



Public declaration of interest

Based on the template annexed to the French Order of 5 July 2012 laying down a template for the public declaration of interest provided for in Article L. 1451-1 of the French Public Health Code (*Code de la Santé Publique*)

I, the undersigned : MIGUEL A PIRIS

Surname: MIGUEL

First name(s): PIRIS

Acknowledge that I am aware of my obligation to declare all interests, whether direct or indirect through an intermediate person, in connection with any business, establishment or body whose work, technology or products fall within the scope of the public health and health safety activities of the National Cancer Institute (hereinafter referred to as 'INCa'), for whom I carry out my designated tasks, or those of the committee, commission, board or working group to which I belong or have been asked to provide my expertise, and with any societies or consulting firms operating in the same sectors.

I am completing this form in my capacity as:

an INCa officer

a member or advisor to the board, commission, committee or working group within INCa named below:

1)...Scientific Evaluation Committee (SEC) for the mid-term evaluation of the SIRIC program

2)...

(please add further lines for each body you are involved in)

a person asked to provide expertise

other (please specify):

I undertake to update my public declaration of interest whenever these interests change or new interests arise, and in any case at least once a year, regardless of whether or not there have been any changes.

It is your responsibility, when you receive a meeting agenda, to ascertain whether the interests you have declared or that might arise from time to time are compatible with your attendance at all or part of the meeting, and to notify the designated INCa contact person and meeting chairperson, if possible before the meeting itself. In the event of a conflict of interest, your presence may cause the decisions made or recommendations, references or opinions issued to be tainted and any decisions that are or might have been made by the management on the basis of the discussions to be null and void.

1. **Your main occupation**

1.1. **Your current main occupation**

Self-employment

Occupation	Place of work	Start date (month/year)	End date (month/year)

Other (voluntary work, work during retirement...)

Work carried out	Place of work	Start date (month/year)	End date (month/year)

Employment

Please complete the table below

Main employer	Employer's address	Your position in the organisation	Start date (month/year)	End date (month/year)
HOSPITAL UNIVERSITARIO MARQUES DE VALDECILLA, SANTANDER	AVDA MARQUES DE VALDECILLA, 39008 SANTANDER	CHIEF OF SERVICE	01-03-2011	--

1.2. Your main occupation over the last 5 years

Only complete if different from the details given in section 1.1

Self-employment

Occupation	Place of work	Start date (month/year)	End date (month/year)

Other (voluntary work, work during retirement...)

Work carried out	Place of work	Start date (month/year)	End date (month/year)

Employment

Please complete the table below

Main employer	Employer's address	Your position in the organisation	Start date (month/year)	End date (month/year)
HOSPITAL UNIVERSITARIO MARQUES DE VALDECILLA	AVDA MARQUES DE VALDECILLA, SANTANDER 39008	CHIEF OF SERVICE	01/03/2011	--

2. Activities other than your main occupation

2.1. You serve or have served on a decision-making body of a public or private organisation whose work, technology or products fall within the scope of the public health and health safety activities of the organisation or committee to which the declaration relates

This relates, for example, to healthcare establishments, consultancy businesses and advisory bodies, professional bodies (learned societies, health networks, CNPS [health workers' unions]) and patient associations.

I have nothing to declare in this section

Current or during the last 5 years:

Organisation (company, establishment, association)	Your position in the organisation	Payment (please insert the amount in Table A.1)	Start date (month/year)	End date (month/year)
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		

2.2. You carry out or have carried out work as a consultant, advisor or expert for an organisation that falls within the scope of the public health and health safety activities of the organisation or committee to which the declaration relates

For example, you act as an advisor or representative, you take part in a working group, carry out audits or draft articles or expert reports.

I have nothing to declare in this section

Current and during the last 5 years:

Organisation (society, establishment, association)	Your position in the organisation	Payment (please insert the amount in Table A.2)	Start date (month/year)	End date (month/year)
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		

2.3. You take part or have taken part in scientific work and studies for public and/or private organisations that fall within the scope of the public health and health safety activities of the organisation or committee to which the declaration relates

You must include scientific work in which you participate, in particular clinical or pre-clinical trials or studies, epidemiological studies, medico economics studies, observational studies on clinical and prescribing practices, etc.

I have nothing to declare in this section

Current and during the last 5 years:

Organisation (society, establishment, association)	Field and type of work	Name of healthcare product or subject researched	If clinical or pre-clinical trials or studies, please specify:	Payment (please insert amount in Table A.3)	Start date (month/year)	End date (month /year)
			<p>Type of study: <input type="checkbox"/> Single-centre study <input type="checkbox"/> Multicentre study</p> <p>Your position: <input type="checkbox"/> Principal investigator <input type="checkbox"/> Coordinating investigator <input type="checkbox"/> Principal experimenter <input type="checkbox"/> Co-investigator <input type="checkbox"/> Experimenter other than principal experimenter</p>	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
			<p>Type of study: <input type="checkbox"/> Single-centre study <input type="checkbox"/> Multicentre study</p> <p>Your position: <input type="checkbox"/> Principal investigator <input type="checkbox"/> Coordinating investigator <input type="checkbox"/> Principal experimenter <input type="checkbox"/> Co-investigator <input type="checkbox"/> Experimenter other than principal experimenter</p>	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
			<p>Type of study: <input type="checkbox"/> Single-centre study <input type="checkbox"/> Multicentre study</p> <p>Your position: <input type="checkbox"/> Principal investigator <input type="checkbox"/> Coordinating investigator <input type="checkbox"/> Principal experimenter <input type="checkbox"/> Co-investigator <input type="checkbox"/> Experimenter other than principal experimenter</p>	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
			<p>Type of study: <input type="checkbox"/> Single-centre study <input type="checkbox"/> Multicentre study</p> <p>Your position: <input type="checkbox"/> Principal investigator <input type="checkbox"/> Coordinating investigator <input type="checkbox"/> Principal experimenter <input type="checkbox"/> Co-investigator <input type="checkbox"/> Experimenter other than principal experimenter</p>	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		

