



Conflict of Interest Disclosure Form:

Update: #3

Because CME activities are conducted in the public interest, it is important to assure the public that education received by physicians and other health care professionals is conducted with the highest integrity and scientific objectivity, and in the absence of bias. A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the product or services of that commercial interest. The Accreditation Council for Continuing Medical Education (ACCME) holds providers of CME responsible for collecting information from all authors, planners, and reviewers of CME content and resolving any conflicts prior to the commencement of the CME activity. *The Oncologist* has the utmost faith in the integrity of the individuals who present educational activities. However, to avoid the appearance of any conflict of interest, and to comply with the ACCME Standards for Commercial Support, the following form has been adopted to identify and resolve any potential conflicts of interest.

CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST: All persons who affect the content of a CME activity are required to disclose financial relationships or relationships to products or devices they have with commercial interests associated with this CME activity **of any amount** over the **past 12 months**. A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Relationships with governmental agencies (e.g., the NIH), do not have to be disclosed. In addition, honoraria (or fee-for-service) or consulting funds **from a CME provider** do not need to be disclosed. **In addition to personal disclosure, you must disclose financial relationships your spouse or life partner has with applicable commercial interests. A spouse or life partner's disclosure information should be included with your disclosure information in the table below (and specified accordingly).**

In accordance with ACCME requirements, **failure to provide disclosure information in an accurate and/or timely manner will result in your disqualification from this activity.**

Information Given

Your Name: Mr. Anthony M Altemara

Your Email: anthony@altemarait.com

Have you and/or your spouse/life partner had any of the following Financial or Corporate Relationships (WITHIN THE LAST 12 MONTHS)?

If "Yes", please specify your interest(s) WITHIN THE PAST 12 MONTHS:

Employment / Leadership Position? No
 Intellectual Property Rights / Patent Holder? No
 Consultant / Advisory Role? No
 Honoraria Received Directly from Commercial
 Interest or Their Agents (e.g., speakers' bureaus)? No
 Research Funding / Contracted Research? No
 Ownership Interest (stocks, stock options, or other
 ownership interest excluding diversified mutual
 funds)? No
 Expert Testimony? No
 Other? No

I certify that neither I, nor my spouse/life-partner, have any real nor apparent conflicts of interest to report: Yes

By signing below, I represent that the foregoing information is complete and truthful. I will also notify the editorial office if there are any changes in my potential conflicts of interest prior to the publication of this article.

This Conflict of Interest Form has been completed by on his/her own behalf and/or on behalf of [insert name of 'organization/institution and your title].

☐ I hereby assent to the terms of this agreement and accept all obligations it imposes on me and/or on [insert name of 'organization/institution].

I understand that each contributor to the manuscript that is the subject of this agreement is also required to execute a separate Conflict of Interest Form.

Office Use Only: Activity Start Date: _____; Activity End Date:

Name(s) of Commercial Interest(s) Providing Support for This Activity (to date):

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