

# European Commission Initiative on Breast Cancer

## Annual Declaration of Interests (ADoI)

Name: 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
<b>1. Ownership or financial investments, including shares</b>	MM/YYYY – MM/YYYY NONE	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>	01/2017 – 12/2018	- EUSOMA - Location Florence, Italy - Nature: Non profit medical Society	Function of institution: Cancer Education Function of expert: Past President Link to website of institution: Eusoma.com
<b>3. Membership of another scientific advisory body</b>	MM/YYYY – MM/YYYY NONE	- Name - Location - Nature: public, private, etc.	Function of body: Function of expert: Link to website of body:
<b>4. Employment</b>	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc.	[Describe professional activities in relation to activities of this project]
<b>5. Consultancy/Advisory</b>	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc. - Amount	[Describe role]
<b>6. Influence on definition of research priorities</b>	NONE		
<b>7. Research grants and other funding</b> NONE	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe research]

Nature of activities	Period	Entity	Subject matter
<b>8. Principal investigator or investigator</b>	NONE		
<b>9. Intellectual property rights (IPR)</b>	MM/YYYY – MM/YYYY NONE		
<b>10. Other membership or affiliation</b>	MM/YYYY – MM/YYYY NONE	- Name, Place -Type: public, private, etc.	[Describe activity, function, website]
<b>11. Interests of others</b>	MM/YYYY – MM/YYYY NONE		[Describe activity, function]
<b>12. Other</b>	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 University \_\_\_\_\_ Date: \_\_25<sup>th</sup> Jan 2018\_\_\_\_\_



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