



**EUROPEAN UNION OF MEDICAL
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(EACCME®)**

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<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Matteo Bonini

AFFILIATION: Catholic University of Rome, Italy – Imperial College London, UK

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	GSK
Receipt of honoraria or consultation fees:	GSK, AstraZeneca, Boehringer, Mundipharma, Chiesi, Novartis, Menarini
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 24/02/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Stefano DEL GIACCO

AFFILIATION: University of Cagliari, Italy

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: CSL Behring, GSK, Novartis

Receipt of honoraria or consultation fees: AstraZeneca, Chiesi, CSL-Behring, Grifols, GSK, Guidotti, Menarini, Novartis, Valeas

Participation in a company sponsored speaker’s bureau: AstraZeneca, GSK, Novartis, Valeas

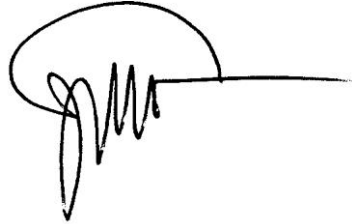
Stock shareholder: none

Spouse/partner: none

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify): none

A handwritten signature in black ink, consisting of a large, rounded initial 'S' followed by several vertical strokes and a horizontal line extending to the right.

Signature:

Date: 15-JUL-2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Mariana Couto

AFFILIATION: Hospital CUF Descobertas

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
X Receipt of honoraria or consultation fees:	Roche
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 14/07/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CRISTIANO CARUSO

AFFILIATION: FONDAZIONE POLICLINICO A.GEMELLI, IRCCS

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I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker’s bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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Signature:



Date: 14/07/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Maarten van den Berge.....

AFFILIATION:University of Groningen.....

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I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

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Signature:



Date: 13 July 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ferda ONER ERKOL

AFFILIATION: Antonia Yildirim Beyazit University School of Medicine Division of Allergy and Immunology

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DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

10/July/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : GIORGIO WALTER CANONICA

AFFILIATION: Personalized Medicine, Asthma & Allergy - Humanitas Clinical and Research Center
IRCCS, Rozzano (MI), Italy

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DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report - **see attached**

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 13/07/2020

Canonica G.W. Disclosure of Interests

GWC reports having received research grants as well as being lecturer or having received advisory board fees from:

- A.Menarini
- Alk-Abello'
- Anallergo
- AstraZeneca
- Boehringer Ingelheim
- Chiesi Farmaceutici
- Circassia
- Genentech
- Guidotti-Malesci
- Glaxo Smith Kline
- Hal Allergy
- Meda
- Merck
- Merck Sharp & Dome
- Novartis
- Recordati-InnuvaPharma
- Roche
- Sanofi-Aventis
- Stallergenes
- UCB Pharma
- Uriach Pharma
- Teva
- Thermo Fisher
- Valeas
- Vibor-Pharma





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Cezmi A. Akdis.....

AFFILIATION:Swiss Institute of Allergy and Asthma Research, University Zurich, Davos
Switzerland.....

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of grants/research supports:

Name of commercial company

Novartis, Basel, Switzerland

GSK, London, UK

Idorsia, Basel Switzerland

Astra Zeneca, Sweden

Swiss National Science Foundation

EU Cure Horizons 2020

Scibase, Sweden

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Receipt of honoraria or consultation fees:	XXX
Participation in a company sponsored speaker's bureau:	XXX
Stock shareholder:	XXX
Spouse/partner:	Prof. Dr. Mübeccel Akdis Research Grants EU, Cure Swiss National Science Foundation Stanford University
Other support (please specify):	

Signature:



Date: 9.7.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ANTONIO SPANEVU
.....

AFFILIATION: UNIVERSITY OF INSOBRIA - VARESE (ITALY)
.....

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I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

09/07/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Edward Knol

AFFILIATION: EAACI VP congresses & UMC Utrecht, The Netherlands

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I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Sanofi

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

7 July 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ibon Eguiluz-Gracia

AFFILIATION: Allergy Unit. Hospital Regional Universitario de Malaga and Instituto de Investigacion Biomedica de Malaga. Malaga, Spain.

