



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
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[accreditation@uems.net](mailto:accreditation@uems.net)

**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: ..... ANTONIO SPANEVELLO

AFFILIATION: ..... UNIVERSITY OF INSUBRIA - ITALY

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**

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: 12/04/23



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Alina GHEPASIM*

AFFILIATION: *ALYATEC Environmental Exposure Chamber*

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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:

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

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Other support (please specify):

Signature:

A handwritten signature in black ink, appearing to read 'Strosianoff', written over a horizontal line.

Date:

May 2. 2023



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ANTTI LAUVERMA

AFFILIATION: PROFESSOR, HELSINKI UNIVERSITY 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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Orion Pharma Ltd, Finland

Receipt of honoraria or consultation fees:—

—

Participation in a company sponsored speaker's bureau:

—

Stock shareholder:

—

Spouse/partner:

—

Other support (please specify):—

—

Signature:

Date:

12 April 2023



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : André Miguel Afonso de Sousa Moreira  
AFFILIATION: Portuguese Medical Association, number 36840

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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:

*André Miguel Afonso de Sousa Moreira*

Date: 01/03/2023



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ioana Octavia Agache

AFFILIATION: Faculty of Medicine, Transylvania University, Brasov, Romania

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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:	None
Receipt of honoraria or consultation fees:	Sanofi, Novartis, AstraZeneca, Pfizer, Stallergenes
Participation in a company sponsored speaker's bureau:	Sanofi, Novartis, AstraZeneca, Pfizer, Stallergenes

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Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None

**Signature:**



**Date: 01 March 2023**





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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Prof. Dr. med. Ludger Klimek

AFFILIATION: Center for rhinology and allergology Wiesbaden, Wiesbaden, Germany

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

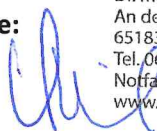


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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Allergopharma, MEDA/Mylan, HAL Allergie, ALK Abelló, LETI Pharma, Stallergenes, Quintiles, Sanofi, Lofarma, Allergy Therapeut., AstraZeneca, GSK, Immunotk, Cassella med
Receipt of honoraria or consultation fees:	Sanofi, GSK
Participation in a company sponsored speaker's bureau:	none
Stock shareholder:	none
Spouse/partner:	none
Other support (please specify):	Membership: AeDA DGHNO Deutsche Akademie für Allergologie und klinische Immunologie HNO-BV GPA EAACI.

Signature:



Prof. Dr. med. L. Klimek  
Dr. med. A. Sperl  
An den Quellen 10  
65183 Wiesbaden  
Tel. 0611 - 308 608 0 • Fax 0611 - 308 608 255  
Notfall-Nummer: 0611 - 50 59 5 112  
www.allergiezentrum.org • info@allergiezentrum.org



Date:

01.03.2023



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## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : .....Marek Jutel .....

AFFILIATION: 1. Wrocław Medical University , 2. ALL-MED Medical Research Institute

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: None

Receipt of honoraria or consultation fees:

Allergopharma, Stallergenes, ALK, Leti, Allergy Therapeutics, Hal Allergy, GSK, Astra Zeneka, Chiesi, TEVA, Takeda, Novartis, Pfizer, Regeneron, Sanofi, Lallemand, Shire, Celltrion, Genetech, Verona Pharma

Participation in a company sponsored speaker's bureau:

Allergopharma, Stallergenes Greer, ALK-Abello, Hal Allergy, GSK

Stock shareholder: none

Spouse/partner: none

Other support (please specify): none

Signature:

Date: 19/JAN/2023



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Maria J Torres

AFFILIATION: University of Malaga and Malaga Regional University 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

**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:

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Other support (please specify):



**Signature:** Maria J Torres

**Date:** 1<sup>st</sup> March 2023



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Prof. Markus OLLERT.....

AFFILIATION: Luxembourg Institute of Health.....

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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

<b>Type of affiliation / financial interest</b>	<b>Name of commercial company</b>
Receipt of grants/research supports:	none
Receipt of honoraria or consultation fees:	Hycor Diagnostics
Participation in a company sponsored speaker’s bureau:	GA2LEN Anacare Webinar
Stock shareholder:	none
Spouse/partner:	none

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Other support (please specify):

Scientific Co-Founder of Tolerogenics SARL,  
Esch/Alzette, Luxembourg

Signature:

A handwritten signature in black ink, appearing to be 'M. Anhalt', written in a cursive style.

Date: 15. March 2023



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**  
**EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)**

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## Conflict of Interest Disclosure Form

NAME : ..... Mattia Giovannini .....

AFFILIATION: ..... Allergy Unit, Meyer Children's Hospital IRCCS, Florence, Italy .....

