

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 12, 2020 12:20:13 PM
Last Modified: Wednesday, August 12, 2020 12:21:50 PM
Time Spent: 00:01:36
IP Address: 128.23.10.102

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Denis Guttridge

Q3

Email

guttridg@musc.edu

Q4

Today's Date

Please select below:

08/12/2020

Q5

What is your role in this CPD activity? Select all that apply.

**Member of the scientific planning committee,
Speaker,
Moderator or session chair**

Q6

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Yes

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Funded grants or clinical trials

Pfizer

Q8

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Respondent skipped this question

Q9

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Respondent skipped this question

Q10

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

I agree

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 12, 2020 5:22:53 PM
Last Modified: Wednesday, August 12, 2020 5:26:08 PM
Time Spent: 00:03:15
IP Address: 184.170.167.174

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Teresa Zimmers

Q3

Email

zimmerst@iu.edu

Q4

Today's Date

Please select below:

08/12/2020

Q5 **Member of the scientific planning committee,**
What is your role in this CPD activity? Select all that apply. **Speaker**

Q6 **Yes**
Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7
Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria **Pfizer (consultancy)**
Funded grants or clinical trials **NIH (grants), Veterans Administration (grants)**
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity **None**

Q8 **No**
For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 **Yes**
For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 **I agree**
By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 12, 2020 5:28:12 PM
Last Modified: Wednesday, August 12, 2020 5:30:17 PM
Time Spent: 00:02:05
IP Address: 216.134.168.145

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Daniel L. Marks

Q3

Email

marksd@ohsu.edu

Q4

Today's Date

Please select below:

08/12/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

Pfizer, Inc. and Tensive Controls, Inc.

Membership on advisory boards or speakers' bureaus

Pfizer: Consultant. Tensive: Consultant, stockholder

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#4

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 12, 2020 6:06:56 PM
Last Modified: Wednesday, August 12, 2020 6:09:21 PM
Time Spent: 00:02:25
IP Address: 84.51.141.107

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Richard Skipworth

Q3

Email

richard.skipworth@nhslothian.scot.nhs.uk

Q4

Today's Date

Please select below:

08/12/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7
Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria	Consultant for Avidity Biosciences
Membership on advisory boards or speakers' bureaus	Previous advisory board member for Helsinn
Funded grants or clinical trials	Previous grant for Novartis

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#5

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 12, 2020 8:37:20 PM
Last Modified: Wednesday, August 12, 2020 8:46:37 PM
Time Spent: 00:09:16
IP Address: 174.93.148.50

Page 1: Disclosure of conflict of interest information

Q1

Respondent skipped this question

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Page 2: Disclosure of conflict of interest form

Q2

Name

Simon Wing

Q3

Email

simon.wing@mcgill.ca

Q4

Please select below:

08/12/2020

Today's Date

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7
Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

Inception Sciences, Pfizer

Funded grants or clinical trials

Pfizer, Almac Discovery, US Dept. of Defense, Canadian Institutes of Health Research, National Science and Engineering Research Council, Zavalkoff Family Foundation

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#6

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 3:21:44 AM
Last Modified: Thursday, August 13, 2020 5:13:39 AM
Time Spent: 01:51:54
IP Address: 86.163.174.179

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Marie Fallon

Q3

Email

marie.fallon@ed.ac.uk

Q4

Today's Date

Please select below:

08/13/2020

Q5 **Member of the scientific planning committee, Moderator or session chair**
What is your role in this CPD activity? Select all that apply.