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DISCLOSURE

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of honoraria or consultation fees:

Novartis, ALK-Abelló

Participation in a company sponsored speaker’s bureau:

Novartis, Chiesi, Diater, ALK-ALK-Abelló

Signature:

Date: 03.07.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Tomás Chivato

AFFILIATION: EAACI Vice President Science

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I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

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Signature: Tomás Chivato

Date: 21th February 22, 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Marek Jutel, MD

AFFILIATION: European Academy of Allergy and Clinical Immunology, President

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Anergis SA, CH

Receipt of honoraria or consultation fees:

Stallergenes SA, Allergopharma GmbH, ALK-Abello, HAL
Allergy, IQVIA, GER

Participation in a company sponsored speaker’s bureau:
Stallergenes SA Allergopharma GmbH, ALK-Abello, HAL
Allergy

Stock shareholder: none

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Spouse/partner: none

Other support (please specify): Investigator fees in clinical trials: PPD, SCOPE, IQVIA, PHARM-OLAM, , GSK,

Signature:

Date: 06 Januar, 2020





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ioana Octavia Agache

AFFILIATION: ...Transylvania University, Brasov, Romania....

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I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Maia Rukhadze

AFFILIATION: MD. PhD. Professor

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I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: NAP

Receipt of honoraria or consultation fees: NAP

Participation in a company sponsored speaker's bureau: NAP

Stock shareholder: NAP

Spouse/partner: NAP

Other support (please specify):

Signature:

Date: 14 August 2020

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Signature:



Date: 14.02.2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Professor Sebastian L Johnston MBBS PhD FERS FEAACI FRCP FRSB FMedSci

AFFILIATION: Imperial College London.

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DISCLOSURE

I have the following potential conflict(s) of interest to report:

Professor Johnston reports personal fees from Virtus Respiratory Research, personal fees from Myelo Therapeutics GmbH, personal fees from Concert Pharmaceuticals, personal fees from Bayer, personal fees from Synairgen, personal fees from Novartis, personal fees from Boehringer Ingelheim, personal fees from Chiesi, personal fees from Gerson Lehrman Group, personal fees from resTORbio, personal fees from Bioforce, personal fees from Materia Medical Holdings, personal fees from PrepBio Pharma, personal fees from Pulmotect, personal fees from Virion Health, personal fees from Lallemand Pharma, personal fees from AstraZeneca. In addition, Dr. Johnston has a patent Wark PA, Johnston SL,

Holgate ST, Davies DE.

Anti-virus therapy for
respiratory diseases.

UK patent application

No. GB 0405634.7, 12

March 2004. with royalties paid, a patent Wark PA, Johnston SL,

Holgate ST, Davies DE.

Interferon-Beta for

Anti-Virus Therapy for

Respiratory Diseases.

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International Patent
Application No. PCT/
GB05/50031, 12 March
2004. with royalties paid, and a patent Davies DE, Wark PA,
Holgate ST, Johnston
SL. Interferon Lambda
therapy for the
treatment of
respiratory disease. UK
patent application No.
6779645.9, granted
15th August 2012. licensed.

Signature:



Date: 24.09.20



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...David DRUMMOND.....

AFFILIATION: Necker Enfants Malades Hospital

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

X

Dr David Drummond

Signature:

Date: 18/11/2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Enrico Heffler.....

AFFILIATION: ...Humanitas University, Milano (Italy).....

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

AstraZeneca; Sanofi; Novartis

Receipt of honoraria or consultation fees:

AstraZeneca; Sanofi; Novartis; GSK; Circassia;
Nestlé Purina

Participation in a company sponsored speaker's bureau:

AstraZeneca; Sanofi; Novartis; GSK; Circassia;
Nestlé Purina

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 4th August 2020



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(EACCME®)**

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eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : FRANCESCO BLASI.....

AFFILIATION: ...DEPARTMENT OF PATHOPHYSIOLOGY AND TRANSPLANTATION, UNIVERSITY OF MILAN ITALY.....

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Name of commercial company

ASTRAZENECA, BAYER, GSK, MENARINI

ASTRAZENECA, CHIESI, GSK, GUIDOTTI,
GRIFOLS, INSMED, MENARINI, NOVARTIS,
PFIZER, VERTEX, ZAMBON

ASTRAZENECA, CHIESI, GSK, GUIDOTTI,
GRIFOLS, INSMED, MENARINI, NOVARTIS,
PFIZER, VERTEX, ZAMBON

NO

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Spouse/partner:

NO

Other support (please specify):

NO

Signature:



Date: 11.08.2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Kenji Izuhara.....

