gene,
Jensen, Roche

Receipt of honoraria or consultation fees:

Abbvie, Astra Zeneca, Bei Gene,
Roche, Lilly,
Galapagos

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

10.04.2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: **Moritz Fürstenau**
.....
AFFILIATION: **University of Cologne, Germany**
.....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's
bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 08.04.2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: **Gianluca Gaidano**

AFFILIATION: **Università del Piemonte Orientale/University of Eastern Piedmont, Novara, Italy**

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☒ 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:

Receipt of honoraria or consultation fees:

Abbvie, AstraZeneca, BeiGene, Incyte, Johnson&Johnson, Lilly

Participation in a company sponsored speaker's

bureau:

Abbvie, AstraZeneca, BeiGene, Hikma, Incyte, Johnson&Johnson, Lilly

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 10-04-2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: **Emanuela Ghia**

AFFILIATION: **University of California San Diego**

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's
bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: April 11, 2025



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Paolo Ghia

AFFILIATION: Università Vita-Salute San Raffaele

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE 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: AbbVie, AstraZeneca, BeiGene, BMS, Janssen, Lilly/Loxo, MSD

Receipt of honoraria or consultation fees: AbbVie, AstraZeneca, BeiGene, BMS, Galapagos, Janssen, Lilly/Loxo, MSD, Roche

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 11APR2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: KRZYSZTOF GIANNOPOULOS

AFFILIATION: MEDICAL UNIVERSITY OF LUBLIN

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Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Abbvie, Astra-Zeneca, Janssen
Takeda, Amgen, GSK, Pfizer
BMS, Roche

Signature:

Date:

06.05.2025

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ...Michael Hallek.....

AFFILIATION: Department I of Internal Medicine, University Hospital of Cologne.....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Iwona KUS

AFFILIATION:

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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:

NO

Receipt of honoraria or consultation fees:

ABBVIE, ASTRA ZENECA, JANSSEN, ROCHE
BERCHENE

Participation in a company sponsored speaker's bureau:

NO

Stock shareholder:

NO

Spouse/partner:

NO

Other support (please specify):

NO

Signature: Iwona Kus

Date: 14.03.2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: KRZYSZTOF JAMROZAK

AFFILIATION: MEDICAL UNIVERSITY OF WARSAW

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: ABBVIE, JANSSEN

Receipt of honoraria or consultation fees: ABBVIE, JANSSEN, ASTRAZENCA, DEIGEN

Participation in a company sponsored speaker's bureau: ROCHE, NOVARTIS, AMGEN

Stock shareholder: —

Spouse/partner: —

Other support (please specify): —

Signature: Krzysztof Jamrozak

Date: 17/APR/2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Arnon P Kater

AFFILIATION: Amsterdam University Medical Ceters

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DISCLOSURE

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☒ 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:

AbbVie, AstraZeneca, BMS, Janssen, Lilly, Roche/Genentech

Receipt of honoraria or consultation fees:

AbbVie, AstraZeneca, BMS, Janssen, Lilly, Roche/Genentech (all institutional)

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: AP Kater

Date: 130425



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Thomas Kipps

AFFILIATION: University of California, San Diego, Moores Cancer Center.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research support: Breast Cancer Research
Foundation, Leukemia and Lymphoma Society

Receipt of honoraria or consultation fees: Dava Oncology, Abbvie/
Pharmacyclics

Participation in a company sponsored speaker's bureau:
Abbvie/Pharmacyclics

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: April 7, 2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: EWA LECH-MARANDA

AFFILIATION: INSTITUTE OF HEMATOLOGY AND TRANSFUSION MEDICINE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

[Handwritten signature]

Date:

14 APR 2025

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 VAT n° BE 0469.067.848 RPM Bruxelles-Brussels
 EU Transparency Register ID 219038730914-92



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Marek Mraz

AFFILIATION: Masaryk University, University Hospital Brno

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: travel grant for educational activities by Janssen CZ (part of Johnson and Johnson)

Receipt of honoraria or consultation fees: Eli Lilly - consultation fee for educational talk

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 7 April 2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Carsten Utoft Niemann, MD, PhD.....

AFFILIATION: Rigshospitalet, Copenhagen University Hospital.....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Abbvie, Janssen, AstraZeneca, Genmab, Octapharma
Novo Nordisk Foundation, EU, Alfred Benzon Foundation

Receipt of honoraria or consultation fees:

Abbvie, AstraZeneca, Janssen, Beigene, Genmab, Octapharma,
Takeda, MSD, Lilly, CSL Behring, Galapagos

Participation in a company sponsored speaker's
bureau:

Stock shareholder:

Synamics

Spouse/partner:

Other support (please specify):

Signature:

Date: 08APR2025



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: SUSAN O'BRIEN

AFFILIATION: UCI

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Susan O'Brien

Date:

April 7, 2025

Susan O'Brien MD
Sponsor/Company

AbbVie
Alliance
AstraZeneca
Autolus
Beigene, Ltd.
Bristol Myers Squibb
Caribou Biosciences, Inc.
Eli Lilly and Company
GlaxoSmithKline
Janssen Oncology
Johnson and Johnson
Loxo Oncology, Inc.
Merck
Nurix Therapeutics, Inc.
Pfizer
Pharmacyclics
Regeneron
Somitomo

Affiliation(s)

Consultant
Research Support
Consultant
Consultant
Consultant
Consultant
Research Support
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Consultant
Research Support
Consultant
Consultant
Consultant
Research Support
Consultant
Consultant
Scientific Advisory Board



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T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: SARKA POSPISILOVA

AFFILIATION: MASARYK UNIVERSITY, BRNO, CZECH REP.