Q6 **No**
Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7 **Respondent skipped this question**
Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8 **N/A (I am not a speaker)**
For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 **Respondent skipped this question**
For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 **I agree**
By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#7

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 6:27:42 AM
Last Modified: Thursday, August 13, 2020 6:29:10 AM
Time Spent: 00:01:28
IP Address: 130.192.96.86

Page 1: Disclosure of conflict of interest information

Q1

Respondent skipped this question

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Page 2: Disclosure of conflict of interest form

Q2

Name

Paola Costelli

Q3

Email

paola.costelli@unito.it

Q4

Please select below:

08/13/2020

Today's Date

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7 Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#8

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 7:27:27 AM
Last Modified: Thursday, August 13, 2020 7:34:08 AM
Time Spent: 00:06:40
IP Address: 189.110.196.58

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

marilia seelaender

Q3

Email

seelaend@icb.usp.br

Q4

Today's Date

Please select below:

08/13/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

Nestlé do Brasil, technical report

Funded grants or clinical trials

Ajinomoto do Brasil, recipient of donation of amino acids for clinical trial

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#9

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 7:51:00 AM
Last Modified: Thursday, August 13, 2020 7:52:00 AM
Time Spent: 00:01:00
IP Address: 96.255.36.34

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Helen Heymann

Q3

Email

hheyman@fnih.org

Q4

Today's Date

Please select below:

08/13/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7 Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8 Respondent skipped this question

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 Respondent skipped this question

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#10

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 10:02:45 AM
Last Modified: Thursday, August 13, 2020 10:03:28 AM
Time Spent: 00:00:42
IP Address: 128.169.2.57

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

James Carson

Q3

Email

jcarso16@uthsc.edu

Q4

Today's Date

Please select below:

08/13/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7 Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#11

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 10:12:38 AM
Last Modified: Thursday, August 13, 2020 10:19:41 AM
Time Spent: 00:07:02
IP Address: 192.226.177.219

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Thomas Jagoe

Q3

Email

thomas.jagoe@mcgill.ca

Q4

Today's Date

Please select below:

08/13/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Membership on advisory boards or speakers' bureaus

Consulting on Research Protocol for Artelo Biosciences Inc

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#12

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 12:59:41 PM
Last Modified: Thursday, August 13, 2020 1:03:55 PM
Time Spent: 00:04:14
IP Address: 205.175.118.172

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Jose M Garcia MD PhD

Q3

Email

jg77@uw.edu

Q4

Today's Date

Please select below:

08/13/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity

Helsinn Therapeutics donated research material to JMG

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#13

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 1:29:13 PM
Last Modified: Thursday, August 13, 2020 1:34:08 PM
Time Spent: 00:04:55
IP Address: 128.231.234.23

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Tania Kamphaus

Q3

Email

tkamphaus@fnih.org

Q4

Today's Date

Please select below:

08/13/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

FNIH, Employee

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#14

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 1:39:52 PM
Last Modified: Thursday, August 13, 2020 2:25:34 PM
Time Spent: 00:45:41
IP Address: 159.178.42.164

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Andy Judge

Q3

Email

arjudge@php.ufl.edu

Q4

Today's Date

Please select below:

08/13/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

None

Membership on advisory boards or speakers' bureaus

Scientific Advisory Board Member, Emmyon Inc

Patents on a drug, product or device

Ursolic acid and Tomatidine

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#15

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 13, 2020 2:27:58 PM
Last Modified: Thursday, August 13, 2020 2:28:43 PM
Time Spent: 00:00:45
IP Address: 173.62.165.223

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Rishi Jain

Q3

Email

Rishi.jain@fcc.edu

Q4

Today's Date

Please select below:

08/13/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7 Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#16

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 14, 2020 8:41:33 AM
Last Modified: Friday, August 14, 2020 8:42:45 AM
Time Spent: 00:01:11
IP Address: 69.161.125.37

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Norbert Perrimon

Q3

Email

perrimon@genetics.med.harvard.edu

Q4

Today's Date

Please select below:

08/14/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#17

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 14, 2020 12:12:45 PM
Last Modified: Friday, August 14, 2020 12:13:42 PM
Time Spent: 00:00:57
IP Address: 96.241.66.196

