

The document consists of three parts, your Personal Details, the Public declaration of interests and the Confidentiality undertaking. **All parts should be duly completed.**

SECTION 1: PERSONAL DETAILS

First Name Andreas Christian

Last Name Wicki Iso

Organisation / Company: University and University Hospital Zurich

Country: Switzerland

Committee: extraordinary HMEC-Expert

I do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in the pharmaceutical industry are those listed below:

Please specify the interests that you currently have (at the time of completion of the form) or have had within the past 5 years.

SECTION 2: PUBLIC DECLARATION OF INTERESTS

2.1 Employment ⁱⁱ No Yes

ⁱⁱ Employment in a pharmaceutical company.

(Pharmaceutical company includes supply or service companies which contribute to the research, development, production and maintenance of a medicinal product)

2.2 Consultancy ⁱⁱⁱ No Yes

ⁱⁱⁱ Provision of advice or services to a pharmaceutical company (in a particular field such as the development of a product) regardless of contractual arrangements or any form of remuneration. (Pharmaceutical company includes supply or service companies which contribute to the research, development, production and maintenance of a medicinal product)

Note: Conference / Seminar attendance is not considered as consultancy but should be indicated under Financial Interests, if subject to a fee / honoraria.

2.3 Strategic Advisory Role ^{iv} No Yes

^{iv} Participation (with a right to vote on/influence the outputs) in a (Scientific) Advisory Board/Steering Committee with the role of providing advice/expressing opinions on the (future) strategy, direction or development activities of a pharmaceutical company, either in terms of general strategy or product related strategy, regardless of contractual arrangements or any form of remuneration. Pharmaceutical company includes supply or service companies which contribute to the research, development, production and maintenance of a medicinal product).

Note: Involvement in Data Safety Monitoring Committees is not included in this category. Such involvement should be recorded under section 2.6 Principal Investigator Involvement in clinical research should be listed under section 2.6 or 2.7 as appropriate.

2.4 Current Financial Interests ^v No Yes

^v Financial interests relate to:

CURRENT Holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pension. Compensation, fees, honoraria, salaries **CURRENTLY** being paid directly to you by a pharmaceutical company, other than payment for expenses incurred with research work or re-imbusement of reasonable expenses incurred in relation to conference/seminar attendance (i.e. accommodation and travel costs).

(**CURRENT** is interpreted at time of completion of this form).

2.5 Patent ^{vi} No Yes

^{vi} Relates to a patent for a medicinal product/competitor product **CURRENTLY** owned by either the individual or the individual's Institution, and the individual is a beneficiary. (**CURRENT** is interpreted at time of completion of this form)

2.6 Principal Investigator ^{vii} No Yes

^{vii} Principal Investigator with the responsibility for the coordination of investigators at different centres participating in a multicentre trial or the leading investigator of a monocentre trial, or the coordinating (principal) investigator signing the clinical study report. This definition does not include a national coordinating investigator in a multinational trial. Involvement in Data Safety Monitoring Committee should be included in this section.

Principal Investigator¹

Period:² Current Past

Funding paid into an institutional account with shared power of disposition³: No Yes

From Month: 12 From Year: 2013 To Month: 06 Tp Year: 2016

Name of Pharmaceutical Company:⁴ Piquor Pharmaceuticals

Product Name⁵: PQR309

Therapeutic Indication: Phase 1 in solid tumors

Principal Investigator¹

Period:² Current Past

Funding paid into an institutional account with shared power of disposition³: No Yes

From Month: 01 From Year: 2019 To Month: 12 Tp Year: 2020

Name of Pharmaceutical Company:⁴ Swiss Tumor Profiler Consortium (University Hospital Basel, University Hospital Zurich, University of Zurich, ETH Zurich, F. Hoffmann-La Roche)

Product Name⁵: none

Therapeutic Indication: observational trial investigating solid and liquid tumor samples on 6 experimental platforms

- 1 Please indicate all trials for which you are acting or have acted as **Principal Investigator**.
- 2 Please indicate activities which are currently ongoing. Indicate starting date (month / year). Note: Current -is interpreted as the time of completion of the form. Should you engage in future activities of this nature, you will need to update your Declaration of Interest form accordingly. For activities that are no longer ongoing and that have been completed within the specified time, please indicate starting and end date (month / year).
- 3 Please indicate 'No' if you are the only person with power of disposition for banking matters.
- 4 Pharmaceutical company: also includes supply or service companies which contribute to the research, development, production and maintenance of a medicinal product.
- 5 Please indicate trade name and active substance. Please provide as detailed an indication as possible, in order to allow evaluation of this declared interest with respect to any products in which you may be involved as part of Swissmedic activity.

2.7 Investigator ^{viii} No Yes

^{viii} Investigator involved in a clinical trial at a specific trial site who can be the responsible lead investigator of the trial at that specific site or a member of the clinical trial team who performs critical trial related procedures and makes important trial related decisions.

