# PUBLIC DECLARATION OF INTEREST

**Based on the template annexed to the French order provided under article R. 1451-1 of the Public Health Code**

**I, the undersigned, Julio A. Aguirre-Ghiso**

**Acknowledge that I am aware of my obligation to declare all interests, whether direct or indirect, that I have now or have had in the past five years, with any business, establishment or body whose work, technology or products fall within scope of the public health and health safety activities of the French National Cancer Institute at which I currently hold positions or exercise duties, or any collegial body (or bodies), commission(s), board(s), or working group(s) to which I belong or have been asked to provide my expertise, or with the companies or consulting firms operating in the same sectors.**

Article L. 1454-2 of the French Public Health Code "A fine of €30,000 per occurrence shall be imposed on the persons described in items I and II of Article L. 1451-1 and in Article L. 1452-3 who, acting under the conditions provided in said article, wilfully neglect to establish or amend a declaration of interest in order to update the data contained therein or provide false information that undermines the truthfulness of the declaration."

**I am completing this form in my capacity as (multiple responses possible):**

☐ an officer of the French National Cancer Institute: (specify positions held) .....
.....

☒ a member of or advisor to a board, a commission, a committee, or a working group within the French National Cancer Institute: (specify the name) .....
**INTERNATIONAL SCIENTIFIC ADVISORY BOARD**

☐ a person asked to provide expertise to the French National Cancer Institute: (specify the theme/name of the consultancy assignment): .....
.....

☐ other: (specify) .....

The following is my number in the RPPS (Directory of Healthcare Professionals), if I am a healthcare professional:

**I undertake to update my public declaration of interest [PDoI] whenever these interests change. I am required to verify my PDoI at minimum once per year even if there have been no changes.**

**It is my responsibility, upon my receipt of the agenda for each meeting in which I am invited to participate, or for such provision of expert advice as the French National Cancer Institute may wish to entrust to me, to ascertain whether the interests that I have declared or may arise are compatible with my attendance at all or part of such meeting, or my participation in such provision of expert advice. In the event of any incompatibility, it is my responsibility to advise the designated contact person at the French National Cancer Institute and, if appropriate, the chairperson of the meeting prior its starting. In the event of a conflict of interest, my presence may cause the decisions made or recommendations, references or opinions issued to be tainted, and render them null and void.**

Date: Wednesday, September 30th, 2026

Under the provisions of law no. 78-17 of 6 January 1978 as amended on data processing, electronic information and civil liberties, you have the right to access and amend your personal data. You may exercise this right by sending an email to: servicejuridique@institutcancer.fr

The information collected above will be processed electronically, and your declaration (except for any statements not made public) will be published on the INCa website. INCa is responsible for processing it for the purpose of preventing conflicts of interest, by comparing any declared connections with the objectives of the proposed tasks to be performed within INCa or on its behalf.

## 1. Main Occupation(s), remunerated or voluntary, exercised currently and over the past 5 years, full time or part time

☒ **Employment**

| Main Employer(s) | Employer's address and place of practice, if different | Position in the organisation | Specialty or discipline, if applicable | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|---|
| Albert Einstein College of Medicine | 1300 Morris Park Avenue, Bronx, NY 10461 | Professor of Cell Biology and Oncology | Cancer Researech | 1/10/2021 | N/A |
| | | | | | |
| | | | | | |

☐ **Liberal profession**

| Activity | Place of work | Specialty or discipline, if applicable | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

☒ **Other** (volunteer work, work during retirement, etc.)

| Activity | Place of work, if applicable | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|
| Chairman, Scientific Advisory Board | Samuel Waxman Institute for Aging and Cancer | 12/2025 | 1/2027 |
| | | | |
| | | | |

## 2. Secondary occupation(s)

### 2.1. Participation in a decision-making body of a public or private organisation whose work, technology or products fall within the scope of the public health and health safety activities of the French National Cancer Institute or collegial body (or bodies) to which the declaration relates

This relates, in particular, to healthcare establishments, consultancy businesses and advisory board, professional bodies (learned societies, health networks, health workers' association) and associations, including patients' associations.