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Michael Graham Espey

Q3

Email

SP@nih.gov

Q4

Today's Date

Please select below:

08/14/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7 Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#18

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 14, 2020 12:27:59 PM
Last Modified: Friday, August 14, 2020 12:30:59 PM
Time Spent: 00:03:00
IP Address: 69.156.130.147

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Imed Gallouzi

Q3

Email

imed.gallouzi@mcgill.ca

Q4

Today's Date

Please select below:

08/14/2020

Q5 **Member of the scientific planning committee,**
What is your role in this CPD activity? Select all that apply. **Speaker**

Q6 **No**
Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7 **Respondent skipped this question**
Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8 **No**
For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 **Yes**
For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 **I agree**
By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#19

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 14, 2020 2:27:37 PM
Last Modified: Friday, August 14, 2020 2:31:16 PM
Time Spent: 00:03:39
IP Address: 73.143.70.100

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Eric Roeland

Q3

Email

eroeland@mgh.harvard.edu

Q4

Today's Date

Please select below:

08/14/2020

Q5 **Speaker**

What is your role in this CPD activity? Select all that apply.

Q6 **Yes**

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7
Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria **Mitobridge, Astellas, Asahi Kasei, Napo Pharmaceuticals, American Imaging Management, Imuneering, Prime Oncology**

Membership on advisory boards or speakers' bureaus **Heron Pharmaceuticals, Vector Oncology**

Q8 **No**

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 **Yes**

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 **I agree**

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#20

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 14, 2020 3:26:53 PM
Last Modified: Friday, August 14, 2020 3:29:56 PM
Time Spent: 00:03:03
IP Address: 137.186.41.115

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Cynthia Stretch

Q3

Email

cynthia.stretch@ucalgary.ca

Q4

Today's Date

Please select below:

08/14/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7 Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#21

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 14, 2020 3:36:34 PM
Last Modified: Friday, August 14, 2020 3:38:56 PM
Time Spent: 00:02:22
IP Address: 128.151.71.11

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Richard Dunne

Q3

Email

richard_dunne@urmc.rochester.edu

Q4

Today's Date

Please select below:

08/14/2020

Q5 **Speaker**

What is your role in this CPD activity? Select all that apply.

Q6 **Yes**

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

Exelixis Inc., Consulting

Membership on advisory boards or speakers' bureaus

Exelixis Inc., Advisory Board

Q8 **No**

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 **Yes**

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 **I agree**

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#22

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Saturday, August 15, 2020 8:04:23 PM
Last Modified: Saturday, August 15, 2020 8:09:10 PM
Time Spent: 00:04:46
IP Address: 103.47.247.69

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

David Currow

Q3

Email

david.currow@uts.edu.au

Q4

Today's Date

Please select below:

08/16/2020

Q5 Other (please specify):
 What is your role in this CPD activity? Select all that apply. Panel member

Q6 Yes
 Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7
 Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria	Helsinn Pharmaceuticals; Specialist Therapeutics Australia
Membership on advisory boards or speakers' bureaus	Helsinn Pharmaceuticals
Funded grants or clinical trials	n/a
Patents on a drug, product or device	n/a
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	n/a

Q8 No
 For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 Yes
 For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree
 By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#23

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 17, 2020 1:51:19 AM
Last Modified: Monday, August 17, 2020 1:53:09 AM
Time Spent: 00:01:50
IP Address: 129.241.181.1

Page 1: Disclosure of conflict of interest information

Q1

Respondent skipped this question

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Page 2: Disclosure of conflict of interest form

Q2

Name

Tora S Solheim

Q3

Email

toralang@ntnu.no

Q4

Please select below:

08/17/2020

Today's Date

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#24

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 17, 2020 9:14:17 AM
Last Modified: Monday, August 17, 2020 9:16:33 AM
Time Spent: 00:02:15
IP Address: 148.168.40.122

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Danna Breen

Q3

Email

danna.breen@pfizer.com

Q4

Today's Date

Please select below:

