



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:

Henry Siu

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):



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								
Fragility Fractures (Osteoporosis)								X
Falls Prevention								
Hepatitis C update								
Hypertension Update								
Lung Cancer								X
Opioids								
Polypharmacy (Potentially Inappropriate Prescribing)				X				
Prostate Cancer								X
Tobacco – Adults								
Vitamin D and Calcium								




Details:

Osteoporosis (Fragility Fractures)

Spouse works at Amgen Canada. Amgen Canada manufactures and distributes denosumab (Brand Name: Prolia) for the management of osteoporosis. She is not involved in the work relevant to marketing or seeking public/private access for denosumab.

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  Date May 2, 2022

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
- 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

Continuation of the details section from page 3

Polypharmacy (Potentially Inappropriate Prescribing)

Is a co-investigator on 2 ongoing CIHR grants with Dr. Dee Mangin on a RCT of an intervention aimed at deprescribing in older adults in primary care and in LTC. Is also a co-author on an upcoming submission on deprescribing of SSRIs with Dr. Dee Mangin in the elderly. Has also received funding from CFN in 2014 and 2016 to support a completed research project looking at a technology to monitor medication adherence in the elderly. Work from this funding has been published in 2 publications in 2017 and 2019. Was a co-author on a publication with CFN on medication optimization in the elderly in 2017.

Lung Cancer

Spouse works at Amgen Canada in the role of “New Product Development Access Lead for Oncology”. Her work involves strategic discussions around gaining public and/or private payer access for a future pipeline drug to treat small cell lung cancer as a second-line therapy or lower.

Prostate Cancer

Spouse works at Amgen Canada in the role of “New Product Development Access Lead for Oncology”. Her work involves strategic discussions around gaining public and/or private payer access for a future pipeline drug to treat metastatic, castrate resistant, prostate cancer as a third-line therapy or lower.