



## **Annual Declaration of Interests<sup>1</sup> (DoI) form (v1, 30 June 2025)**

European Commission initiative on Breast Cancer (ECIBC)

**Please answer each of the questions below.**

**If the answer to any of the questions is "Yes"<sup>2</sup>, please complete the corresponding fields, describing the circumstances, as appropriate.**

**If you do not submit a filled-in and signed DoI form, please consider that you cannot be involved in the ECIBC activities.**

**If you do not disclose relevant activities of interest for the ECIBC, your role may be revised.**

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<sup>1</sup> According to EC's Decision C(2016) 3301 establishing horizontal rules on the creation and operation of Commission expert groups, Articles 2(4) and 10, each member of an expert group has to complete a DoI form

[https://ec.europa.eu/transparency/documents-register/detail?ref=C\(2016\)3301&lang=en](https://ec.europa.eu/transparency/documents-register/detail?ref=C(2016)3301&lang=en)

<sup>2</sup> Answering "Yes" to the questions on this form does not automatically limit your participation in the ECIBC activities. Your answers will be reviewed to determine whether you have a conflict of interest (CoI) (*i.e.* any interest that may affect, or may reasonably be perceived to affect, an expert's objectivity and independence).

|                          |  |
|--------------------------|--|
| <b>Name and Surname:</b> |  |
|--------------------------|--|

| Activities (September 2021 - September 2025)   | Yes/No   | Period (From - To)      | Information   | Details                      |
|--|--|-------------------------|---|------------------------------|
| <b>1. Do you have current investments<sup>3</sup> in a legal entity<sup>4</sup> with an interest related to breast cancer which either:</b> <ul style="list-style-type: none"> <li>• has a value of more than 10.000 EUR, or</li> <li>• entitles you to a voting right of 5% or more?</li> </ul> | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | If 'yes', please specify: <ul style="list-style-type: none"> <li>• Name of entity;</li> <li>• Place;</li> <li>• Type of entity: public, private.</li> </ul> | [Please describe your role.] |

<sup>3</sup> **Investments** refer to stocks, bonds, stock options, other securities as well as to commercial business interests (*e.g.*, proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company).

<sup>4</sup> **Legal entity** refers to any commercial business, industry association, consultancy, research institution or other enterprise whose funding is significantly derived from commercial sources. It also includes independent own commercial businesses, law offices, consultancies or similar.

| Activities (September 2021 - September 2025)  | Yes/No   | Period<br>(From -<br>To) | Information   | Details                      |
|---|--|--------------------------|---|------------------------------|
| <p><b>2. Within the past 5 years, were you employed (remunerated or non-remunerated post) or have you had any other professional relationship with a legal entity or any other body, with an interest related to breast cancer?</b></p> <p><b>A. Employment</b></p> | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY  | If 'yes', please specify: <ul style="list-style-type: none"> <li>• Name of the entity;</li> <li>• Place;</li> <li>• Type of entity: public, private;</li> <li>• Received amounts for remunerated activities.</li> </ul>     | [Please describe your role.] |
| <p><b>B. Consultancy, including advisory activities</b></p>   | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY  | If 'yes', please specify: <ul style="list-style-type: none"> <li>• Name of the entity;</li> <li>• Place;</li> <li>• Type of the entity: public, private;</li> <li>• Received amounts for remunerated activities.</li> </ul> | [Please describe your role.] |

| Activities (September 2021 - September 2025)                                   | Yes/No   | Period (From - To)      | Information   | Details  |
|--|--|-------------------------|---|--|
| <b>C. Non-remunerated post</b>   | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | If 'ye's, please specify: <ul style="list-style-type: none"> <li>• Name of the entity;</li> <li>• Place;</li> <li>• Type of the entity: public, private;</li> </ul> | [Please describe your role.]   |
| <b>D. Legal representation<sup>5</sup></b>                                     | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | If 'yes', please specify: <ul style="list-style-type: none"> <li>• Name of the entity;</li> <li>• Place;</li> <li>• Type of the entity: public, private;</li> </ul> | [Please describe your role.]   |
| <b>3. Regarding research related to breast cancer within the past 5 years:</b> |  |                         |   |  |
| <b>A. Have you been an investigator in research studies on breast cancer?</b>  | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | If 'yes', please specify if you have been a principal investigator.<br>Please mention the title of each study.  | [Please describe the study, your role in the study and mention if the results of the study have been published.] |