08/17/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

Pfizer Inc (employer)

Patents on a drug, product or device

Pfizer Inc (employer)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#25

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 17, 2020 4:27:28 PM
Last Modified: Monday, August 17, 2020 4:29:27 PM
Time Spent: 00:01:59
IP Address: 84.30.67.21

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Annemie Schols

Q3

Email

a.schols@maastrichtuniversity.nl

Q4

Today's Date

Please select below:

08/17/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#26

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 27, 2020 7:28:57 AM
Last Modified: Thursday, August 27, 2020 7:30:48 AM
Time Spent: 00:01:50
IP Address: 189.110.194.154

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Estefania Simoes Fernandez

Q3

Email

estefania.simoese@usp.br

Q4

Today's Date

Please select below:

08/27/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#27

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 27, 2020 8:17:20 AM
Last Modified: Thursday, August 27, 2020 8:19:16 AM
Time Spent: 00:01:56
IP Address: 159.178.220.169

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Andrew D'Lugos

Q3

Email

adlugos@php.ufl.edu

Q4

Today's Date

Please select below:

08/27/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#28

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 27, 2020 8:44:57 AM
Last Modified: Thursday, August 27, 2020 8:49:21 AM
Time Spent: 00:04:23
IP Address: 173.24.113.164

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Erin Talbert

Q3

Email

erin-talbert@uiowa.edu

Q4

Today's Date

Please select below:

08/27/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

No

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#29

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 27, 2020 9:13:07 AM
Last Modified: Thursday, August 27, 2020 9:14:47 AM
Time Spent: 00:01:39
IP Address: 150.231.246.1

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Brian Hain

Q3

Email

bhain@pennstatehealth.psu.edu

Q4

Today's Date

Please select below:

08/27/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#30

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 27, 2020 9:18:29 AM
Last Modified: Thursday, August 27, 2020 9:29:53 AM
Time Spent: 00:11:23
IP Address: 129.252.70.108

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Brandon VanderVeen

Q3

Email

brandon.vanderveen@uscmed.sc.edu

Q4

Today's Date

Please select below:

08/27/2020

Q5 **Speaker**

What is your role in this CPD activity? Select all that apply.

Q6 **Yes**

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria	AcePre LLC (employer)
Membership on advisory boards or speakers' bureaus	none
Funded grants or clinical trials	NCCIH - R41AT009964 to E. Angela Murphy (mentor)
Patents on a drug, product or device	none
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	none

Q8 **No**

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 **Yes**

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 **I agree**

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#31

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 27, 2020 10:16:13 AM
Last Modified: Thursday, August 27, 2020 10:20:27 AM
Time Spent: 00:04:14
IP Address: 149.166.183.2

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Joshua Huot

Q3

Email

jrhuot@iu.edu

Q4

Today's Date

Please select below:

08/27/2020

Q5

Speaker

What is your role in this CPD activity? Select all that apply.

Q6

No

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7

Respondent skipped this question

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Q8

No

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9

Yes

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#32

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, September 02, 2020 5:45:23 AM
Last Modified: Wednesday, September 02, 2020 5:46:20 AM
Time Spent: 00:00:56
IP Address: 192.41.114.230

Page 1: Disclosure of conflict of interest information

Q1

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

By clicking "NEXT," you confirm that you have read and agree with the above requirements.

Page 2: Disclosure of conflict of interest form

Q2

Name

Barry Laird

Q3

Email

barry.laird@ed.ac.uk

Q4

Today's Date

Please select below:

09/02/2020

Q5 Moderator or session chair

What is your role in this CPD activity? Select all that apply.

Q6 Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q7
Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria **Artelo**
Membership on advisory boards or speakers' bureaus **Grunenthal**

Q8 N/A (I am not a speaker)

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q9 N/A (I am not a speaker)

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q10 I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.
