

# European Commission Initiative on Breast Cancer Annual Declaration of Interests (ADoI)

Name: **IKATHI APOSTOLIDIS**

*[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
1. Ownership or financial investments, including shares	MM/YYYY – MM/YYYY	Companies or organisations in which the financial interest is placed	[Relevant field of activity] <b>NONE</b>
2. Membership of a managing body or equivalent structure	MM/YYYY – MM/YYYY	- Name - Location - Nature: public, private, etc.	Function of institution: Function of expert: Link to website of institution: <b>NONE</b>
3. Membership of another scientific advisory body	MM/YYYY – <b>09/2014</b> MM/YYYY <b>09/2013</b>	- Name - Location - Nature: public, private, etc.	Function of body: Function of expert: <b>TRANSCAN II</b> Link to website of body: <b>SAB member</b>
4. Employment	MM/YYYY – MM/YYYY	- Name, Place - Type: public, private, etc.	[Describe professional activities in relation to activities of this project] <b>NONE</b>
5. Consultancy/Advisory	MM/YYYY – MM/YYYY	- Name, Place - Type: public, private, etc. - Amount	[Describe role] <b>NONE</b>
6. Influence on definition of research priorities			<b>NONE</b>
7. Research grants and other funding	MM/YYYY – MM/YYYY	- Name, Place - Type: public, private, etc. - Amount	[Describe research] <b>NONE</b>



Nature of activities	Period	Entity	Subject matter
8. Principal investigator or investigator	MM/YYYY – MM/YYYY	- Name, Place - Type: public, private, etc	[Describe research] <i>no</i>
9. Intellectual property rights (IPR)	MM/YYYY – MM/YYYY	- Name, Place - Type: public, private, etc	[Describe activity, function] <i>no</i>
10. Other membership or affiliation	MM/YYYY – 09/2016 MM/YYYY 01/2021	- Name, Place <i>Athens Greece</i> - Type: public, private, etc. <i>Non profit organization</i>	[Describe activity, function, website] <i>President - Hellenic Cancer Federation</i>
11. Interests of others	MM/YYYY – MM/YYYY	- Name, Place - Type: public, private, etc	[Describe activity, function] <i>no</i>
12. Other	MM/YYYY – MM/YYYY	- Name, Place - Type: public, private, etc.	[Describe activity, function, website] <i>no</i>

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: Athens Greece Date: 18 January 2021

Signature: 