

Oesophago-gastric cancer

Assessment and management in adults

Appendix C

Declarations of Interest

15 June 2017

Draft for Consultation

*Developed by the National Guideline Alliance, hosted
by the Royal College of Obstetricians and
Gynaecologists*

Disclaimer

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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Contents

| | |
|---|---|
| Appendix C: Declarations of Interest..... | 5 |
|---|---|

Appendix C: Declarations of Interest

The effective management of conflicts of interests is an essential element in the development of the guidance and advice that NICE publishes. This document records declarations made at any stage in the guideline development process, from recruitment to the final Committee meeting. Please refer to the NICE website for the [Policy on Conflicts of Interest](#).

| Name | Job title, organisation | Declarations of Interest, date declared (recruitment / committee meeting) | Type of interest | Decision taken |
|---------------|---|--|---|------------------|
| Mark Harrison | Consultant Oncologist, Mount Vernon Cancer Centre | Joint chief investigator on the BACCHUS trial (Bevacizumab And Combination Chemotherapy in rectal cancer Until Surgery: A Phase II, Multicentre, Open-label, Randomised Study of Neoadjuvant Chemotherapy and Bevacizumab in Patients with MRI defined High-Risk Cancer of the Rectum). Was involved in designing the trial protocol. Drug funding received from Roche [Declared on application form - January 2016] | Non Personal Financial Non Specific | No Action Needed |

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| Mark Harrison | Consultant Oncologist, Mount Vernon Cancer Centre | Chief investigator on the ACT4 trial (chemoradiotherapy for anal cancer). Funded by NCRI [Declared on application form - January 2016] | Non Personal Financial Non Specific | No Action Needed |
| Mark Harrison | Consultant Oncologist, Mount Vernon Cancer Centre | On the trial management group for the Neo-AEGIS trial (Randomised Clinical Trial of neoadjuvant and adjuvant chemotherapy (MAGIC regimen) vs. neoadjuvant chemoradiation (CROSS protocol) in adenocarcinoma of the oesophagus and oesophago-gastric junction). Funded by CRUK [Declared on application form - January 2016] | Non Personal Financial Specific | Declare and participate |
| Mark Harrison | Consultant Oncologist, Mount Vernon Cancer Centre | Is a signatory on a small GI oncology fund which is used to support CPD for department members. No industry contributions to the fund. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |

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| Mark Harrison | Consultant Oncologist, Mount Vernon Cancer Centre | Wife holds shares in Astra Zeneca (not part of a managed portfolio) which were given to her when she worked for the company. Ceased employment with Astra Zeneca 20 years ago. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Venetia Wynter-Blyth | UGI Clinical Nurse Specialist, Imperial College NHS Trust | Received honorarium and travel expenses from Lilly Oncology in October 2015 for presenting on the role of the CNS in upper GI cancer at the UGI CNS forum [Declared on application form - January 2016] | Personal Financial Non Specific | No action needed as role of the CNS in upper GI Cancers is not being covered by the guideline. |
| Venetia Wynter-Blyth | UGI Clinical Nurse Specialist, Imperial College NHS Trust | Received honorarium from Lilly Oncology in November 2015 for participating in Advisory Board on upper GI cancer nutrition: education and awareness. [Declared on application form - January 2016] | Non Personal Financial Specific for nutrition questions only | Withdraw from discussion on nutrition questions until November 2016. |
| Venetia Wynter-Blyth | UGI Clinical Nurse Specialist, Imperial | Funding from 2 charity grants from Imperial College and | Non Personal Financial Non Specific | No Action Needed |

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| | College NHS Trust | funding from Health Education North West London to run the preparation for surgery programme. [Declared on application form - January 2016] | | |
| Venetia Wynter-Blyth | UGI Clinical Nurse Specialist, Imperial College NHS Trust | Has a Quality and Improvement fellowship from NIHR Clahrac for continued professional development. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Venetia Wynter-Blyth | UGI Clinical Nurse Specialist, Imperial College NHS Trust | Has been asked to be a CNS advisor on the GASTRO study (NIHR funded). Not yet accepted this invitation. [Declared on application form - January 2016] | Non Personal Financial Non Specific | No Action Needed |
| Venetia Wynter-Blyth | UGI Clinical Nurse Specialist, Imperial College NHS Trust | Council member of AUGIS. Represents the role of the CNS, organises an annual CNS training day and an annual CNS meeting to discuss professional development and advances in the upper GI field. No fees received. Term of office ends in April 2016. [Declared on application form - January 2016] | Personal Non Financial Non Specific | No Action Needed |