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE 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:

—

Receipt of honoraria or consultation fees:

—

Participation in a company sponsored speaker's bureau:

—

Stock shareholder:

—

Spouse/partner:

—

Other support (please specify):

—

Signature:

Sarka Pospisilova

Date:

11. 4. 2025

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VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Bartosz Puła

AFFILIATION: Department of Hematology, Medical University in Łódź, Poland

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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: **Janssen**

Receipt of honoraria or consultation fees:

Abbvie, Roche, Sandoz

Participation in a company sponsored speaker's

bureau: **Abbvie, AstraZeneca, BeiGene Amgen,**

Gilead, Celgene, Johnson and Johnson

Stock shareholder: **None**

Spouse/partner: **None**

Other support (please specify): **None**

Signature:

Date: 12 APR 2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Prof. Tadeusz Robak

AFFILIATION: Medical University of Lodz, Lodz, Poland

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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: Tamson, Abbvie, Beigene, AstraZeneca, Lilly

Receipt of honoraria or consultation fees: AstraZeneca, Abbvie

Participation in a company sponsored speaker's bureau: —

Stock shareholder: —

Spouse/partner: —

Other support (please specify):

Tamson, AstraZeneca, Beigene
Travel grant

Signature:

Prof. dr hab. n. med.
TADEUSZ ROBAK
specjalista chorób wewnętrznych
HEMATOLOG
ZUS 9285349

Date:

15. SEP 2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Anna Schuh

AFFILIATION: University of Oxford

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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: Johnson and Johnson; Astra Zeneca

Receipt of honoraria or consultation fees: Beigene, GENMAB, Johnson and Johnson

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Annette (Anna) Schuh

Date: 07 April 2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: John Seymour.....

AFFILIATION: Peter MacCallum Cancer Centre & Royal Melbourne Hospital

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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:

AbbVie, BMS, Roche, Loxo

Receipt of honoraria or consultation fees:

AbbVie, Astra Zeneca, Beigene, BMS, Gilead, Janssen, Loxo, Roche

Participation in a company sponsored speaker's bureau:

AbbVie, Astra Zeneca

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

John F. Seymour

Date: 12-Apr-2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: TAMAR TADMOR

AFFILIATION: BNAI ZION MEDICAL CENTER HAIFA, ISRAEL
ERUTH and BRUCE Rapoport, faculty of medicine, Technion

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE 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:

Johnson, ABBVIE, Roche.

Receipt of honoraria or consultation fees:

Johnson, ABBVIE, Roche, Takeda, Novartis
astrazeneca, eli lilly
ELI LILLY

Participation in a company sponsored speaker's bureau:

~~Stock shareholder:~~

no

~~Spouse/partner:~~

no

~~Other support (please specify):~~

no

Signature:

Tamar Tadmor

Date: 07 APR 2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME:Elisa ten Hacken.....

AFFILIATION: ...Weill Cornell Medicine.....

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DISCLOSURE

☒ X 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's
bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 04/07/2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Philip Thompson

AFFILIATION: Peter MacCallum Cancer Centre & The Royal Melbourne Hospital

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE 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:

AbbVie / Genmab

Receipt of honoraria or consultation fees:

AbbVie, AstraZeneca, Beigene, Ascentage, Genmab, Lilly, Merck

Participation in a company sponsored speaker's bureau:

AbbVie, AstraZeneca, Beigene (educational talks), Janssen

Stock shareholder: Nil (none)

Spouse/partner: Nil (none)

Other support (please specify): Travel: Merck, Roche

Signature:

Philip Thompson

Date:

28/April/2025

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: William G Wierda
William G Wierda
 AFFILIATION: MD Anderson Cancer Center
MD Anderson Cancer Center

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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:

Please view attached page

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

William Wierda

Date:

4/8/2025 | 9:40 AM CDT

No Personal Compensation

Contracted Research: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Bristol-Myers Squibb Company, Cyclacel Pharmaceuticals Inc, Genentech, a member of the Roche Group, Gilead Sciences Inc, GlaxoSmithKline, Janssen Biotech Inc, Juno Therapeutics, a Celgene Company, Kite, A Gilead Company, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Novartis, Oncternal Therapeutics, Pharmacyclics LLC, an AbbVie Company, Nurix Therapeutics, Numab Therapeutics, BeiGene,

Nonrelevant Financial Relationship: National Comprehensive Cancer Network (Chair, CLL).

Supported by the NIH/NCI under award number P30 CA016672 and used MDACC Cancer Center Support Grant (CCSG) shared resources.

Consulting/Ad Board Zero Compensation - AZ, AbbVie, Acerta Pharma, BeiGene BMS, Cyclacel Pharmaceuticals, Wiley China, Intellisphere, LOXO, J&J

Dr. Wierda does not take Honorarium for activities from any Pharma company.



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ...Jennifer Woyach.....

AFFILIATION: The Ohio State University

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☐ I have no potential conflict of interest to report

X 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:

AbbVie, Loxo, Verastem, Karyopharm, Morphosys, Schrodinger, Mingsight

Receipt of honoraria or consultation fees:

Pharmacyclics, Janssen, AstraZeneca, AbbVie, BeiGene, Loxo, Newave, Genetech., Merck

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME:Catherine J. Wu.....

AFFILIATION: ...Dana-Farber Cancer Institute/Harvard Medical School.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE 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:

Pharmacyclics

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

BioNTech

Spouse/partner:

Other support (please specify):

Adventris, SAB member
Repertoire, SAB member
Aethon Therapeutics SAB member

Signature:

Date:

4/10/2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: **A. SKOTNICKI**
AFFILIATION: **Hematology Dep. Cracow, POLAND**

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

A. Skotnicki

Date:

April 14, 2025