

The CSEM must ensure balance, independence, objectivity, and scientific rigor in all its accredited educational activities. CSEM adheres to the [National Standard of Support for Accredited CPD Activities](#). Disclosures must be made to the audience whether you do or do not have a relationship to disclose. Disclosures allow participants to make informed decisions regarding any potential bias in the information presented.

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- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Wenhan Chang

Learning Activity / Program Title: Regulation of Tonic PTH Secretion by b-Amyloid Signaling

Date of Learning Activity: July 11, 2025

Please indicate each of the following categories that describe your involvement with this activity:

- ☒ Planning Committee Member ☐ Facilitator ☐ Moderator ☒ Speaker
- ☐ Other, specify

Conflict of Interest

☒ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☐ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

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Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☒ YES ☐ NO ☐ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES ☒ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

☒ YES ☐ NO ☐ N/A

☒ I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Hand Signature: *Wenhan Chang, PhD*

E-signature: ☐ By checking this box, I am giving my digital signature.

Date: July 6, 2025

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Name: Bart L. Clarke, M.D.

Learning Activity / Program Title: Hypoparathyroidism 2025 Summit

Date of Learning Activity: July 11, 2025

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator ☐ Moderator ☒ Speaker

☐ Other, specify

Conflict of Interest

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☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

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Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Ascendis, Takeda.	Institutional funding to conduct phase 2 and 3 clinical trials for Ascendis and Takeda.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☒ YES ☐ NO ☐ N/A

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☐ YES ☒ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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Hand Signature:

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Date: April 30, 2025

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Name: Thomas Gardella, PhD

Learning Activity / Program Title: a. Eneboparatide Basic Research

Date of Learning Activity: 11 July 2025

Please indicate each of the following categories that describe your involvement with this activity:

x Planning Committee Member ☐ Facilitator ☐ Moderator x Speaker

☐ Other, specify

Conflict of Interest

☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

x I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Amolyt Pharmaceutical Co.	Received milestone payments for licensing of Eneboparatide.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Amolyt Pharmaceutical Co.	Inventor on a patent for Eneboparatide licensed to Amolyt Pharmaceutical co.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

x YES ☐ NO ☐ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES xNO ☐ N/A

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x YES ☐ NO ☐ N/A

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☐ YES ☐ NO x N/A

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

x YES ☐ NO ☐ N/A

x I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Hand Signature:



E-signature: x By checking this box, I am giving my digital signature.

Date: 04/30/25

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Name: Ghada El-Hajj Fuleihan, MD, MPH, FRCP

Learning Activity / Program Title: Hypoparathyroidism 2025 Summit

Date of Learning Activity: July 11

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator X ☒ **Moderator** ☐ Speaker

☐ Other, specify

Conflict of Interest

☒ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☐ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

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Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☐ YES ☐ NO ☒ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES ☐ NO ☒ N/A

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☒ YES ☐ NO ☐ N/A

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☐ YES ☐ NO ☒ N/A

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☐ YES ☐ NO ☒ N/A

X ☐ I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Hand Signature:

E-signature: X ☐ By checking this box, I am giving my digital signature.

Date: July 7, 2025

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Name: Caroline Gorvin

Learning Activity / Program Title: Hypoparathyroidism 2025 Summit

Date of Learning Activity: 11th July 2025

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator ☐ Moderator ☒ Speaker

☐ Other, specify

Conflict of Interest

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☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Springer Nature	Receipt of honoraria for editing text-books.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Wellcome Trust, Royal Society and Novo Nordisk Fonden.	I have received grant funding from these organizations. The organizations have no role in data interpretation and decisions to publish.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	BridgeBio Pharma	I have acted as a consultant on projects related to calcium-sensing receptor variants.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☒ YES ☐ NO ☐ N/A

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☐ YES ☒ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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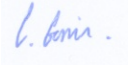
☒ YES ☐ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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Hand Signature:



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Date: 30/04/25

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Name: Michael A. Levine

Learning Activity / Program Title: Parathyroid Summit

Date of Learning Activity: July 11, 2025

Please indicate each of the following categories that describe your involvement with this activity:

☒ Planning Committee Member ☐ Facilitator ☒ Moderator ☒ Speaker

☐ Other, specify

Conflict of Interest

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☐ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	1. Takara	1. PARADIGM registry steering committee.
Funded grants or clinical trials	1. AstraZeneca/Alexion/Amolyt Pharma 2. Bridgebio Pharma	1. Site PI for Calypso trial (NCT05778071) of eneboparatide 2. Site PI for Phase 3 clinical trial for encalaret (CALIBRATE)
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☒ YES ☐ NO ☐ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES ☒ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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Date: 20 June 2025