☒ **I have nothing to declare in this section**

**Currently or in the last 5 years:**

| Organisation *(company, establishment, association)* | Position in the organisation | Compensation | Amount of indemnity (specify frequency if applicable) | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|---|
| | | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>.....<br>..... | | | |
| | | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>.....<br>..... | | | |
| | | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>.....<br>..... | | | |

## 2.2. Consultant, advisor or expert activity (or activities) performed for an organisation that falls within the scope of the public health and health safety activities of the French National Cancer Institute or collegial body (or bodies) to which the declaration relates

This section includes, in particular, activities as an advisor or representative, participation in an advisory board, a working group, audits or the drafting of articles or expert reports.

☐ **I have nothing to declare in this section**

**Currently and in the last 5 years:**

| Organisation *(company, establishment, association)* | Mission | Subject (name of study, product, technology or therapeutic indication) | Compensation | Amount of indemnity (specify frequency if applicable) | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|---|---|
| HiberCell LLC | Cancer therapeutics | Cancer therapeutics | ☐ None<br>☐ X To the declarant<br>☐ To an organisation of which you are a member or employee (specify) ..... ..... | US$ 0 | 2/2025 | NA |
| | | | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify) ..... ..... | | | |
| | | | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify) ..... ..... | | | |

## 2.3. Participation in scientific work and studies for public and/or private organisations that fall within the scope of the public health and health safety activities of the French National Cancer Institute or collegial body (or bodies) to which the declaration relates

### 2.3.1 Involvement in clinical or preclinical trials or epidemiological studies

This section should include mention of any involvement in the execution of non-clinical and preclinical trials or studies (methodological studies, analytical tests, chemical, pharmaceutical, biological, pharmacological or toxicological testing, etc.), or clinical studies, epidemiological studies, medico-economic studies and observational studies on clinical and prescribing practices (in the latter case, indicate the subject).

Membership in monitoring and follow-up committees for clinical trials must be declared in this section.

Persons acting as principal investigators in single-centre studies or as coordinators in national or international multicentre studies are considered "principal investigators." This definition does not include investigators in multicentre studies not acting in a coordinating role - even if they may be referred to elsewhere as "principals." For the purposes hereof they shall be referred to as "investigators."

☒ **I have nothing to declare in this section**

**Currently and in the last 5 years:**

| Sponsoring organisation (*company, establishment, association*) | Funding organisation(s) (if other than the sponsor, and to the best of your knowledge) | Subject (name of study, product, technology or therapeutic indication) | For clinical or preclinical trials or studies, specify: | Compensation | Amount of indemnity (specify frequency if applicable) | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|---|---|---|
| | | | Type of study:<br>☐ Single-centre study<br>☐ Multicentre study<br>Your role:<br>☐ Principal Investigator<br>☐ Principal Experimenter<br>☐ Investigator<br>☐ Non-Principal Experimenter<br>☐ Member of a monitoring and follow-up committee | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>……<br>…… | | | |
| | | | Type of study:<br>☐ Single-centre study<br>☐ Multicentre study<br>Your role:<br>☐ Principal Investigator<br>☐ Principal Experimenter<br>☐ Investigator<br>☐ Non-Principal Experimenter<br>☐ Member of a monitoring and follow-up committee | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>……<br>…… | | | |
| | | | Type of study:<br>☐ Single-centre study<br>☐ Multicentre study<br>Your role:<br>☐ Principal Investigator<br>☐ Principal Experimenter<br>☐ Investigator<br>☐ Non-Principal Experimenter<br>☐ Member of a monitoring and follow-up committee | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>……<br>…… | | | |

### 2.3.2 Other scientific work

☒ **I have nothing to declare in this section**

**Currently and in the last 5 years:**

| Organisation (*company, establishment, association*) | Subject (name of study, product, technology or therapeutic indication) | Compensation | Amount of indemnity (specify frequency if applicable) | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|---|
| | | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>…… | | | |
| | | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>…… | | | |
| | | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>…… | | | |

## 2.4. Drafting of article(s) and presentation(s) at congresses, conferences, symposia, various public meetings or training activities organised or financially supported by private companies or organisations that fall within the scope of the public health and health safety activities of the French National Cancer Institute or collegial body (or bodies) to which the declaration relates

Such drafting of article(s) and presentations must be declared when they have been compensated or have been provided coverage of expenses.