In accordance with criterion 19 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of e-learning materials (ELM)", 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 in the ELM platform. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the ELM 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

*Mattia Giovannini*

**Date:**

01/03/23





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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Stefano Del Giacco

AFFILIATION: University Hospital "Duisio Casula"  
(Monserrato, CA, 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: Astra Zeneca, GSK, Novartis, Sanofi

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau: Astra Zeneca, GSK, Novartis, Sanofi, Chiesi, Boehringer

Stock shareholder:

Spouse/partner:

Other support (please specify): Advisory board: Astra Zeneca, GSK, Novartis, Sanofi, Valeas, Menarini, CSL Behring

Signature:

Date: 01.03.2023



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ..... CRISTINA BOCCA BELLA .....

AFFILIATION: ..... CATHOLIC UNIVERSITY OF SACRED HEART (ROME) .....

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**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: \_\_\_\_\_

12/04/23



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : .....Ilan M Adcock.....

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**

Receipt of grants/research supports:

#### **Name of commercial company**

Sanofi, anti-IL-33 in COPD; Sanofi, the role of PAPP-A in severe asthma; GSK, Molecular phenotyping of asthma patients pre- and post mepolizumab; MRC, PRISM study – molecular phenotyping responders/non-responders to T2 biologics, EPSRC, Effect of pollution on asthma.

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Receipt of honoraria or consultation fees:

Advisory Board for GSK, Sanofi, Chiesi and Kinaset.

Participation in a company sponsored speaker's bureau:

AZ, Sanofi, Eurodrug and Sunovion

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

**Signature:**



**Date: 12-04-2023**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : OSCAR PALOMARES GRACIA

AFFILIATION: COMPLUTENSE UNIVERSITY OF MADRID

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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:

MINECO, MICINN, CAM, Inmunotek S.L,  
Novartis, AstraZeneca.

Receipt of honoraria or consultation fees:

AstraZeneca, Pfizer, GSK, Inmunotek S.L,  
Novartis, Sanofi-Genezyme, and Regeneron

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 14-4-2023**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Tomás Chivato

AFFILIATION: School of Medicine. University CEU San Pablo. Madrid (Spain)

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**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: 16 November 2022**

**Tomás Chivato**





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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : JOAQUIN SASTRE

AFFILIATION: FUNDACION JIMENEZ DIAZ & UNIVERSIDAD AUTONOMA DE MADRID, SPAIN

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

<b>Type of affiliation / financial interest</b>	<b>Name of commercial company</b>
Receipt of grants/research supports:	SANOFI, ALK, INST CARLOS III
Receipt of honoraria or consultation fees:	SANOFI, NOVARTIS, MUNDIPHARMA, GSK, ABBVIE
Participation in a company sponsored speaker’s bureau:	SANOFI, ASTRAZENECA,
Stock shareholder:	NO

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Spouse/partner: NO

Other support (please specify): NO

**Signature:**

**Date: April 12, 2023**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : IGNACIO DAVILA

AFFILIATION: UNIVERSITY HOSPITAL OF SALAMANCA

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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: THERMOFISHER, ISCIII,  
JUNTA DE CASTILLA Y LEON

Receipt of honoraria or consultation fees: Allergy  
Therapeutics, ALK-Abello, Astra-Zeneca, GSK, Merck, MSD,  
Novartis, Sanofi

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Participation in a company sponsored speaker's bureau:

Allergy Therapeutics, Astra-Zeneca, Chiesi, Diater, GSK, Leti,  
Novartis, Sanofi

Stock shareholder: NONE

Spouse/partner: NONE

Other support (please specify):

**Signature:**

**Date: 13/03/2023**



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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 Rome Italy Catholic University of Sacre Heart.....UOSD DH Internal Medicine and Digestive Disease.....

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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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**Signature:**

**15 Apr 2023**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Amelia Licari .....

AFFILIATION: University of Pavia, Fondazione IRCCS Policlinico San Matteo, Pavia, 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Novartis, GSK, Sanofi

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 6-Apr-2023





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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Matteo Bonini

AFFILIATION: Università Cattolica del Sacro Cuore, Rome, 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, Chiesi, GSK, Sanofi

Receipt of honoraria or consultation fees:

AstraZeneca, Boehringer Ingelheim, Chiesi, Grifols, GSK, Menarini, Sanofi

Participation in a company sponsored speaker’s bureau:

AstraZeneca, Chiesi, GSK, Menarini, Sanofi

Stock shareholder:

/

Spouse/partner:

/

Other support (please specify):

/

Signature:

Date: 06/04/2023



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Mohamed Shamji

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:

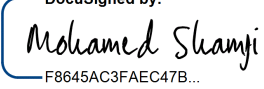
Spouse/partner:

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Other support (please specify):

**Signature:**  F8645AC3FAEC47B...

**Date:** 23-Nov-2022