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| <p>Venetia Wynter-Blyth</p> | <p>UGI Clinical Nurse Specialist, Imperial College NHS Trust</p> | <p>Has a comment column in the quarterly AUGIS newsletter. Highlights areas of uncertainty/variation in surgery for upper GI cancer (e.g. the need involvement of the CNS in post-op follow up, pre-op preparation). Used to stimulate discussion, rather than providing solutions. [Declared on application form - January 2016]</p> | <p>Personal Non Financial Non Specific</p> | <p>No Action Needed.</p> |
| <p>Venetia Wynter-Blyth</p> | <p>UGI Clinical Nurse Specialist, Imperial College NHS Trust</p> | <p>Is advising on the development of a platform to remotely monitor pre-op upper GI cancer patients – its use will be piloted as part of the preparation for surgery programme. Development of the platform is funded by Medtronic. No fees received. If pilot of the platform is successful then it may be rolled out more widely. Any money generated will be used to refine and further develop the platform. No</p> | <p>Personal Non Financial Non Specific</p> | <p>No Action Needed.</p> |

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| | | fees will be received. [Declared on application form - January 2016] | | |
| Andrew Bateman | Consultant Clinical Oncologist, University Hospital Southampton NHS Foundation Trust | None Declared | | |
| Orla Hynes | Senior Specialist Upper GI Benign and Cancer Surgery Dietitian, Guy's & St Thomas' NHS Foundation Trust | British Dietetic Association paid travel expenses to attend a task and finish group preparing an outcome tool for cancer patients – July 2015 and January 2016. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Orla Hynes | Senior Specialist Upper GI Benign and Cancer Surgery Dietitian, Guy's & St Thomas' NHS Foundation Trust | Member of the British Dietetic Association sub group for OG cancer. [Declared on application form - January 2016] | Personal Non-Financial Specific | No Action Needed |
| Orla Hynes | Senior Specialist Upper GI Benign and Cancer Surgery Dietitian, Guy's & St Thomas' NHS Foundation Trust | AHP lead for the London Cancer Alliance OG cancer pathways working group. [Declared on application form - January 2016] | Personal Non Financial Specific | No Action Needed |

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| Orla Hynes | Senior Specialist Upper GI Benign and Cancer Surgery Dietitian, Guy's & St Thomas' NHS Foundation Trust | Principal investigator on a CRN portfolio study investigating peri-operative anaemia management. A prospective cohort study funded by St Thomas Hospital and CRUK. [Declared on application form - January 2016] | Non Personal Financial Non Specific | No Action Needed |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Received travel expenses from US Endoscopy in April 2015 to advise them on the use of new endoscopic therapeutic equipment that they are developing for use in general endoscopy. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Received a fee from Takeda in June 2015 for attending an advisory board on vedolizumab in inflammatory bowel disease. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary | Received payment from MSD for giving a presentation in December 2015 on the | Personal Financial Non Specific | No Action Needed |

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| | (Central Manchester University Hospitals NHS Foundation Trust) | endoscopic management of inflammatory bowel disease. [Declared on application form - January 2016] | | |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Received travel/subsistence from Abbvie to attend the Digestive Disorders Week in May 2015. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Has an agreement with Takeda to provide travel subsistence expenses to attend the Digestive Disorders Week May 2016. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Principal investigator for a phase II study on a JAK1 inhibitor for treating inflammatory bowel disease. Study funded by Abbvie. No involvement in designing trial protocol. [Declared on application form - January 2016] | Non Personal Financial Non Specific | No Action Needed |
| Robert Willert | Consultant Gastroenterologist, | Principal investigator for a multi-national, | Non Personal Financial | No Action Needed |

