



Conflict of Interest Disclosure Form

(Complete years 2015 and 2016)

NAME: José Baselga

AFFILIATION: *Memorial Sloan Kettering Cancer Center*

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

| Type of affiliation / financial interest | Name of commercial company |
|--|----------------------------|
| Travel | |
| Equity / stock ownership | |
| Ownership/profit out of intellectual property / patent | |
| Grants/Research support – to individual | |
| Research support – to department / institution* | |
| Receipt of honoraria or consultation fees | <i>NOVARTIS</i> |
| Participation in a company sponsored speaker's bureau | |
| Spouse/partner | |
| Other support (please specify) | |

Signature:

Date: *11/30/16*

Baselga

* Patient fees directly related to handling and documentation of cases included in clinical studies in your department need not to be declared.