<sup>5</sup> **Legal representation** refers to the representation of natural or legal persons through other persons in accordance with national law. For example, the president of a company is the legal representative of that company.

| Activities (September 2021 - September 2025)   | Yes/No   | Period (From - To)      | Information  | Details   |
|--|--|-------------------------|--|---|
| <b>B. If yes, for the aforementioned research studies, did you receive support<sup>6</sup>?</b>  | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | If 'yes', please specify: <ul style="list-style-type: none"> <li>• Type of received support: grants, funds;</li> <li>• Entity which offered the support: name, place, type (public, private);</li> <li>• Received amounts (for public grants please also specify the annual budget of your home institution).</li> </ul> | [Please mention the title of the studies you refer to.]   |
| <b>4. Do you have membership in national or international organisations<sup>7</sup>, including committees, working groups, collaborative platforms, managing bodies or scientific advisory bodies or any decision-making bodies with an interest in breast cancer?</b> | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | If 'yes', please specify: <ul style="list-style-type: none"> <li>• Name,</li> <li>• Place;</li> <li>• Type: public, private, etc. (list all if more than one).</li> </ul>  | [Please describe your role and the activities you were involved in specifying if you have participated in a decision-making process.] |
| <b>5. Do you have intellectual property rights (IPR)<sup>8</sup> related to breast cancer?</b>   | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | Please specify the title of the IPR.   | [Please describe the IPR.]  |

<sup>6</sup> **Support** refers to research support (i.e. grants, collaborations, sponsorships) as well as to non-monetary support (equipment, facilities) and other type of support (i.e. honoraria for being a speaker, holding a training).

<sup>7</sup> **Organisation** refers to a governmental, international or non-profit organisation.

<sup>8</sup> **Intellectual property rights** refer to patents, trademarks, or copyrights (including pending applications) as well as proprietary know-how in a substance, technology or process.

| Activities (September 2021 - September 2025)  | Yes/No   | Period (From - To)      | Information                               | Details                         |
|---|--|-------------------------|---|---------------------------------|
| <b>6. Within the past 5 years:</b>  |  |                         |   |                                 |
| <b>A. Have you provided any expert opinion or testimony in the field of breast cancer, for a legal entity or other body as part of a regulatory, legislative or judicial process?</b> | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | Please mention the activity.              | [Please describe the activity.] |
| <b>B. Have you held an office or other position, paid or unpaid, where you represented interests or defended an opinion in the field of breast cancer?</b>                            | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | Please mention the activity.              | [Please describe the activity.] |
| <b>7. Do any of your immediate family members<sup>9</sup> have direct interests related to breast cancer that could undermine your independence?</b>                                  | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | Please mention the interest.              | [Please describe the interest.] |
| <b>8. Within the past 5 years, did you take part in other activities with interests related to breast cancer?</b>   | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | MM/YYYY<br>–<br>MM/YYYY | Please specify the title of the activity. | [Please describe the activity.] |

<sup>9</sup> **Immediate family members** refer to family members and relatives (spouse, parents, children, brothers and sisters, irrespective of whether they live at the same address or not) or other persons under the care of the members of the household of the expert.

**Notes:**

If you declared any direct interests of your immediate family members, it is your responsibility to inform them about how data on their interests are collected and published<sup>10</sup> before you send the DoI form to the Joint Research Centre (JRC), EC.

After submission of this form, you need to inform the JRC in case of any new activity during the course of the year by sending an e-mail as soon as possible at: [JRC-CANCER-POLICY-SUPPORT@ec.europa.eu](mailto:JRC-CANCER-POLICY-SUPPORT@ec.europa.eu).

- I hereby declare the information disclosed in this form is true and complete to the best of my knowledge.
- I agree my DoI form to be publicly available on the EC's web-hub on cancer screening and care, during the ECIBC membership<sup>11</sup>.
- I am informed that my personal data are stored, processed and published by the EC in accordance with Regulation (EU) 2018/1725<sup>12</sup>.

**Name and Surname: Bettina Borisch**

**Date: 4.11.25**

**Signature:**



**Place: Geneva**

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<sup>10</sup> Personal data processing including the DoI

<https://ec.europa.eu/dpo-register/detail/DPR-EC-00656>

<sup>11</sup> Note: Technical measures are in place to ensure that search engines do not index the content from the DoI form.

<sup>12</sup> Protection of individuals with regard to the processing of personal data

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32018R1725>