AFFILIATION: ...Saga Medical School.....

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DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Shino-test Co. Ltd., AstraZeneca

Receipt of honoraria or consultation fees:

Shino-test Co. Ltd.

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

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Signature:

Date: September 17th, 2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Joao Almeida Fonseca

AFFILIATION: CINTESIS, Faculdade de Medicina da Universidade do Porto

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Mundipharma

Receipt of honoraria or consultation fees:

AstraZeneca, Novartis, Mundipharma

Participation in a company sponsored speaker's bureau:

AstraZeneca

Stock shareholder:

-

Spouse/partner:

.

Other support (please specify):

.

Signature:

Date: 22/Sept/2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Kian Fan CHUNG.....

AFFILIATION: ...Imperial College London.....

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: GSK, MSD

Receipt of honoraria or consultation fees: **GSK, AZ, Roche, Novartis, Merck, TEVA and Shionogi**

Participation in a company sponsored speaker's bureau:
Novartis, AZ.

Stock shareholder: Nil

Spouse/partner: Nil

Other support (please specify): Nil

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A handwritten signature in black ink, appearing to be 'Almy', with a long horizontal stroke underneath.

Signature:

Date:16/9/2020



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Council for
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Institution of the UEMS_{aisbl}

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Marc Miravittles.....

AFFILIATION: ...HOSPITAL VALL D'HEBRON. BARCELONA.....

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Marc Miravittles has received speaker fees from AstraZeneca, Boehringer Ingelheim, Chiesi, Cipla, Menarini, Rovi, Bial, Sandoz, Zambon, CSL Behring, Grifols and Novartis, consulting fees from AstraZeneca, Boehringer Ingelheim, Chiesi, GlaxoSmithKline, Bial, Gebro Pharma, Kamada, CSL Behring, Laboratorios Esteve, Ferrer, Mereo Biopharma, Verona Pharma, TEVA, Spin Therapeutics, pH Pharma,

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Novartis, Sanofi and Grifols and research grants from GlaxoSmithKline and Grifols.

I assure that my involvement in organizing and defining the scientific programme has not been influenced by any company I have previously and I am collaborating with.

A handwritten signature in black ink, consisting of a large, stylized initial 'P' followed by a series of loops and a final flourish.

Signature:

Date: September 9th, 2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: ...Sejal Saglani.....

AFFILIATION: ...Imperial College London.....

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DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

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S. Saglani

Signature:

Date: 14 Dec 2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Parameswaran Nair

AFFILIATION: McMaster University, Canada

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Teva, Sanofi, AZ,
Methapharm, Equillium, Foresee, Cyclomedica, BI

Receipt of honoraria or consultation fees: AZ, Sanofi, GSK,
Equillium, Arrowhead Pharma, Knopp

Participation in a company sponsored speaker's bureau:
None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): Frederick E. Hargreave Teva
Innovation Endowed Chair

Signature:

Date: 15th April, 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Apostolos Bossios

AFFILIATION: Karolinska University Hospital & Karolinska Institutet

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

16/4 - 21



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...COJANU CATALINA.....

AFFILIATION: ...TRANSYLVANIA UNIVERSITY BRASOV.....

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DISCLOSURE

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- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 10 APR 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Joana Raquel Queirós Gomes

AFFILIATION: Allergy and Clinical Immunology resident physician at Centro Hospitalar Vila Nova de Gaia / Espinho, EPE, Portugal

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DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Joana R. Queirós G.*

Date: *12/04/2021*



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Catharina Nitsche**

AFFILIATION: Division of Pediatric Pneumology & Allergology, University Hospital Schleswig-Holstein-Campus Luebeck, Airway Research Center North (ARCN), German Center for Lung Research (DZL), Luebeck, Germany

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DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 10.04.2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...PAULA..... FAMILY NAME: GALVÁN BLASCO.....

AFFILIATION: ...ALLERGIST. HOSPITAL UNIVERSITARI VALL D'HEBRON.....

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

NOVARTIS

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 13 – APRIL-2021