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- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Noriko Makita

Learning Activity / Program Title: The Hypoparathyroidism 2025 Summit

Date of Learning Activity: 11 July, 2025

Please indicate each of the following categories that describe your involvement with this activity:

☒ Planning Committee Member ☐ Facilitator ☒ ☒ Moderator ☐ Speaker

☐ Other, specify

Conflict of Interest

☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

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Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Teijin Pharma Co., Ltd.	Advisory board membership
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☐ YES ☐ NO ☒ N/A

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☐ YES ☐ NO ☒ N/A

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☐ YES ☐ NO ☒ N/A

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☐ YES ☐ NO ☒ N/A

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☐ YES ☐ NO ☒ N/A

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Hand Signature:

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Date: 8 July, 2025

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- Membership on advisory boards or speakers' bureaus;
- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Michael Mannstadt, MD

Learning Activity / Program Title: Diagnosis of Hypoparathyroidism: Unmet Needs

Date of Learning Activity: July 11, 2025

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator ☐ Moderator ☒ Speaker

☐ Other, specify

Conflict of Interest

☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Alexion, Ascendis	Advisor
Membership on advisory boards or speakers' bureaus	Bridgebio Takeda	Member of the clinical advisory committee
Funded grants or clinical trials	Bridgebio Alexion	Site-PI for clinical trials
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☒ YES ☐ NO ☐ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES ☒ NO ☐ N/A

I acknowledge that the [National Standard of Support for Accredited CPD Activities](#) requires that any description of therapeutic options utilize generic names and not reflect exclusivity and branding.

☒ YES ☐ NO ☐ N/A

I have obtained all necessary rights and permissions and will ensure appropriate acknowledgements in my presentation. CSEM assumes no responsibility for your presentation.

☒ YES ☐ NO ☐ N/A

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

☒ YES ☐ NO ☐ N/A

☒ I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Hand Signature:

E-signature: ☒ By checking this box, I am giving my digital signature.

Date: 6/19/25

Michael Mannstadt



**DISCLOSURE OF CONFLICT OF INTEREST
PLANNING COMMITTEE MEMBER /
SPEAKER / MODERATOR / FACILITATOR**

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- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Richard DiMarchi

Learning Activity / Program Title: Parathyroid Summit

Date of Learning Activity: July 11, 2025

Please indicate each of the following categories that describe your involvement with this activity:

+ Speaker



**DISCLOSURE OF CONFLICT OF INTEREST
PLANNING COMMITTEE MEMBER /
SPEAKER / MODERATOR / FACILITATOR**

Conflict of Interest

✚ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	MBX Biosciences	Co-Founder of the Company
Membership on advisory boards or speakers' bureaus	MBX Biosciences	Research Consultant
Funded grants or clinical trials	MBX Biosciences	Research Contract at Indiana University to support discovery research
Patents on a drug, product or device	MBX Biosciences	Pending Patents at Indiana University licensed for development at MBX
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	MBX Biosciences	Holder of Company Stock

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

YES

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

NO

I acknowledge that the [National Standard of Support for Accredited CPD Activities](#) requires that any description of therapeutic options utilize generic names and not reflect exclusivity and branding.

YES



**DISCLOSURE OF CONFLICT OF INTEREST
PLANNING COMMITTEE MEMBER /
SPEAKER / MODERATOR / FACILITATOR**

I have obtained all necessary rights and permissions and will ensure appropriate acknowledgements in my presentation. CSEM assumes no responsibility for your presentation.

YES

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

YES

YES, I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Hand Signature:

Eric D. Marc C.

Date: May 13, 2025

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- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Kelly Roszko MD PhD

Learning Activity / Program Title: 2025 Parathyroid Summit

Date of Learning Activity: 7/11/2025

Please indicate each of the following categories that describe your involvement with this activity:

☒ Planning Committee Member ☐ Facilitator ☐ Moderator ☒ Speaker

☐ Other, specify

Conflict of Interest

☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Calcilytix	The NIDCR receives funds from Calcilytix
Patents on a drug, product or device	Calcilytix	I am named on patents from the company Calcilytix, but these are as a government employee.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☒ YES ☐ NO ☐ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☒ YES ☐ NO ☐ N/A

I acknowledge that the [National Standard of Support for Accredited CPD Activities](#) requires that any description of therapeutic options utilize generic names and not reflect exclusivity and branding.