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| | Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | multi-centre study on the antibiotic Cadazolid/ACT-179811 for treating Clostridium difficile-associated diarrhoea. Funded by ACTELION Pharmaceuticals Ltd. [Declared on application form - January 2016] | Non Specific | |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Principal investigator for a randomised control trial of surveillance and no surveillance for patients with Barrett's oesophagus (BOSS). Funded by HTA. [Declared on application form - January 2016] | Non Personal Financial Non Specific | No Action Needed |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Contributes patient data to the National HALO RFA registry – run by UCL. [Declared on application form - January 2016] | Personal Non Financial Non Specific | No Action Needed |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Is a fund holder for a charitable research fund used to purchase new equipment, staff CPD for the department (no specific OG) | Personal Non Financial Non Specific | No Action Needed |

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| | Hospitals NHS Foundation Trust) | cancer focus). No industry contributions to this fund for the last 12 months. [Declared on application form - January 2016] | | |
| Robert Willert | Consultant Gastroenterologist, Manchester Royal Infirmary (Central Manchester University Hospitals NHS Foundation Trust) | Member of the OG cancer sub-group of the Manchester Cancer Board. Develop guidelines/pathways for the treatment of OG cancer in Greater Manchester. [Declared on application form - January 2016] | Personal Non-Financial Specific | No Action Needed |
| Naureen Starling | Medical Oncologist, Royal Marsden Hospital | Pfizer advisory board (biosimilars) 2015; compensated. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Naureen Starling | Medical Oncologist, Royal Marsden Hospital | BMS International immuno-oncology translational collaboration meeting (Jan 2016) – non-compensated. [Declared on application form - January 2016] | Personal Non Financial Non Specific | No Action Needed |
| Naureen Starling | Medical Oncologist, Royal Marsden Hospital | Local Principal investigator (UK CI): BRIGHTER - A phase III randomised, double blind, placebo | Non Personal Financial Specific | No Action Needed |

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| | | controlled clinical trial of BBI608 plus weekly paclitaxel vs placebo plus weekly paclitaxel in adult patients with advanced, previously treated gastric and gastro-esophageal junction adenocarcinoma (Boston Biomedical) | | |
| Naureen Starling | Medical Oncologist, Royal Marsden Hospital | Local Principal investigator: A Phase II trial of MLN0264 in previously treated patients with metastatic or recurrent adeno of the stomach or GI junction expressing Guanylyl Cyclase C 26002 (Takeda/Milleniium) | Non Personal Financial Non Specific | No Action Needed |
| Naureen Starling | Medical Oncologist, Royal Marsden Hospital | Local Principal investigator: A Phase 2 Trial of MLN0264 in Previously Treated Patients With Advanced or Metastatic Pancreatic Adenocarcinoma Expressing Guanylyl Cyclase C (GCC). (Takeda/Milleniium) | Non Personal Financial Non Specific | No Action Needed |
| Naureen Starling | Medical Oncologist, Royal | Local Principal investigator: Polo - A Phase | Non Personal Financial | No Action Needed |

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| | Marsden Hospital | III, Randomised, Double Blind, Placebo Controlled, Multicentre Study of Maintenance Olaparib Monotherapy in Patients with gBRCA Mutated Metastatic Pancreatic Cancer whose Disease Has Not Progressed on First Line Platinum Based Chemotherapy (Astra Zeneca) | Non Specific | |
| Naureen Starling | Medical Oncologist, Royal Marsden Hospital | Local Principal investigator: A randomized, multicenter, double-blind, placebo-controlled, Phase 2/3 study of the Bruton's Tyrosine Kinase inhibitor ibrutinib in combination with nab-paclitaxel and gemcitabine versus placebo in combination with nab-paclitaxel and gemcitabine, in the first line treatment of patients with metastatic pancreatic adenocarcinoma (Pharmacyclics) | Non Personal Financial Non Specific | No Action Needed |
| Naureen Starling | Medical Oncologist, Royal Marsden Hospital | Local Principal investigator: A Randomized, Double-blind, Phase 3 Study of the JAK1/2 | Non Personal Financial Non Specific | No Action Needed |

