

# European Commission Initiative on Breast Cancer

## Annual Declaration of Interests (ADoI)

Name: Dr. med. Gräwingholt, Axel

*[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	Companies or organisations in which the financial interest is placed	[Relevant field of activity]
<b>2. Membership of a managing body or equivalent structure</b>	MM/YYYY – MM/YYYY	- Name - Location - Nature: public, private, etc.	Function of institution: Function of expert: Link to website of institution:
<b>3. Membership of another scientific advisory body</b>	MM/YYYY – MM/YYYY	- Name - Location - Nature: public, private, etc.	Function of body: Function of expert: Link to website of body:
<b>4. Employment</b>	11/1999 -now	- Mammographiescreening Paderborn. Germany, Private Insitute - Radiologie am Theater, Neuer Platz 4 - D-33098 Paderborn	Responsible physician for the mammography screening unit co-owner and CEO of the institute
<b>5. Consultancy/Advisory</b>	1. 06/2015 – now 2. 06/2020- now	1. Mammography screening Thurgau, St. Gall , Fribourg, Bern public 2. iCad Inc, Nashua, NH, USA	1. Reader of mammograms, consultant and program advisor 2. medical advisory and consultant

Nature of activities	Period	Entity	Subject matter
<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>	06-2015- now	Yerevan State Medical University Yerevan, Armenia	Visiting professor in department of radiology

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: \_\_\_\_\_ Paderborn \_\_\_\_\_ Date: \_\_\_\_\_ 14/12/2020 \_\_\_\_\_

Signature: \_\_\_\_\_

