

European Commission Initiative on Breast Cancer

Annual Declaration of Interests (ADoI)

Name: Prof Robert Mansel

[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 NONE	Companies or organisations in which the financial interest is placed	[Relevant field of activity]
2. Membership of a managing body or equivalent structure	01/2017 – 01/2022	- Name EUSOMA - Location FLORENCE - Nature: Non Profit Medical Society.	Function of institution: Cancer Education Function of expert: Past President and auditor Link to website of institution: Eusoma.com
3. Membership of another scientific advisory body	MM/YYYY – MM/YYYY NONE	- Name - Location - Nature: public, private, etc.	Function of body: Function of expert: Link to website of body:
4. Employment	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc.	[Describe professional activities in relation to activities of this project]
5. Consultancy/Advisory	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc. - Amount	[Describe role]
6. Influence on definition of research priorities	NONE		

Nature of activities	Period	Entity	Subject matter
7. Research grants and other funding	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc. - Amount	[Describe research]
8. Principal investigator or investigator	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc	[Describe research]
9. Intellectual property rights (IPR)	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc	[Describe activity, function]
10. Other membership or affiliation	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc.	[Describe activity, function, website]
11. Interests of others	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc	[Describe activity, function]
12. Other	MM/YYYY – MM/YYYY NONE	- 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: _____ Cardiff _____ Date: ___20th March 2021 _____ Signature: _____

R.R. Mansel
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