**2.4.1 Drafting of article(s)**

☒ **I have nothing to declare in this section**

**Currently and in the last 5 years:**

| Private company or organisation *(society, association)* | Subject of article | Compensation | Amount of indemnity (specify frequency if applicable) | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|---|
| | | ☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>…… | | | |
| | | ☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>…… | | | |
| | | ☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>…… | | | |

**2.4.2 Oral presentation(s)**

☐ **I have nothing to declare in this section**

**Currently and in the last 5 years:**

| Inviting private company or organisation *(society, association)* | Location and name of the meeting | Subject of presentation, name of concerned product | Coverage of expenses | Compensation | Amount of indemnity (specify frequency if applicable) | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|---|---|---|
| Please see attachment. Some of these have been compensated others have not. I do not retain records of compensation. | Please see attachment. Some of these have been compensated others have not. I do not retain records of compensation. | Please see attachment. Some of these have been compensated others have not. I do not retain records of compensation. | ○ X Yes<br>○ No | ☐ None<br>☐ X To the declarant<br>☐ To an organisation of which you are a member or employee (specify) ……. | Please see attachment. Some of these have been compensated others have not. I do not retain records of compensation. | Please see attachment. Some of these have been compensated others have not. I do not retain records of compensation. | Please see attachment. Some of these have been compensated others have not. I do not retain records of compensation. |
| | | | ○ Yes<br>○ No | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify) ……. | | | |
| | | | ○ Yes<br>○ No | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify) ……. | | | |

## 2.5. Invention or possession of a patent or a product, process or other form of non-patented intellectual property related to the scope of the public health and health safety activities of the French National Cancer Institute or collegial body (or bodies) to which the declaration relates

☒ **I have nothing to declare in this section**

**Currently and in the last 5 years:**

| Nature of the work and name of the patent, product, etc. | Organisation issuing the patent or marketing the product, etc. | Share of profits | Compensation | Amount of indemnity (specify frequency if applicable) | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|---|---|---|
| | | ○ Yes<br>○ No | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>……<br>…… | | | |
| | | ○ Yes<br>○ No | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>……<br>…… | | | |
| | | ○ Yes<br>○ No | ☐ None<br>☐ To the declarant<br>☐ To an organisation of which you are a member or employee (specify)<br>……<br>……<br>…… | | | |

## 3. Management of activities which have received funding from a profit-making organisation whose business activities fall within the scope of the public health and health safety activities of the French National Cancer Institute or collegial body (or bodies) to which the declaration relates

The type of funding may be in the form of subsidies or agreements for studies or research, grants or sponsorship, payments in kind, in cash, equipment.
This relates in particular to chairpersons, treasurers and members of management boards and executive committees, including for associations and learned societies.

☒ **I have nothing to declare in this section**

**Currently and in the last 5 years:**

| Body and activity for which the funding was provided | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* | Profit-making organisation providing the funding and amount contributed by each for the funder(s) with optional indication of the corresponding percentage of the body's budget |
|---|---|---|---|
| | | | |
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## 4. Financial holdings in the capital of a company whose business activities falls within the scope of the public health and health safety activities of the French National Cancer Institute or collegial body (or bodies) to which the declaration relates

In this section, declare any listed or non-listed securities, including shares, bonds or other equity instruments, owned in any relevant sector or company or any subsidiary or part-owned company thereof, to the best of your immediate and reasonable knowledge. Please state the name of the establishment, company or organisation, the type of securities held, and their amount in absolute values and in percentages of capital owned.

Mutual funds, unit trusts such as SICAV or open-end funds, for which the individual has no control of the management or composition of the fund, are excluded from the declaration.

☐ **I have nothing to declare in this section**

**Currently:**

| Organisation concerned | Type of investment | Amount held in absolute value | Percentage of the organisation's capital |
|---|---|---|---|
| HiberCell LLC | Shareholder | $273 | 0.5% |
| | | | |
| | | | |
| | | | |
| | | | |

**5.**

## 6. Elected positions and mandates currently held

☒ **I have no elected positions or mandates to declare**

| Elected office or term (specify constituency) | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|
| | | |
| | | |
| | | |

## 7. Other connections likely to give rise to situations of conflict of interest

Declare only the indemnity received by the declarant.

Example: Invitation to a conference, with no presentation required, with travel/accommodation fees covered or indemnity paid

☒ **I have nothing to declare in this section**

| Element or fact concerned | Comments | Start date *(day (optional) / month / year)* | End date *(day (optional) / month / year)* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**8.**