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| | | Inhibitor, Ruxolitinib or Placebo in Combination with Capecitabine in Subjects With Advanced or Metastatic Adenocarcinoma of the Pancreas Who Have Failed or Are Intolerant to First-Line Chemotherapy (The JANUS 1 Study). (Incyte) | | |
| Naureen Starling | Medical Oncologist, Royal Marsden Hospital | Local Principal investigator: A Phase IV, Observational study to assess Quality of Life in patients with Pancreatic Neuroendocrine Tumors receiving treatment with oral 10 mg Everolimus (Afinitor®) o.d.: The OBLIQUE Study (Novartis) | Non Personal Financial Non Specific | No Action Needed |
| Naureen Starling | Consultant Medical Oncologist in GI Cancers & Associate Director of Clinical Research, The Royal Marsden | Nov 2016: Attended immuno-oncology summit in Washington DC. Travel and accommodation paid for by Roche. Drugs discussed were immunotherapy – atezolizumab. | Personal Financial Non Specific | Declare and participate. Atezolizumab is not being discussed in this guideline. |
| Naureen Starling | Consultant Medical Oncologist | Jan 2017: Gave lecture on management of | Personal Financial | Declare and participate. |

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| | in GI Cancers & Associate Director of Clinical Research, The Royal Marsden | gastric cancer at 2017 ECCO meeting in Amsterdam. Paid by Elsevier who had received a grant from Eli-Lilly. Eli-Lilly produce ramucirumab. | Non Specific | Ramucirumab is not being discussed in this guideline. |
| David Brooks | Macmillan Consultant in Palliative Medicine at the Chesterfield and North Derbyshire Hospital NHS Trust | I am a member of the Executive Committee of the Association for Palliative Medicine and Immediate Past President. [Declared on application form - January 2016] | Personal Non Financial Non Specific | No Action Needed |
| David Simpson | Patient/Care r Member | Receives a fee for taking part in peer review of MDTs against cancer standards. Looked at Haematology in 2015 and will be looking at cancer of unknown primary in 2016. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| David Simpson | Patient/Care r Member | Is a Director of Central Bedfordshire Healthwatch. Is a voluntary post – no fees received (only reimbursement of travel expenses). Healthwatch is funded by the | Personal Non Financial Non Specific | No Action Needed |

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| | | Department of Health and acts as watchdog for patients in health and social care. Role is to lead on the 'Enter and View' project which looked at nursing homes in 2015 and will be looking at GP surgeries in 2016. [Declared on application form - January 2016] | | |
| David Simpson | Patient/Care r Member | Volunteer speaker for Macmillan on general cancer awareness and education about services offered by Macmillan. No fees receive – reimbursement of travel expenses only. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| David Simpson | Patient/Care r Member | Member of the upper GI site specific group of the East of England Cancer Network – no fees received. [Declared on application form - January 2016] | Personal Non Financial Specific | No Action Needed |
| David Simpson | Patient/Care r Member | Member of the East of England Cancer Network Acute Oncology group. No fees received. [Declared on application form - January 2016] | Personal Non Financial Specific | No Action Needed |

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| Mimi McCord | Patient/Care r Member | Lay member of ABBA advisory committee (A feasibility study with a crossover design to assess the diagnostic accuracy of acetic acid targeted biopsies versus non targeted biopsies (current practice) for detection of dysplasia during Barrett's surveillance). Funded by NIHR. No reimbursement received. [Declared on application form - January 2016] | Personal Non Financial Non Specific | No Action Needed |
| Mimi McCord | Patient/Care r Member | Lay member of the advisory committee on evaluation of non-endoscopic immunocytological device (Cytosponge) for Barrett's Esophagus Screening. Funded by CRUK. No reimbursement received. [Declared on application form - January 2016] | Personal Non Financial Non Specific | No Action Needed |
| Mimi McCord | Patient/Care r Member | Chairman Trustee and Director of Heartburn Cancer UK (HCUK). | Personal Non Financial Specific | No Action Needed. |

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| | | <p>Voluntary organisation with no paid employees. Purpose is to raise awareness and educate the public and healthcare professionals on the signs and symptoms of oesophago-gastric cancer. Charity is funded by donations with occasional donations from industry to support specific awareness raising initiatives. Board of Trustee's is responsible for signing off spends for large amounts of money. Sign off for spends of small amounts can be done by the Chairman Trustee. [Declared on application form - January 2016]</p> | | |
| Mimi McCord | Patient/Care r Member | <p>Lay co-author on a stricture guideline for the British Society of Gastroenterology. [Declared on application form - January 2016]</p> | <p>Personal Non Financial Non Specific</p> | No Action Needed |
| Mimi McCord | Patient/Care r Member | <p>Lay member of the expert panel advising the Department of Health of the key messages to</p> | <p>Personal Non Financial Non Specific</p> | No Action Needed |

