European Commission Initiative on Breast Cancer

Annual Declaration of Interests (ADol)

Name: Vitor Rodrigues

[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"].

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| 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] | |
| 2. Membership of a managing body or equivalent structure | 01/2013 - 12/2015 (AE/2016) | - Liga Portuguesa Contra o Cancro/Núcleo Regional do Centro - Coimbra-Portugal - Nature: public, private, etc. | Function of institution: NGO, non-profit organization Function of expert: Director Link to website of institution: www.ligacontracancro.pt | |
| 3. Membership of another scientific advisory body | MM/YYYY – MM/YYYY | - Cimago - Coimbra-Portugal - University | Function of body: Scientific research Function of expert: Board of Directors Link to website of body: www.uc.pt/fmuc/cimago | |
| 4. Employment | 08/1986 — | - Universidade de Coimbra, Medical School -Public | Associate Professor (Epidemiology, Preventive Medicine, Health Economics) | |
| 5. Consultancy/Advisory | 01/2009 - 12/2015 (12/2516) | - Centro de Oncologia dos Açores-Portugal -Public - travels and accommodation paid | Consultant (cancer registry, cancer screening) | |

| Nature of activities | Period | Entity | Subject matter | |
|---|----------------------|--|--|--|
| 6. Influence on definition of research priorities | | | Director of the Board of an non-profit organization (LPCC) envolved in breast cancer screening in Portugal Consultant of the Centro Regional de Oncologia (Azores regional government) on cancer registry and cancer screening programmes (with authorization of the Coimbra Medical School) | |
| 7. Research grants and other funding | MM/YYYY - MM/YYYY | - Name, Place -Type: public, private, etc Amount | [Describe research] | |
| 8. Principal investigator or investigator | | | | |
| 9. Intellectual property rights (IPR) | MM/YYYY – MM/YYYY | | | |
| 10. Other membership or affiliation | MM/YYYY – MM/YYYY | - Name, Place -Type: public, private, etc. | [Describe activity, function, website] | |
| 11. Interests of others | MM/YYYY – MM/YYYY | | [Describe activity, function] | |
| 12. Other | 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: | Combra | Date: | 10/10/1001 |
|------------|--|-------|---------------|
| | 4m | • | 6/fau/2017 |
| Signature: | 400 | | 28/ Jan/ 2018 |
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