



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.**

---

<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>	
--------------------------	--

Activities (2021-2025)	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 colorectal cancer which either:</b> <ul style="list-style-type: none"> <li>• has a value of more than 10.000 EUR,</li> <li>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 checked="" type="checkbox"/> No <input type="checkbox"/>	A. 04/2012 – present  B. 07/2025- present	A. Title: VA CSP #577: Colonoscopy vs Fecal Immunochemical Test in Reducing Mortality from Colorectal Cancer (CONFIRM)  B. Title: Empowering the Somali Community: Faith-Based Approaches to Boost Colorectal Cancer Screening Participation	A.I served as an LSI (Local Site Investigator) from 2016 to 2019. I serve on the Executive Committee from 2012 to present. The study is still following patients (10 year follow up from last enrolment). A few manuscripts have been published (protocol, baseline characteristics) but not the primary outcome results.  B.I am co-PI of a study that includes a survey of CRC screening attitudes and beliefs among Somali adults and development of an educational intervention to increase CRC screening.

<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 (2021-2025)	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 checked="" type="checkbox"/> No <input type="checkbox"/>	07/2025 – 07/2026	Funder: University of Minnesota Sustainable Development Program Grant (public funds); Amount: \$19,850	Title: Empowering the Somali Community: Faith-Based Approaches to Boost Colorectal Cancer Screening Participation
<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>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	MM/YYYY – MM/YYYY	I have membership in the following organizations: American Gastrointestinal Association, American College of Gastroenterology, American Society for Gastrointestinal Endoscopy These are all international and national societies that are public.	In the AGA, I served on the Clinical Guidelines Committee as Chair from 2019-2022. I was directly involved with priority setting and guideline development work. However, I have was not involved in guidelines related to crc screening or surveillance. In the ACG, I served on the Education Committee from 2016-2022. Since 2024, I serve on the Governing Board of the AGA
<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.

<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 (2021-2025)	Yes/No	Period (From - To)	Information	Details
<p><b>6. Within the past 5 years:</b></p> <p><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></p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the activity.	Please describe the activity.
<p><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></p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the activity.	Please describe the activity.
<p><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></p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MM/YYYY – MM/YYYY	Please mention the interest.	Please describe the interest.

<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.

Activities (2021-2025)	Yes/No	Period (From - To)	Information	Details
<p><b>8. Within the past 5 years, did you take part in other activities with interests related to colorectal cancer?</b></p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>02/2024 – present</p>	<p>Community outreach in collaboration with the University of Minnesota Cancer Center.</p> <p>Development of a guideline on the role of artificial intelligence assisted colonoscopy.</p>	<p>Education about screening for colorectal cancer in various communities with low screening rates.</p> <p>The guideline is still under development.</p>

**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:** Shahnaz Sultan

**Date:** February 9, 2026

**Signature:**



**Place:** Minnesota, USA

---

<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>