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| | | trial a public awareness symptoms campaign for oesophago-gastric cancer. [Declared on application form - January 2016] | | |
| Mimi McCord | Patient/Care r Member | Has given radio interviews and been quoted in press releases about raising awareness of the signs and symptoms of oesophago-gastric cancer. [Declared on application form - January 2016] | Personal Non Financial Non Specific | No Action Needed as signs and symptoms of oesophago-gastric cancer is not covered by this guideline. |
| Mimi McCord | Patient/Care r Member | April 2017: Patient advocate for CRUK grand challenge 'Mutographs of Cancer' team. Expenses only will be paid (5 year project) | Personal Financial Non Specific | No action required |
| Hugh Burnett | Consultant Radiologist, Salford Royal Hospitals | None Declared | | |
| David Exon | Consultant Upper GI Surgeon, University Hospitals of Leicester NHS Trust | Supervised a research fellow on a retrospective study on paraffin sections to identify prognostic markers for OG cancer. Funded by Nine Wells Hospital. Study has finished but if data is written up and published, will | Non Personal Financial Specific | No Action Needed (as no supervisory responsibility and study not funded by industry). |

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| | | be an author on the paper. [Declared on application form - January 2016] | | |
| David Exon | Consultant Upper GI Surgeon, University Hospitals of Leicester NHS Trust | Contributed patients to a study on enteral nutrition in post-oesophagectomy patients. Study run locally by University Hospitals of Leicester and finished in 2015. Not funded by industry. [Declared on application form - January 2016] | Non Personal Non Financial Specific | No Action Needed |
| David Exon | Consultant Upper GI Surgeon, University Hospitals of Leicester NHS Trust | Member of the Expert Clinical Advisory Group for East Midlands. Group decides on pathways for treatment of OG cancer in East Midlands. [Declared on application form - January 2016] | Personal Non Financial Specific | No Action Needed |
| Nick Maynard | Consultant Upper GI Surgeon, Oxford University Hospitals NHS Foundation Trust | Is paid a fee and has travel reimbursed by Synapse for demonstrating the use of their diaphragmatic pace-maker at various locations in Europe. [Declared on application form - January 2016] | Personal Financial Non Specific | No Action Needed |
| Nick Maynard | Consultant Upper GI Surgeon, Oxford | Local lead investigator for the AspECT study (A Phase | Non Personal Financial Non Specific | No Action Needed |

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| | University Hospitals NHS Foundation Trust | III, Randomized, Study of Aspirin and Esomeprazole Chemoprevention in Barrett's Metaplasia). Drug support provided by Astra Zeneca. Not involved in designing the trial protocol. [Declared on application form - January 2016] | | |
| Nick Maynard | Consultant Upper GI Surgeon, Oxford University Hospitals NHS Foundation Trust | Contributes patients to oesophago gastric cancer-related trials (NEO-AEGIS and ST03). No involvement in the trials themselves. [Declared on application form - January 2016] | Non Personal Non Financial Specific | No Action Needed |
| Nick Maynard | Consultant Upper GI Surgeon, Oxford University Hospitals NHS Foundation Trust | Has financial sign off on a fund which is used for CPD of departmental staff. No industry contribution to this fund. [Declared on application form - January 2016] | Non Personal Financial Non Specific | No Action Needed |
| Nick Maynard | Consultant Upper GI Surgeon, Oxford University Hospitals NHS Foundation Trust | Is a Trustee of the Oxford Oesophagus and Stomach Organisation. Involves reviewing the finances of this charity. No remuneration received. [Declared on | Personal Non Financial Specific | No Action Needed |

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| | | application form - January 2016] | | |
| Nick Maynard | Consultant Upper GI Surgeon, Oxford University Hospitals NHS Foundation Trust | Is the Chair of Clinical Services and audit for AUGIS. No remuneration received. [Declared on application form - January 2016] | Personal Non Financial Specific | No Action Needed |

Last updated: 12 June 2017