**Disclosure and Resolution of Conflicts of Interest for CME Activities**

**Activity Title:** Medical Grand Rounds  
**Activity Date:** 04/19/16

**Name:** Renier Brentjens

**Role(s) in Activity (check all that apply):**  
☑ Course Director  ☐ Activity Planner  ☑ Faculty/Speaker  ☐ Moderator  ☐ Reviewer

**Content Area or Title of Presentation:** CARE IN CELL-MEDIATED IMMUNE RESPONSES OF CANCER

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### SECTION ONE: Disclosure

Have you or your spouse/partner had a relevant financial relationship in the last 12 months with any entity producing, marketing, reselling or distributing health care goods or services consumed by, or used on, patients that is relevant to or could be impacted by content included in this activity?

- [ ] NO: Read attestation statement on the next page and sign on the bottom of the next page.
- [☑] YES: List relevant financial relationship(s) below, read attestation statement on the next page, and sign on the bottom of the next page.

<table>
<thead>
<tr>
<th>Recipient: Self or Spouse/Partner</th>
<th>Company</th>
<th>Description of Financial Relationship</th>
<th>Content Area of Relationship (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>XYZ Company</td>
<td>Grant/Research Support Consultant</td>
<td>Breast Cancer Research</td>
</tr>
<tr>
<td>Self</td>
<td>Juno Therapeutics</td>
<td>Consultant</td>
<td></td>
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<tr>
<td>Self</td>
<td>Juno Therapeutics</td>
<td>Sapho Co-Founder</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Juno Therapeutics</td>
<td>Stockholder</td>
<td></td>
</tr>
</tbody>
</table>

(Add additional lines or sheet if necessary)

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### SECTION TWO: Resolution of Conflict of Interest

This section is to be completed by a non-conflicted Course Director or designated non-conflicted physician or HMS DCE staff members. If relevant financial relationships are reported above by faculty, speakers, or moderators, please complete the peer review of content as described below and indicate whether any other methods of resolution are used.

Please note: Conflicts of Interest for Course Directors or Course Planners will be resolved by the HMS DCE office using a peer-review method. If a Course Director or Course Planner will also be speaking during the activity, the section below will need to be completed by a designated non-conflicted Course Director or Planner.

**Required Resolution Method for Faculty/Speakers**

- [ ] No commercial bias was perceived - no changes to the presentation are required.
- [☑] Commercial bias was perceived and the following changes were made:

**Additional Resolution Methods for Faculty/Speakers/Reviewers**

- [ ] The individual refrained from making recommendations or reviewing content on specific products/brand or services on topics in which the conflict exists.
- [ ] The individual limited the sources for recommendations to those identified by the Course Director (e.g., summaries from the systematic reviews of the Cochrane Collaboration, AHRQ Effective Health Care Program, etc.).
- [ ] The individual discontinued the financial relationship with the commercial interest(s).
- [ ] Removed AHA Plt Category I Credit from this portion of the educational activity.

**Resolution Method for Moderators Only**

- [ ] Individual limited his/her role to the introduction of speakers, fielding questions, and moderating the discussion between participants and speakers.

After completing the resolution process and the above grid, please list your name and role in the activity. Electronic signatures are acceptable.

| Name: | Role: | Date: 04/19/16 |
As an individual in a position to control the content of this educational activity, I attest to the following:

- I have disclosed all relevant, or lack of, financial relationships, and I will disclose this information to learners.
- I have reviewed and agree to comply with the ACCME Standards for Commercial Support™ Accreditation Criteria, and HMS CME policies and procedures. (Policies and Procedures)
- All the recommendations involving clinical medicine related to my content will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in my content in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. To help learners judge the quality of data provided, I will present the source and type or level of evidence (i.e. animal study, randomized controlled trial, meta-analysis, etc.).
- Research findings and therapeutic recommendations in my content will be based on scientifically accurate, up-to-date information and be presented in a balanced, objective manner.
- For any drug/product discussed, I will objectively select and present data, fairly present both favorable and unfavorable information about the drug/product, and I will include information about reasonable alternative treatment options. Where there is a suggestion of superiority of one drug/product over another, this suggestion will be supported by evidence-based data.
- If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
- If I am discussing any drug/product use that is unlabeled or investigational, I will disclose that the use or indication in question is not currently approved by the FDA.
- If I have been trained or engaged by a commercial entity or its agent as a speaker (e.g. speaker’s bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
- I attest to compliance with all applicable laws, including copyright laws.
- If I or my spouse/partner is an employee of a commercial interest, I will not present information on the business lines or products of my company. I understand that my presentation must be submitted for review prior to the beginning of the activity.
- I have not and will not accept any honoraria, additional payments or reimbursements for this CME activity from a commercial entity.
- I understand that a non-conflicted medical reviewer may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

Your signature indicates that you have read this form in its entirety and that you agree with the statements above. You may provide comments below.

Signature: ___________________________ Date: 01/14/16

If you have any comments regarding the above statements, please provide below: