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### Canadian Task Force on Preventive Health Care

### **Disclosure Form**

### Preamble:

The Canadian Task Force on Preventive Health Care (Task Force) Disclosure Form will be completed by Task Force members prior to each in-person meeting to provide information on **financial**, **business/professional**, **and intellectual interests related to the topics addressed that could potentially be construed or seen as giving rise to conflicts of interest (COI).** 

Task Force members are expected to provide full disclosure for new topics, and an updated disclosure, reflecting changes in their situation since the form was last completed, for continuing topics.

Task Force Disclosure Form will also be completed by new Task Force members prior to their participation. Completed Disclosure Forms will be kept on file by the Project Lead and posted on the Task Force website.

The declaration of one or more interests will not be taken to indicate that a real or potential COI is present. The Task Force will carry out an evaluation of declared interests to determine whether or not they represent a COI. To facilitate assessment of the interests for COI, for each entry, please include a brief explanation of the relevance of the declared interest to the guideline topic and why it could be construed or seen as giving rise to COI.

Name: Scott Klarenk	oach		
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I have reviewed my current activities and those of the past 3 years for interests that could potentially be construed or seen as giving rise to COI, or that could otherwise impair the scientific integrity of the work of the Canadian Task Force on Preventive Health Care, particularly as they relate to the attached Affiliations and Interests Checklist, including financial and/or intellectual affiliations or memberships in associations, research funding, payments, gifts, gratuities, honoraria, advocacy, consulting or other conflicts

I have also considered the activities of my spouse/common-law partner and immediate family members insofar as they could be viewed to affect my impartiality.

I would like to bring the following to the attention of other members of the Canadian Task Force on Preventive Health Care (check appropriate box and provide details, including a brief explanation of the relevance of the interest to the topic and why it could be construed or seen as giving rise to COI, below):

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Guideline	Financial	Intellectual	Affiliations/ Memberships	Research Funding	Payments /Gifts	Advocacy	Consulting	Others
Cervical								
Cancer								
CVD								
Framework								
Depression - Adult								
Depression- Adolescent / Children,								
Depression – Peri-natal								
Diabetes update								Х
Fragility Fractures (Osteoporosis)								
Falls Prevention								
Hepatitis C update								
Hypertension Update								
Lung Cancer								
Opioids								Х
Polypharmacy (Potentially Inappropriate Prescribing)								
Prostate Cancer								
Tobacco – Adults								
Vitamin D and Calcium								

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### Details:

I am the director of the Real World Evidence Unit (RWEU), University of Alberta, and Director and Co-Chair of the Real World Evidence Consortium (RWEC; with University of Calgary and Institute of Health Economics).

- Oversight of the RWEU and RWEC that Conducts pharmacoepidemiologic and pharmacoeconomic research.
- Engages academic, decision makers, clinicians, and industry.
- Conducts industry funded, investigator initiated studies. The RWEU/RWEC retains the rights of academic freedom, right to publish, and full rights to authorship.
- While I personally receive no honoraria, the success of the RWEU/RWEC is contingent on industry funding. Further, some projects are being conducted by my research group (Bayer, Chronic Kidney Disease included Diabetic CKD).
- The objective of the RWEC is to conduct high quality academic studies that answer questions for both industry as well as decision makers, with an ultimate objective of conducting RWE studies that inform use and funding of novel treatments. In order to achieve this goal, academic independence is a cornerstone, however as noted above industry funding is required to continue.
- Over the past three years, industry-funded content areas include: immunologic diseases (HIV, immunodeficiency), stroke, chronic kidney disease included diabetic CKD, migraine, inflammatory bowel disease, acute pain management (INDIRECT relationship with topic area of opioids), dermatomyositis, and COPD.
- Over the past three years, grant-funded content areas with industry contributions include: multiple sclerosis and obesity.

I hereby certify that I am not in a position of real, potential or apparent conflict of interest except as disclosed above.

I hereby certify that I do not have any relevant interests to disclose that could potentially be construed or seen as a COI except as disclosed above.

I undertake to inform the Chair and the Project Lead of any changes in circumstances that may place me in a position of real, potential or apparent conflict of interest.

Signature 5. King	Date	May 12 2022
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#### Affiliations and Interests Checklist

In reviewing your activities (and those of your spouse/common-law partner and immediate family members), to determine whether they affect your impartiality or create a real, potential or apparent conflict of interest, among other things, consider the following:

Investments in a business enterprise (other than mutual funds or Registered

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- Retirement Savings Plans that are not self-directed);
- Patents;
- Paid speaking engagements (including continuing medical education);
- Participation as investigator in clinical trials of relevance to the Task Force's mandate;
- Previous, present and potential Contracts, Grants and/or Contributions;
- Pending negotiations regarding potential contracts;
- Honoraria and other sources of personal income;
- Advice to or close association with international organizations;
- Gifts and hospitality of significant value;
- Travel sponsorship;
- Promotion of a product(s) of relevance to the Task Force's mandate;
- Publications;
- Public statements;
- Lobbying activities;
- Membership in associations or special interest groups;
- Expert testimonies in court;
- Access to confidential information; and
- Any interest or activity that may create a reasonable apprehension of bias