☒ YES ☐ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

☒ YES ☐ NO ☐ N/A

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Hand Signature:

E-signature: ☒ By checking this box, I am giving my digital signature.

Date: 6/30/2025

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- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Jad Sfeir

Learning Activity / Program Title: Parathyroid Summit

Date of Learning Activity: 7/11/2025

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator ☒ Moderator ☐ Speaker

☐ Other, specify

Conflict of Interest

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Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☐ YES ☐ NO ☒ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES ☐ NO ☒ N/A

I acknowledge that the [National Standard of Support for Accredited CPD Activities](#) requires that any description of therapeutic options utilize generic names and not reflect exclusivity and branding.

☒ YES ☐ NO ☐ N/A

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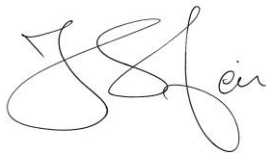
☐ YES ☐ NO ☒ N/A

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☐ YES ☐ NO ☒ N/A

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Hand Signature:



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Date: 4/30/2025

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- Patents on a drug, product or device;
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- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Heide Siggelkow

Learning Activity / Program Title: Quality of Life in Hypoparathyroidism – unmet needs

Date of Learning Activity: July 10th 2025

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator ☐ Moderator ☒ Speaker

☐ Other, specify

Conflict of Interest

☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	MSD, Lilly, GSK, Servier, Amgen, Takeda, Merck/Serono, UCB, Kyowa Kirin, Alexion, Biomarin, Bridge Bio, Ascendis.	Speaker engagements
Membership on advisory boards or speakers' bureaus	MSD, Lilly, Amgen, Servier, Takeda, UCB, Kyowa Kirin, Ipsen, Ascendis	Advisory boards
Funded grants or clinical trials	Takeda; Ascendis	Research grant
Patents on a drug, product or device	none	none
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Treasurer of the German Society of Osteology, Board member ECTS, Member of Rare Bone Disease Group of ECTS, Member of ESE Hypopara Patient Forum 2025 - programme planning, ESE Rare-CaPaB Hypoparathyroidism lead.	Engagement in different societies

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☒ YES ☐ NO ☐ N/A

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☐ YES ☒ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

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☒ YES ☐ NO ☐ N/A

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

☒ YES ☐ NO ☐ N/A I will take out the non-published slides in the PDF version

x ☐ I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Hand Signature:

E-signature: x ☐ By checking this box, I am giving my digital signature.

Date: 8 th of July 2025

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- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Karen Winer

Learning Activity / Program Title: Parathyroid Summit 2025 (ENDO pre-meeting)

Date of Learning Activity: July 11, 2025

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator ☐ Moderator ☒ Speaker

☐ Other, specify

Conflict of Interest

xx ☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☐ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

x ☐ YES ☐ NO ☐ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

x ☐ YES ☐ NO ☐ N/A

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x ☐ YES ☐ NO ☐ N/A

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x ☐ YES ☐ NO ☐ N/A

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x ☐ YES ☐ NO ☐ N/A

xx ☐ I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Hand Signature:

E-signature: xx ☐ By checking this box, I am giving my digital signature.

Date: 6/23/25

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- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Hao Zuo

Learning Activity / Program Title: Parathyroid Summit 2025

Date of Learning Activity: July 11, 2025

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator ☐ Moderator ☒ Speaker

☐ Other, specify

Conflict of Interest

☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Columbia University	Employee/Associate Research Scientist
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☒ YES ☐ NO ☐ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES ☐ NO ☒ N/A

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☐ YES ☐ NO ☒ N/A

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☒ YES ☐ NO ☐ N/A

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

☒ YES ☐ NO ☐ N/A

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Hand Signature:

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Date: 4/30/2025

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Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. Disclosures for committee members, moderators, authors, etc. will be included in written conference materials. Any individual who fails to disclose their relationships cannot participate as a planning committee member, speaker, moderator, facilitator or author of an accredited CPD activity. You must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area. The description of therapeutic options must utilize generic names and not reflect exclusivity and branding.

A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest (e.g.: a patients' welfare, the validity of research and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues). Conflicts of interest may be real (two or more interests are indisputably in conflict) or perceived (the appearance of conflict as judged by outside observers regardless of whether conflict actually exists).

