



EUROPEAN COMMISSION
JOINT RESEARCH CENTRE

Directorate F – Health and Food
Disease Prevention

Annual Declaration of Interests¹ (DoI) form (v3)

European Commission Initiative on Breast Cancer (ECIBC)

Please answer each of the questions below.

If the answer to any of the questions is "Yes"², please complete the corresponding fields, describing the circumstances, as appropriate.

If you do not submit a filled-in and signed DoI form, please consider that you cannot be involved in the current ECIBC activities.

If you do not disclose relevant activities of interest for the ECIBC, your role may be revised.

¹ According to European Commission's Decision C(2016) 3301 establishing horizontal rules on the creation and operation of Commission expert groups, Articles 2(4) and 11 each member of an expert group has to complete a DoI form

[https://ec.europa.eu/transparency/documents-register/detail?ref=C\(2016\)3301&lang=en](https://ec.europa.eu/transparency/documents-register/detail?ref=C(2016)3301&lang=en)

² Answering "Yes" to the questions on this form does not automatically limit your participation in the ECIBC activities. Your answers will be reviewed to determine whether you have a conflict of interest (CoI) (i.e. any interest that may affect, or may reasonably be perceived to affect, an expert's objectivity and independence).

Name and Surname:	
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Activities	Yes/No	Period (From - To)	Information	Details
1. Do you have current investments³ in a legal entity⁴ with an interest related to breast cancer which either: <ul style="list-style-type: none"> • has a value of more than 10.000 EUR, or • entitle you to a voting right of 5% or more? 	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please provide information about where the investment is placed (Name, Country, Public/Private).	[Please describe the entity and your role.]
2. Have you, within the last five years (January 2018 – December 2022), received remuneration from a legal entity with an interest related to breast cancer? A. Employment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> • Name, Place of the entity; • Type of the entity: public, private, etc.; • The received amounts for remunerated activities. 	[Please describe your role.]

³ **Investments** refer to stocks, bonds, stock options, other securities as well as to commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company).

⁴ **Legal entity** refers to any commercial business, industry association, consultancy, research institution or other enterprise whose funding is significantly derived from commercial sources. It also includes independent own commercial businesses, law offices, consultancies or similar.

Activities	Yes/No	Period (From - To)	Information	Details
B. Consultancy, including advisory activities	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	03/2021 – 11/2022	If yes, please specify: <ul style="list-style-type: none"> Expert panel for the German Federal Joint Committee (Innofands) G-BA, Berlin; Type of the entity: public The received amounts for remunerated activities.	Assessing applications for grants for Health Care Research Total Sum in this period: 2-3000€
3. Have you, within the past five years (January 2018 – December 2022), been involved in research related to breast cancer?				
A. Have you been an investigator in research studies on breast cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify if you have been a principal investigator. Please mention the title of each study.	Please describe the study, your role in the study and mention if the results of the study have been published.
B. For the mentioned research studies, did you receive support⁵?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> the type of received support (grants, funds); the entity which offered the support - Name, Place, type (public, private); the received amounts (for public grants please also specify the annual budget of your home institution).	Please mention the title of the studies you refer to.

⁵ **Support** refers to research support (i.e. grants, collaborations, sponsorships) as well as to non-monetary support (equipment, facilities) and other type of support (i.e. honoraria for being a speaker, holding a training).

Activities	Yes/No	Period (From - To)	Information	Details
4. Do you have a membership in national or international organisations⁶, including committees, working groups, collaborative platforms, managing bodies or scientific advisory bodies with an interest in breast cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> • Name, Place; • Type: public, private, etc. (list all if more than one).	Please describe your role and the activities you were involved in specifying if you have participated in a decision-making process.
5. Did you take part in other activities with interests related to breast cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the activity.	Please describe the activity.
6. Do you have intellectual property rights (IPR)⁷ related to breast cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please specify the title of the IPR.	Please describe the IPR.
7. Do any of your immediate family members⁸ have direct interests related to breast cancer that could undermine your independence?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the interest.	Please describe the interest.

⁶ **Organisation** refers to a governmental, international or non-profit organisation.

⁷ **Intellectual property rights** refer to patents, trademarks, or copyrights (including pending applications) as well as proprietary know-how in a substance, technology or process.

⁸ **Immediate family members** refer to family members and relatives (spouse, parents, children, brothers and sisters, irrespective of whether they live at the same address or not) or other persons under the care of the members of the household of the expert.

Notes:

If you declared any direct interests of your immediate family members, it is your responsibility to inform them about how data on their interests are collected and published⁹ before you send the DoI form to the Joint Research Centre (JRC), European Commission.

After submission of this form, you need to inform the JRC in case of any new activity during the course of the year by sending a message as soon as possible to: JRC-CANCER-POLICY-SUPPORT@ec.europa.eu.

- I hereby declare the information disclosed in this form is true and complete to the best of my knowledge.
- I agree my DoI form to be publicly available on the JRC Healthcare Quality website, during the European Commission Initiative on Breast Cancer subgroup membership¹⁰.
- I am informed that my personal data are stored, processed and published by the European Commission in accordance with Regulation (EU) 2018/1725¹¹.

Name and Surname:
Markus Follmann

Date:
07.04.2023



Signature:

Place: Berlin

⁹ Personal data processing including the Declaration of Interests

<https://ec.europa.eu/dpo-register/detail/DPR-EC-00656>

¹⁰ Note: Technical measures are in place to ensure that search engines do not index the content from the DoI form.

¹¹ Protection of individuals with regard to the processing of personal data

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32018R1725>

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