



EUROPEAN COMMISSION
JOINT RESEARCH CENTRE
Directorate F – Health and Food
Disease Prevention

Annual Declaration of Interests¹ (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"², 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.

¹ 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)

² 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).

Name and Surname:	Paolo Giorgi Rossi
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Activities (2021-2025)	Yes/No	Period (From - To)	Information	Details
1. Do you have current investments³ in a legal entity⁴ with an interest related to colorectal cancer which either: <ul style="list-style-type: none"> • has a value of more than 10.000 EUR, or • entitles you to a voting right of 5% or more? 	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.]

³ **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).

⁴ **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>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?</p> <p>A. Employment</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>MM/YYYY – MM/YYYY</p>	<p>If yes, please specify:</p> <ul style="list-style-type: none"> • Name, Place of the entity; • Type of the entity: public, private, etc.; • The received amounts for remunerated activities. 	<p>[Please describe your role.]</p>
<p>B. Consultancy, including advisory activities</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>MM/YYYY – MM/YYYY</p>	<p>If yes, please specify:</p> <ul style="list-style-type: none"> • Name, Place of the entity; • Type of the entity: public, private, etc.; <p>The received amounts for remunerated activities.</p>	<p>Please describe your role.</p>
<p>C. Non-remunerated post</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>MM/YYYY – MM/YYYY</p>	<p>If yes, please specify:</p> <ul style="list-style-type: none"> • Name, Place of the entity; • Type of the entity: public, private, etc.; 	<p>Please describe your role.</p>

Activities (2021-2025)	Yes/No	Period (From - To)	Information	Details
D. Legal representation⁵	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	If yes, please specify: <ul style="list-style-type: none"> • Name, Place of the entity; • Type of the entity: public, private, etc.; 	Please describe your role.

⁵ **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.

<p>3. Regarding research related to colorectal cancer within the past 5 years:</p> <p>A. Have you been an investigator in research studies on colorectal cancer?</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Impatto: 2014-2019</p> <p>Screening evaluation in Emilia- Romagna 2015- ongoing</p> <p>“<i>Dynamic and...</i>” 2020- ongoing</p>	<p>- Impatto CRC Working group, - Type: public - not funded. - Collaborator</p> <p>- Screening evaluation in Emilia Romagna Region - Type: public - not funded. - Collaborator</p> <p><i>Dynamic and multi-threshold exploitation of haemoglobin levels in FIT screening</i> - Type: public - not funded. - Collaborator</p>	<p>The IMPATTO study is a collaboration between Italian cancer registries and screening program to evaluate the impact of screening programs on cancer incidence and mortality. Example of publication: Vicentini M, et al. Impact of screening programme using the faecal immunochemical test on stage of colorectal cancer. Results from the IMPATTO study. Int J Cancer. 2019 Jul 1;145(1):110-121. doi: 10.1002/ijc.32089..</p> <p>Screening evaluation in Emilia- Romagna is an institutional activity. Examples of publication: Baldacchini F, et al. Results of Compliant Participation in 5 Rounds of Fecal Immunochemical Test Screening for Colorectal Cancer. Clin Gastroenterol Hepatol. 2020 Aug 19:S1542- 3565(20)31147-2. doi: 10.1016/j.cgh.2020.08.038. Giorgi Rossi P, et al. Impact of screening</p>
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Activities (2021-2025)	Yes/No	Period (From - To)	Information	Details
				<p>programme on incidence of colorectal cancer: a cohort study in Italy. Am J Gastroenterol. 2015 Sep;110(9):1359-66.</p> <p>“Dynamic and multi-threshold...” is a modelling study using empirical parameters from routine screening data in collaboration with Queen Mary Hospital, London UK</p>
<p>B. If yes, for the aforementioned research studies, did you receive support⁶?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>MM/YYYY</p> <p>–</p> <p>MM/YYYY</p>	<p>If yes, please specify:</p> <ul style="list-style-type: none"> • the type of received support (grants, funds); • the entity which offered the support - Name, Place, type (public, private); • the received amounts <p>(for public grants please also specify the annual budget of your home institution).</p>	<p>Please mention the title of the studies you refer to.</p>

⁶ **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).

Activities (2021-2025)	Yes/No	Period (From - To)	Information	Details
4. Do you have membership in national or international organisations⁷, including committees, working groups, collaborative platforms, managing bodies or scientific advisory bodies or any decision making bodies with an interest in colorectal cancer?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	With different roles since 2010	I am an advisor of the Osservatorio Nazionale Screening (National Screening Monitoring Centre, the technical body of the Italian Ministry of Health for screening coordination and monitoring) I do not receive any fee for this advising, it is part of my institutional duties	I support the ONS in the definition of Guidelines, evaluation of screening activities, HTA. I also supported the ONS in the building of EUCanScreen European Commission Joint Action
5. Do you have intellectual property rights (IPR)⁸ related to colorectal cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please specify the title of the IPR.	Please describe the IPR.
6. Within the past 5 years: 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the activity.	Please describe the activity.

⁷ **Organisation** refers to a governmental, international or non-profit organisation.

⁸ **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. Have you held an office or other position, paid or unpaid, where you represented interests or defended an opinion in the field colorectal cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the activity.	Please describe the activity.
7. Do any of your immediate family members⁹ have direct interests related to colorectal cancer that could undermine your independence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the interest.	Please describe the interest.
8. Within the past 5 years, did you take part in other activities with interests related to colorectal cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	From 2024	My institution received a grant by the Italian MoH and by the EC to conduct a trial and cohort study on risk-stratified CRC screening	Project funded.

⁹ **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 published¹⁰ 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.

- 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 membership¹¹.
- I am informed that my personal data are stored, processed and published by the EC in accordance with Regulation (EU) 2018/1725¹².

Name and Surname:

Paolo Giorgi Rossi

Date: 27/01/26



Signature:

Place: Reggio Emilia

¹⁰ Personal data processing including the Declaration of Interests

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

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

¹² Protection of individuals with regard to the processing of personal data

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