



EUROPEAN COMMISSION  
JOINT RESEARCH CENTRE

Directorate F – Health and Food  
**Disease Prevention**

## **Annual Declaration of Interests<sup>1</sup> (DoI) form (v5, 26 January 2026)**

European Commission Initiative on Colorectal Cancer (ECICC)

**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 current ECICC activities.**

**If you do not disclose relevant activities of interest for the ECICC, 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 ECICC 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>	<b>Maria Hass</b>
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<b>Activities (2021-2025)</b>	<b>Yes/No</b>	<b>Period (From - To)</b>	<b>Information</b>	<b>Details</b>
<b>1. Do you have current investments<sup>3</sup> in a legal entity<sup>4</sup> with an interest related to colorectal 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"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please provide information about where the investment is placed (Name, Country, Public/Private).	[Please describe the entity and 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 (2021-2025)	Yes/No	Period (From - To)	Information	Details
<p><b>2. Within the past 5 years, were you employed (remunerated post), have you had any other professional relationship with a legal entity, or held any non-remunerated post in a legal entity or any other body, with an interest related to colorectal cancer?</b></p> <p><b>A. Employment</b></p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> <li>• Name, Place of the entity;</li> <li>• Type of the entity: public, private, etc.;</li> <li>• The received amounts for remunerated activities.</li> </ul>	[Please describe your role.]
<p><b>B. Consultancy, including advisory activities</b></p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> <li>• Name, Place of the entity;</li> <li>• Type of the entity: public, private, etc.;</li> </ul> The received amounts for remunerated activities.	Please describe your role.
<p><b>C. Non-remunerated post</b></p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> <li>• Name, Place of the entity;</li> <li>• Type of the entity: public, private, etc.;</li> </ul>	Please describe your role.

Activities (2021-2025)	Yes/No	Period (From - To)	Information	Details
<b>D. Legal representation<sup>5</sup></b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> <li>• Name, Place of the entity;</li> <li>• Type of the entity: public, private, etc.;</li> </ul>	Please describe your role.
<b>3. Regarding research related to colorectal cancer within the past 5 years:</b>				
<b>A. Have you been an investigator in research studies on colorectal cancer?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify if you have been a principal investigator. 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.
<b>B. If yes, for the aforementioned research studies, did you receive support<sup>6</sup>?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> <li>• the type of received support (grants, funds);</li> <li>• the entity which offered the support - Name, Place, type (public, private);</li> <li>• the received amounts</li> </ul> (for public grants please also specify the annual budget of your home institution).	Please mention the title of the studies you refer to.

<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.

<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).

<p><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 colorectal cancer?</b></p>	Yes <input checked="" type="checkbox"/>	from 2004 (ongoing)	<p><b>1 AWMF-Geschäftsstelle</b>          Birkenstr. 67, 10559 Berlin / Germany          Tel.: +49 (0)30 2009-7777  <a href="mailto:office@awmf.org">office@awmf.org</a>  <u>Type:</u> non-profit body, not commercially funded  <i>together with:</i>  <b>DGVS (Deutsche Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten)</b>          Olivaer Platz 7, 10707 Berlin          Tel. +49 (0)30. 31 98 31 5004  <a href="mailto:leitlinien@dgvs.de">leitlinien@dgvs.de</a></p>	<p>to 1 - guideline group CRC under the responsibility of AWMF and DGVS</p> <p>AWMF <a href="https://www.awmf.org/die-awmf.html">https://www.awmf.org/die-awmf.html</a>          DGVS <a href="http://www.dgvs.de">www.dgvs.de</a></p> <p>- <b>patient representative</b> in the development and revision of the German S3-guideline CRC and resulting patient guidelines since 2004</p>
	No <input type="checkbox"/>	----- from 2006 (ongoing)	<p><b>2 Zertifizierungskommission Darmkrebszentren/Viszeralonk. Zentren</b>          Deutsche Krebsgesellschaft e.V., Kuno-Fischer-Str. 8, 14057 Berlin / Germany          Tel. +49 (0)30 – 322 932  <a href="mailto:wesselmann@krebsgesellschaft.de">wesselmann@krebsgesellschaft.de</a>  <a href="http://www.krebsgesellschaft.de">www.krebsgesellschaft.de</a>  <u>Type:</u> non-profit body, not commercially funded</p>	<p>-----</p> <p>to 2 - interdisciplinary group of doctors, nurses, psychologists, patients to define criteria for colorectal cancer centers, criteria for their certification and for their regularly controls. Assessment of the results, further development of the tools</p> <p>- <b>patient representative</b> in this group, involved in all steps</p>
		----- from 2007 (ongoing)	<p><b>3 Gemeinsamer Bundesausschuss</b>          Gutenbergstraße 13          10587 Berlin / Germany          Tel. +49 (0)30 275838-0  <a href="mailto:info@g-ba.de">info@g-ba.de</a>          - <u>Type:</u> governmental/public, not commercially funded</p>	<p>-----</p> <p>to 3 - guideline on aids:  <a href="https://www.g-ba.de/richtlinien/13/">https://www.g-ba.de/richtlinien/13/</a>  <a href="https://www.g-">https://www.g-</a></p> <p>- <b>patient representative</b> in the process of developing / changing the guideline – especially from the point of view of appropriate care for ostomates and incontinent people.</p>

Activities (2021-2025)	Yes/No	Period (From - To)	Information	Details
<b>5. Do you have intellectual property rights (IPR)<sup>8</sup> related to colorectal cancer?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please specify the title of the IPR.	Please describe the IPR.
<b>6. Within the past 5 years:</b>				
<b>A. Have you provided any expert opinion or testimony in the field of colorectal cancer, for a legal entity or other body as part of a regulatory, legislative or judicial process?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – 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 colorectal cancer?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the activity.	Please describe the activity.

<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 (2021-2025)	Yes/No	Period (From - To)	Information	Details
<b>7. Do any of your immediate family members<sup>9</sup> have direct interests related to colorectal cancer that could undermine your independence?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – 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 colorectal cancer?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	01/2014 – 12/2023 (finished since 12/2023)	<b>Stiftung Deutsche Krebshilfe gGmbH</b> (German Cancer Aid Foundation) Buschstr. 32, 53113 Bonn, Germany Telefon: +49 (0)2 28/7 29 90-0 <a href="mailto:deutsche@krebshilfe.de">deutsche@krebshilfe.de</a> <a href="http://www.krebshilfe.de">www.krebshilfe.de</a> <u>Type</u> : non-profit body, not commercially funded.	One of the <b>patient representatives</b> in the patient advisory board of the German Cancer Aid (Fachausschuss Krebs-Selbsthilfe / Patientenbeirat) Task: To advise German Cancer Aid on patient needs and requirements in all activities of the foundation

<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.

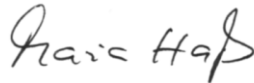
After submission of this form, you need to inform the JRC in case of any new activity during the course of the year by sending a message as soon as possible to: [JRC-CANCER-POLICY-SUPPORT@ec.europa.eu](mailto:JRC-CANCER-POLICY-SUPPORT@ec.europa.eu).

- I hereby declare that 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 JRC Healthcare Quality website, during the ECICC 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: Maria Hass

Date: 27.01.2026

Signature:



Place: Aachen (Germany)

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<sup>10</sup> Personal data processing including the Declaration of Interests

<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>