			Type of study: <input type="checkbox"/> Single-centre study <input type="checkbox"/> Multicentre study Your position: <input type="checkbox"/> Principal investigator <input type="checkbox"/> Coordinating investigator <input type="checkbox"/> Principal experimenter <input type="checkbox"/> Co-investigator <input type="checkbox"/> Experimenter other than principal experimenter	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
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2.4. You have drafted an article, you speak or have spoken at conventions, conferences, symposia or other public meetings or training sessions organised by or with the financial support of businesses or private bodies that fall within the scope of the public health and health safety activities of the organisation or committee to which the declaration relates

I have nothing to declare in this section

Current and during the last 5 years:

Company or organisation that invited you to take part (<i>society, association</i>)	Place and title of meeting	Subject of speech, name of product concerned	Were your travel expenses paid?	Payment (please insert amount in Table A.4)	Start date (month/year)	End date (month/year)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		

			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
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2.5. You invented and/or hold the patent for a product or process or hold any other form of non-patented intellectual property related to the scope of the public health and health safety activities of the organisation or committee to which the declaration relates

I have nothing to declare in this section

Nature of your work and name of the patent, product, etc.	Organisation issuing the patent or marketing the product, etc.	Do you receive a share of the profits?	Payment (please insert amount in Table A.5)	Start date (month/year)	End date (month/year)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> To an organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> organisation of which you are a member or employee (please specify)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> To you <input type="checkbox"/> organisation of which you are a member or employee (please specify)		

3. Activities for which you are or have been responsible which have received funding from a profit-making organisation whose business activities fall within the scope of the public health and health safety activities of the body to which the declaration relates

The type of funding may be in the form of subsidies or agreements for studies or research, grants or sponsorship, payments in kind or in cash, equipment, apprenticeship tax ...

This relates in particular to chairpersons, treasurers and members of management boards and executive committees.

I have nothing to declare in this section

Current and during the last 5 years:

Body and activity for which the funding was provided	Profit-making organisation providing the funding (*)	Start date (month/year)	End date (month/year)

(*) The percentage that the sum paid represents in relation to the body's operating budget and the sum paid by the funding provider should be inserted in Table B.1.

4. Financial holdings in the capital of a company whose business activities falls within the scope of the public health and health safety activities of the body to which the declaration relates

I have nothing to declare in this section

Current:

Any financial interest: listed or non-listed securities, including shares, bonds or other equity instruments. The interest must be declared if it is in a relevant sector or company or a company that, to your reasonable knowledge, is a subsidiary or part-owned company of the first company. Please state the name of the establishment, company or organisation and the nature and type of securities or percentage of the capital that you hold.

(mutual funds, unit trusts such as SICAV or open-end funds, for which the individual has no control of the management or composition of the fund, are excluded from the declaration)

Organisations concerned	Type of investment (*)

(*) The percentage represented by your investment in the organisation's capital and the total value of your holding should be stated in Table C.1.

5. Family members employed by and/or who have financial interests in any organisation whose business activities fall within the scope of the public health and health safety activities of the body to which the declaration relates

This includes:

- *your partner (spouse, person you live with or civil partner), partner's parents (father and mother) and partner's children;*
- *your children;*
- *your parents (father and mother).*

This section should be completed if you are aware of your family members' activities.

I have nothing to declare in this section

Current activities or activities during the last 5 years, if known:

	Organisations concerned
Family members who have a connection with these organisations (Please state your relationship to them in Table D.1)	

6. Other connections that you feel INCa should be made aware of in relation to the work you will be carrying out

For example, you may declare a connection you have with any body, association or learned society that you feel INCa should be made aware of in relation to the work you will be carrying out.

I have nothing to declare in this section

Current and during the last 5 years:

Relevant situation or fact	Comments (The amount of any payment you receive should be inserted in Table E.1)	Start year	End year

Personal details

This section is not to be filled in by *INCa* officers

Signed in SANTANDER

Date 24/07/2015

Compulsory signature
(This information is not published)

The method used to analyse the declarations and to manage conflicts of interest is explained on INCa's website.

The information collected above will be processed electronically. INCa will process it for the purpose of preventing conflicts of interest, by comparing the connections declared with the objectives of the duties to be performed by the person.

Under the 'Data Processing, Electronic Information and Civil Liberties' Act (French Law no 78-17) of 6 January 1978, as amended, you have the right to access and amend your personal data. You may exercise this right by sending an email to: bdd@institutcancer.fr or a letter by post to: Institut national du cancer, PAAP -DPI, 52 avenue André Morizet 92 513 Boulogne Billancourt Cedex, France.

As soon as your work duties are confirmed, your declaration (with the exception of information on the declared payments, your family members' identities and your contact details) will be published on INCa's website or that of the institutions mentioned in the declaration and/or on the website of the ministry of health.

Individuals who do not fall within the scope of Articles L1451-1 and L1452-3 of the French Public Health Code may request their declaration not to be published, provided they have legitimate reason for doing so.