

European Board for Accreditation in Pneumology

Annual Declaration of Interest

Please complete all three sections of the form. This form must be returned duly signed even if no declaration of interest is made.

Personal Details

First name: Michal

Last name: Shteinberg

Institution: Carmel Medical Center, Faculty of Medicine, Technion, Haifa, Israel

1. Service to Scientific Societies

Member of the following Committees:

- ERS Task Force on Bronchiectasis Guideline Development
- ERS Task Force on Transitioning Young Adults with Bronchiectasis
- EMBARC Management Group
- Israeli Society for Tuberculosis and Mycobacteria
- Associate Editor, AJRCCM and Journal of Cystic Fibrosis (JCF)

2. Potential conflict of interest with pharmaceutical and medical equipment industries

Regular Paid Consultancy Work:

Company	Area	Product	Amount of funds received
Boehringer Ingelheim	Bronchiectasis	BI1291583	C
Insmad	Bronchiectasis, CRS	Brensocatib	B

Personal Benefits:

Speaker's fees received from: AstraZeneca, Boehringer Ingelheim, GSK, Insmad, Teva, Novartis, Kamada, Sanofi. Amounts- all B

Personal Travel Grants or expenses:

Travel grants from: Novartis, Actelion, Boehringer Ingelheim, GSK, Rafa (conferences) Amounts- all B

Non-Personal Interests:

Research grants received by institution from: Novartis, Trudell Pharma, GSK, Tel Aviv League for Lung Diseases (all C)

3. Tobacco-Industry related Conflicts of Interests

No. I declare that I have not been a full or part time employee of, paid consultant or advisor to, or received a grant from the tobacco industry at any time after 1.1.2000.

I hereby confirm that the above is true and correct.

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read "M. Shteinberg".

Signature: _____

Print name: Michal Shteinberg

Date: 26 May 2025