

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.

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: Matthieu St-Jean

Learning Activity Title: Practice-changing Research

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 | Recordati rare disease GlaxoSmithKline | Presentation honorarium Presentation honorarium |
| Membership on advisory boards or speakers' bureaus | Medunik Canada | Advisory board |
| Funded grants or clinical trials | Astra Zeneca Novo Nordisk Spruce biosciences | PI of clinical trials Sub-I of clinical trials PI of 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: 2024-12-09**