

#48

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 09, 2024 6:46:55 PM
Last Modified: Friday, August 09, 2024 6:48:19 PM
Time Spent: 00:01:24
IP Address: 24.71.68.188

Page 1: Disclosure information

Q1

Check the box and click "Next." This confirms you have read and agree with the above requirements.

Do you agree with the above requirements? If so, please check the box below. Then click "Next" to make your disclosure.

Page 2: COI Disclosure Form

Q2

Name

Catherine Allaire

Q3

Date

08/09/2024

Today's Date

Q4

Speaker / Presenter

What is your role in this year's CanSAGE CPD activity? Select all that apply.

Q5

Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q6

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

Abbvie, Pfizer

Membership on advisory boards or speakers' bureaus

Abbvie, Pfizer

Q7

No

For speakers/presenters only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q8

Yes

For speakers/presenters only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q9

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#56

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 12, 2024 2:18:33 AM
Last Modified: Monday, August 12, 2024 2:22:25 AM
Time Spent: 00:03:51
IP Address: 24.67.170.214

Page 1: Disclosure information

Q1

Do you agree with the above requirements? If so, please check the box below. Then click "Next" to make your disclosure.

Check the box and click "Next." This confirms you have read and agree with the above requirements.

Page 2: COI Disclosure Form

Q2

Name

Liane Belland

Q3

Today's Date

Date

08/11/2024

Q4

What is your role in this year's CanSAGE CPD activity? Select all that apply.

Other (please specify):
EndoSURG presenter

Q5

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Yes

Q6

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria	Abbvie, Pfizer, Bayer- speaker boards, NAB
Membership on advisory boards or speakers' bureaus	Abbvie, Pfizer National Advisory Boards (NAB)
Funded grants or clinical trials	Nil
Patents on a drug, product or device	Nil
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	Nil

Q7

Yes

For speakers/presenters only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q8

Yes

For speakers/presenters only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q9

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#59

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 19, 2024 7:44:54 PM
Last Modified: Monday, August 19, 2024 7:47:49 PM
Time Spent: 00:02:54
IP Address: 107.179.233.110

Page 1: Disclosure information

Q1 **Check the box and click "Next." This confirms you have read and agree with the above requirements.**

Do you agree with the above requirements? If so, please check the box below. Then click "Next" to make your disclosure.

Page 2: COI Disclosure Form

Q2

Name

Olga Bougie

Q3 Date **08/19/2024**

Today's Date

Q4 **Speaker / Presenter**

What is your role in this year's CanSAGE CPD activity?
Select all that apply.

Q5 Yes

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q6

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

Abbvie (speaker), Pfizer (speaker)

Membership on advisory boards or speakers' bureaus

Abbvie, Pfizer (advisory boards)

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

Organon (DMC member)

Q7

No

For speakers/presenters only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q8

Yes

For speakers/presenters only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q9

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#53

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, August 11, 2024 9:24:39 AM
Last Modified: Sunday, August 11, 2024 9:34:13 AM
Time Spent: 00:09:34
IP Address: 142.126.112.45

Page 1: Disclosure information

Q1

Do you agree with the above requirements? If so, please check the box below. Then click "Next" to make your disclosure.

Check the box and click "Next." This confirms you have read and agree with the above requirements.

Page 2: COI Disclosure Form

Q2

Name

Fady Williamson Mansour

Q3

Today's Date

Date

08/11/2024

Q4

What is your role in this year's CanSAGE CPD activity? Select all that apply.

Speaker / Presenter

Q5

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Yes

Q6

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria

AbbVie

Membership on advisory boards or speakers' bureaus

Pfizer

Q7

Yes

For speakers/presenters only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q8

Yes

For speakers/presenters only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q9

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#54

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, August 11, 2024 10:35:19 AM
Last Modified: Sunday, August 11, 2024 10:36:29 AM
Time Spent: 00:01:09
IP Address: 207.195.16.249

Page 1: Disclosure information

Q1

Do you agree with the above requirements? If so, please check the box below. Then click "Next" to make your disclosure.

Check the box and click "Next." This confirms you have read and agree with the above requirements.

Page 2: COI Disclosure Form

Q2

Name

Darrien Rattray

Q3

Today's Date

Date

08/11/2024

Q4

What is your role in this year's CanSAGE CPD activity? Select all that apply.

Speaker / Presenter,

Author (research or video submission)

Q5

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Yes

Q6

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria **Abbvie, Hologic**

Membership on advisory boards or speakers' bureaus **Abbvie, Hologic**

Funded grants or clinical trials **None**

Patents on a drug, product or device **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 **None**

Q7

No

For speakers/presenters only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q8

Yes

For speakers/presenters only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q9

I agree

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

#51

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Saturday, August 10, 2024 8:16:21 PM
Last Modified: Saturday, August 10, 2024 8:18:35 PM
Time Spent: 00:02:14
IP Address: 69.172.172.33

Page 1: Disclosure information

Q1 **Check the box and click "Next." This confirms you have read and agree with the above requirements.**

Do you agree with the above requirements? If so, please check the box below. Then click "Next" to make your disclosure.

Page 2: COI Disclosure Form

Q2

Name

Michael Suen

Q3 **Date** **08/10/2024**

Today's Date

Q4 **Member of the scientific planning committee,**

What is your role in this year's CanSAGE CPD activity? **Speaker / Presenter**
Select all that apply.

Q5 **Yes**

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

Q6

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. Answer format: NAME (description), NAME (description)

Any direct financial payments including receipt of honoraria **Ethicon**

Membership on advisory boards or speakers' bureaus **Abbvie, Baxter, Hologic**

Q7

No

For speakers/presenters only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).

Q8

Yes

For speakers/presenters only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

Q9

I agree

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