Investigator¹

Period:² Current Past

Funding paid into an institutional account with shared power of disposition³: No Yes

From Month: 01 From Year: 2012 To Month: 12 To Year: 2014

Therapeutic Indication: colorectal cancer

Product Name⁴: MARVERICC trial (folfox/bevacizumab vs folfiri/bevacizumab)

Name of Pharmaceutical Company:⁵ Roche

Investigator¹

Period:² Current Past

Funding paid into an institutional account with shared power of disposition³: No Yes

From Month: 06 From Year: 2015 To Month: 06 To Year: 2017

Therapeutic Indication: neuroendocrine cancers

Product Name⁴: PDR001

Name of Pharmaceutical Company:⁵ Novartis

Investigator¹

Period:² Current Past

Funding paid into an institutional account with shared power of disposition³: No Yes

From Month: 06 From Year: 2016 To Month: 06 To Year: 2017

Therapeutic Indication: melanoma

Product Name⁴: nivolumab

Name of Pharmaceutical Company:⁵ Bristol Myers Squibb

Investigator¹

Period:² Current Past

Funding paid into an institutional account with shared power of disposition³: No Yes

From Month: 01 From Year: 2016 To Month: 06 To Year: 2016

Therapeutic Indication: gastric cancer

Product Name⁴: prembolizumab

Name of Pharmaceutical Company:⁵ MSD

- 1 Please indicate all trials for which you are acting or have acted as an **Investigator**.
- 2 Please indicate activities which are currently ongoing. Indicate starting date (month / year). Note: Current -is interpreted as the time of completion of the form. Should you engage in future activities of this nature, you will need to update your Declaration of Interest form accordingly. For activities that are no longer ongoing and that have been completed within the specified time, please indicate starting and end date (month / year).
- 3 Please indicate 'No' if you are the only person with power of disposition for banking matters.
- 4 Please indicate trade name and active substance. Please provide as detailed an indication as possible, in order to allow evaluation of this declared interest with respect to any products in which you may be involved as part of Swissmedic activity.
- 5 Pharmaceutical company: ALSO includes supply or service companies which contribute to the research, development, production and maintenance of a medicinal product.

2.8 Grant / Funding to Institution ^{ix} No Yes

^{ix} Refers to a grant or other funding from a pharmaceutical company, **CURRENTLY** being received (as far as the individual is aware) by an institution (please indicate funding to the smallest institutional unit) or an organisation (e.g. patient organisation), irrespective of whether or not the individual is employed or is a volunteer, and the individual receives no personal gain.

Grant or other Funding¹

Funding paid into an institutional account with shared power of disposition²: No Yes

Name of Pharmaceutical Company ³	Subject Matter	≥ 500 TCHF	Add
Roche	University Hospital Basel, Tumor Profiler Study	<input type="radio"/> No <input checked="" type="radio"/> Yes	X

- 1 Please indicate any grants or other funding received by your institutional unit from a pharmaceutical company and you receive no personal gain; or where your Organisation (e.g. Patient Organisation) receives a grant or other funding from a pharmaceutical company and you (irrespective if you are employed by the Organisation or are a volunteer) receive no personal gain.
- 2 Please indicate 'No' if you are the only person with power of disposition for banking matters.
- 3 Pharmaceutical company: also includes supply or service companies which contribute to the research, development, production and maintenance of a medicinal product.

Further to the interests declared above, I do hereby declare on my honour that I do not have any other interests or facts that should be made known to Swissmedic, the Swiss Agency for Therapeutic Products and the public.

In case of any other facts or interests of related parties, please specify:

Should there be any change to the above due to the fact that I acquire additional interests, I shall promptly notify **Swissmedic** and complete a new Declaration of Interests detailing the changes. This declaration does not discharge me from my obligation to declare any potential conflicting interest(s) at the start of any Swissmedic Activity in which I participate.

SECTION 3: CONFIDENTIALITY UNDERTAKING

In view of the following definitions:

“**Swissmedic Activities**” encompass any meeting (including meeting preparation and follow-up, associated discussion or any other related activity) or work as a member of the Swissmedic Medicines Expert Committees.

“**Confidential Information**” means all information, facts, data and any other matters of which I acquire knowledge, either directly or indirectly, as a result of my Swissmedic Activities.

“**Confidential Documents**” mean all drafts, preparatory information, documents and any other material, together with any information contained therein, to which I have access, either directly or indirectly, as a result of my participation in Swissmedic Activities. Furthermore, any records or notes made by me relating to Confidential Information or Confidential Documents shall be treated as Confidential Documents.

I understand that I may be invited to participate either directly or indirectly in certain Swissmedic activities and hereby undertake:

- **to treat all Confidential Information and Confidential Documents under conditions of strict confidentiality.**
- **not to disclose (or authorise any other person to disclose) in any way to any third party¹ any Confidential Information or Confidential Document.**
- **not to use (or authorise any other person to use) any Confidential Information or Confidential Document other than for the purposes of my work in connection with Swissmedic activities.**
- **to dispose of Confidential Documents as confidential material as soon as I have no further use for them.**
- **to comply with the Code of the Swissmedic Medicines Expert Committees.**

This undertaking shall not be limited in time, but shall not apply to any document or information that I can reasonably prove was known to me before the date of this undertaking or which becomes public knowledge other than as a result of a breach of any of the above undertakings.

I confirm that I allow all my contracting partners of the pharmaceutical industry to announce in the Pharma-Kooperations-Kodex (PKK) any payments falling under the scope of the PKK.

I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the Swissmedic website.

¹ Third party does not include Swissmedic employees or other SMEC Members.

Full Name: Andreas Christian Wicki Iso

Date: 04.02.2021

Signature: