

## **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**                      **Naomi Taylor**.....

**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 [PDol] whenever these interests change. I am required to verify my PDol 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: 15/4/2023

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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](mailto: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)
National Institutes of Health		Senior Investigator	Pediatric Oncology Branch	9/2018	
Institut de Génétique Moléculaire de Montpellier, UMR5535		DR1, Deputy Directeur		9/96	9/18
Institut de Génétique Moléculaire de Montpellier, UMR5535		Professeur Adjoint		9/18	

**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)

## 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)
AFM-Telethon	Vice President, Scientific Council	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			
Regensburg Cancer Center, Germany	Scientific Advisory Board	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			
Hopital San Raffaele, Italy	Scientific Advisory Board	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			

**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: Please note that the activities in 2.1 could be here as well**

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)
FRM	Medical Research in France	Grant support	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			
American Society of Hematology		Scientific Board	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			
			<input type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> 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 ( <i>company, establishment, association</i> )	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 ( <i>day (optional) / month / year</i> )	End date ( <i>day (optional) / month / year</i> )
NCI, NIH		A Phase II Study of Allogeneic Hematopoietic Stem Cell Transplant for Patients with Inborn Errors of Immunity	<u>Type of study:</u> <input checked="" type="checkbox"/> Single-centre study <input type="checkbox"/> Multicentre study  <u>Your role:</u> <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Principal Experimenter <input checked="" type="checkbox"/> Investigator <input type="checkbox"/> Non-Principal Experimenter <input type="checkbox"/> Member of a monitoring and follow-up committee	<input checked="" type="checkbox"/> None  <input type="checkbox"/> To the declarant  <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			
NCI, NIH		LTFU Gene Therapy	<u>Type of study:</u> <input checked="" type="checkbox"/> Single-centre study <input type="checkbox"/> Multicentre study  <u>Your role:</u> <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Principal Experimenter <input checked="" type="checkbox"/> Investigator <input type="checkbox"/> Non-Principal Experimenter <input type="checkbox"/> Member of a monitoring and follow-up committee	<input checked="" type="checkbox"/> None  <input type="checkbox"/> To the declarant  <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			

NCI, NIH		P205422 Phase 1/2 Dose Escalation Study of CD19/CD22 Bicistronic Chimeric Antigen Receptor (CAR) T Cells in Children and Young Adults with Recurrent or Refractory CD19/CD22-expressing B Cell Malignancies	<u>Type of study:</u> <input checked="" type="checkbox"/> Single-centre study <input type="checkbox"/> Multicentre study  <u>Your role:</u> <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Principal Experimenter <input checked="" type="checkbox"/> Investigator <input type="checkbox"/> Non-Principal Experimenter <input type="checkbox"/> Member of a monitoring and follow-up committee	X None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			
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**2.3.2 Other scientific work**

**X 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)
		<input type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			
		<input type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			
		<input type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			

**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 ( <i>society, association</i> )	Subject of article	Compensation	Amount of indemnity (specify frequency if applicable)	Start date ( <i>day (optional) / month / year</i> )	End date ( <i>day (optional) / month / year</i> )
		<input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			
		<input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			
		<input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... .....			

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 ( <u>society</u> , <u>association</u> )	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)
Oncode	Amsterdam	Oncode Annual Conference 2022	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			
Agilent	Virtual 2022	HSC and metabolism	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			
Clinical Immunology Society	virtual	Annual Meeting 2021	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			
NCI, NIH	virtual	Clinical Cancer Research Young Investigator Meeting 2021	<input type="radio"/> No	None			



American Society for Virology (ASV) Meeting	virtual	Annual Meeting 2021	<input type="radio"/> No	None			
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**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)
Patent on generation of CAR T cells	Metafora BioSystems	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			
Patent on the generation of CAR T cells against the HERV-K antigen (for treatment of glioblastoma)	NIH	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			
		<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> None <input type="checkbox"/> To the declarant <input type="checkbox"/> To an organisation of which you are a member or employee (specify) ..... ..... .....			

**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 <i>(day (optional) / month / year)</i>	End date <i>(day (optional) / month / year)</i>	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

**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