

## European Commission Initiative on Breast Cancer

## Annual Declaration of Interests (ADoI)

Name: Patricia Fitzpatrick

*[Please copy rows as needed for subsequent or parallel activities of the same nature]*

*[If it is not clear to you under which category of the form to declare an interest, you can declare it under "Other"].*

Nature of activities	Period	Entity	Subject matter
<b>1. Ownership or financial investments, including shares</b>	MM/YYYY – MM/YYYY	Name : Type:	
<b>2. Membership of a managing body or equivalent structure</b>	MM/YYYY – MM/YYYY	Name : Location : Nature:	Function of institution Function of expert Link to website of institution
<b>3. Membership of another scientific advisory body</b>	1992-current	Faculty of Public Health Medicine, Royal College of Physicians in Ireland - Dublin, Ireland - Nature: Public	Function of body: Professional education & training body for Public Health Medicine Function of expert: Board Member Link to website of body: <a href="https://www.rcpi.ie/faculties/faculty-of-public-health-medicine/">https://www.rcpi.ie/faculties/faculty-of-public-health-medicine/</a>
<b>4. Employment</b>	06/1997 - current	- University College Dublin -Type: Public University	Full Professor of Epidemiology & Biomedical Statistics
<b>Employment (2)</b>	02/2001 – current	National Screening Service Dublin, Ireland Type: Public	Consultant Epidemiologist/Director of Evaluation
<b>Employment (3)</b>	01/2017 - current	St Vincent's University Hospital Dublin, Ireland Type : Public Hospital	Consultant in Preventative Medicine

Nature of activities	Period	Entity	Subject matter
<b>5. Consultancy/Advisory</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe role]
<b>6. Influence on definition of research priorities</b>			
<b>7. Research grants and other funding</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe research]
<b>8. Principal investigator or investigator</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc	[Describe research]
<b>9. Intellectual property rights (IPR)</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc	[Describe activity, function]
<b>10. Other membership or affiliation</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe activity, function, website]
<b>11. Interests of others</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc	[Describe activity, function]
<b>12. Other</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe activity, function, website]

I also declare on my honour that the information disclosed in this form is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the responsible service of the Commission and complete a new DoI form including the changes.

Done at: \_\_12.45\_\_\_\_\_

Date: \_\_04/01/2021\_\_\_\_\_

Signature: *Patricia Aparecida* \_\_\_\_\_