You must disclose *all relationships with for-profit and not-for-profit organizations over the previous 2 years* regardless of their relevance to the subject matter being discussed or presented, including (but not necessarily limited to):

- Any direct financial payments including receipt of honoraria;
- Membership on advisory boards or speakers' bureaus;
- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Arthur Conigrave

Learning Activity / Program Title: Session entitled 'Parathyroid cell therapies', Moderator

Date of Learning Activity: 11 July 2025

Please indicate each of the following categories that describe your involvement with this activity:

☒ Planning Committee Member ☐ Facilitator ☒ Moderator ☐ Speaker

☐ Other, specify

Conflict of Interest

☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Septerna	Consultant
Membership on advisory boards or speakers' bureaus	Bowel Cancer Research Foundation of Australia	Director of Board
Funded grants or clinical trials	Bridgebio – Calcilytix	Funded research project
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☐ YES ☒ NO ☐ N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES ☒ NO ☐ N/A

I acknowledge that the [National Standard of Support for Accredited CPD Activities](#) requires that any description of therapeutic options utilize generic names and not reflect exclusivity and branding.

☒ YES ☐ NO ☐ N/A

I have obtained all necessary rights and permissions and will ensure appropriate acknowledgements in my presentation. CSEM assumes no responsibility for your presentation.

☐ YES ☐ NO ☒ N/A

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

☐ YES ☒ NO ☐ N/A

☒ I acknowledge that the above information is accurate, and I understand that this information will be publicly available.

Hand Signature:

E-signature: ☒ By checking this box, I am giving my digital signature.

Date: 10 July 2025



**DISCLOSURE OF CONFLICT OF INTEREST
PLANNING COMMITTEE MEMBER /
SPEAKER / MODERATOR / FACILITATOR**

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A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest (e.g.: a patients' welfare, the validity of research and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues). Conflicts of interest may be real (two or more interests are indisputably in conflict) or perceived (the appearance of conflict as judged by outside observers regardless of whether conflict actually exists).

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- Any direct financial payments including receipt of honoraria;
- Membership on advisory boards or speakers' bureaus;
- Funded grants or clinical trials;
- Patents on a drug, product or device;
- Holding a position in the organization;
- Playing some other role of benefit to the organization;
- All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

Name: Mishaela Rubin

Learning Activity / Program Title: Hypoparathyroidism Summit

Date of Learning Activity: July 11, 2025

Please indicate each of the following categories that describe your involvement with this activity:

☐ Planning Committee Member ☐ Facilitator ☒ Moderator ☐ Speaker

☐ Other, specify



**DISCLOSURE OF CONFLICT OF INTEREST
PLANNING COMMITTEE MEMBER /
SPEAKER / MODERATOR / FACILITATOR**

Conflict of Interest

☐ I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

☒ I have a relationship with a for-profit and/or a not-for-profit organization to disclose.

If you have a conflict of interest to disclose, indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Ascendis, Amolyt/ Alexion, MBX	Member
Funded grants or clinical trials	Ascendis, Amolyt/Alexion, MBX	Site PI
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

I am including a slide in the educational activity which indicates whether I do or do not have relationships to disclose.

☐ YES ☐ NO ☐ N/A X

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e.: off-label use). *You must declare all off-label use to the audience during your presentation.*

☐ YES ☐ NO ☐ N/A X

I acknowledge that the [National Standard of Support for Accredited CPD Activities](#) requires that any description of therapeutic options utilize generic names and not reflect exclusivity and branding.

☐ YES X ☐ NO ☐ N/A

I have obtained all necessary rights and permissions and will ensure appropriate acknowledgements in my presentation. CSEM assumes no responsibility for your presentation.

☐ YES ☐ NO ☐ N/A X

I agree to allow my presentation to be recorded and available to participants for 1 year from the presentation date.

☐ YES ☐ NO ☐ N/A X

DocuSigned by:
Mishaela Rubin
400B08726748439...

7/10/2025

Please sign—by hand or digitally—and return by email to: info@endo-metab.ca



**DISCLOSURE OF CONFLICT OF INTEREST
PLANNING COMMITTEE MEMBER /
SPEAKER / MODERATOR / FACILITATOR**

☐ I acknowledge that the above information is accurate, and I understand that this information will be publicly available. X

Hand Signature:

E-signature: ☐ By checking this box, I am giving my digital signature. X

Date: 7/10/25