



Canada's Drug Agency
L'Agence des médicaments du Canada

CDA-AMC PROVISIONAL FUNDING ALGORITHM

Feedback on Draft Report from External Partners

Multiple Myeloma

Apr 3, 2025

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CDA-AMC in all phases of the review, including the appraisal of evidence and interpretation of the results. The input submitted for each review is also included in the briefing materials that are sent to expert committee members prior to committee meetings. **If your group has submitted input that is not reflected within this document, please contact Pharmaceuticals@cda-amc.ca.**

Disclaimer: The views expressed in this submission are those of the submitting organization or individual. As such, they are independent of CDA-AMC and do not necessarily represent or reflect the views of CDA-AMC. No endorsement by CDA-AMC is intended or should be inferred.

By filing with CDA-AMC, the submitting organization or individual agrees to the full disclosure of the information. CDA-AMC does not edit the content of the submissions received.

CDA-AMC does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no identifying personal information or personal health information is included in the submission. The name of the submitting group and all conflicts of interest information from individuals who contributed to the

CADTH Provisional Funding Algorithm

Feedback on Draft Report

Stakeholder information	
CADTH project number	PH0068
Condition under review	Multiple Myeloma
Organization	OH (CCO) Hematology Cancer Drug Advisory Committee
Contact information ^a	Name: Dr. Tom Kouroukis Title: Lead, OH (Cancer Care Ontario) Hematology Cancer Drug Advisory Committee

^a CADTH may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CADTH.

SECTION 1: IMPLEMENTATION ADVICE		
For reports without implementation advice, skip to Section 2		
Stakeholder agreement with the draft provisional funding algorithm		
SECTION 2: PROVISIONAL FUNDING ALGORITHM		
Stakeholder agreement with the draft provisional funding algorithm		
1. Please indicate if the stakeholder agrees with the draft provisional funding algorithm.	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
Please explain why the stakeholder agrees or disagrees with the draft algorithm.		
Clarity of the draft provisional funding algorithm		
2. Is the proposed provisional algorithm clearly represented and described in the draft report?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		

Appendix 2. Conflict of Interest Declarations for Clinician Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- For conflict of interest declarations:
 - Please list any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.
 - Please note that declarations are required for each clinician that contributed to the input.
 - If your clinician group provided input at the outset of the review, only conflict of interest declarations that are new or require updating need to be reported in this form. For all others, please list the clinicians who provided input are unchanged
 - Please add more tables as needed (copy and paste).
 - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
1. Did you receive help from outside your clinician group to complete this submission?	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
OH-CCO provided secretariat support.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
3. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH algorithm process and have those declarations remained unchanged? If no, please complete section C below.	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please list the clinicians who contributed input and whose declarations have not changed: <ul style="list-style-type: none"> Clinician 1 Clinician 2 Add additional (as required) 		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1				
Name	Dr. Tom Kouroukis			
Position	Lead, OH (CCO) Hematology Cancer Drug Advisory Committee			
Date	03-April-2025			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000

Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 2

Name	Please state full name
Position	Please state currently held position
Date	Please add the date form was completed (DD-MM-YYYY)
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 3

Name	Please state full name
Position	Please state currently held position
Date	Please add the date form was completed (DD-MM-YYYY)
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 4

Name	Please state full name
Position	Please state currently held position
Date	Please add the date form was completed (DD-MM-YYYY)
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5	
Name	Please state full name
Position	Please state currently held position
Date	Please add the date form was completed (DD-MM-YYYY)
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provisional Funding Algorithm

Feedback on Draft Report

Stakeholder information	
Project number	POH0068-000
Condition under review	Multiple Myeloma
Organization	Janssen Inc.
Contact information ^a	Name: [REDACTED] Title: Associate Director, Health Technology Assessment (HTA) Submissions and Analytics Email: [REDACTED] Phone: [REDACTED]

^a CDA-AMC may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CDA-AMC.

SECTION 1: IMPLEMENTATION ADVICE

For reports without implementation advice, skip to Section 2

Stakeholder agreement with the draft provisional funding algorithm

3. Please indicate if the stakeholder agrees with the implementation advice.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Janssen agrees with the implementation advice, however, it should be made clear in the report that the question that was answered was only about **retreatment** with a B-cell maturation antigen (BCMA) therapy, i.e., BCMA-targeted bispecific T-cell engagers in patients with relapsed/refractory multiple myeloma who have previously received BCMA-directed therapy, and **excludes non-BCMA-directed therapies** such as talquetamab, pomalidomide, carfilzomib, etc. The question: “What is the available evidence to support downstream patient options for patients with relapsed/refractory multiple myeloma who have received prior BCMA-directed therapy?,” does not indicate that only retreatment with a BCMA therapy is in scope and that other evidence outside of this was not considered.

Implementation advice panel consideration of the stakeholder input

4. Does the draft advice demonstrate that the panel has considered the stakeholder input that your organization provided to CDA-AMC?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Clarity of the draft implementation advice

5. Are the reasons for the panel’s advice clearly stated in the draft report?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

- 1) While the current context and drugs in scope for the provisional funding algorithm were limited to BCMA-directed therapies, it is relevant that the international myeloma working group (IMWG) clinical guidelines recommend switching to a treatment with a different mechanism of action (see excerpt below), and applies to both implementation issues in the provisional funding algorithm. Janssen requests that context be added from the international myeloma working group therapy committee guideline¹ on sequencing immunotherapy for treatment of multiple myeloma regarding their recommendation to use a different mechanism of action for patients progressing while receiving a BCMA-targeting T-cell engager.

“9. There are limited data on the feasibility and efficacy of BCMA-targeted therapy of a different modality upon progression on BCMA-targeted at the approved dose intensities until progression. Outcomes after lower dose intensity or fixed duration of therapy are unknown. We recommend therapy with a different mechanism of action or immunotherapy targeting a different antigen for patients progressing while receiving or shortly after BCMA-targeting T-cell engager.”¹

- 2) In the **CAR T-cell therapy eligibility and sequencing considerations** section, it is reported that chimeric antigen receptor (CAR) T-cell therapy should be prioritized in patients eligible for both CAR T-cell therapy and bispecific T-cell engagers based on the IMWG guidelines and that the panel briefly discussed sequencing of BCMA-directed therapies. The IMWG guidelines also recommend, “for patients with progressing disease and unlikely to transit through apheresis and bridging without disease-related morbidity, proceed with TCE,”¹ which is relevant to treatment selection between CAR T-cell therapy and bispecific T-cell engagers. Janssen requests that this is included as context.

Yes	<input type="checkbox"/>
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6. Have the implementation issues been clearly articulated and adequately addressed in the draft report?		No	<input type="checkbox"/>
<p>Janssen requests that clarity be provided in the report about the scope of the review being limited to retreatment with a BCMA-directed regimen for the therapies in scope.</p> <p>Janssen also requests that clarification be provided in the report about whether the issue and advice below applies to the fourth-line and beyond setting (e.g., fifth line) or prior lines of therapy, as it is not clear in the report. As teclistamab and elranatamab are currently only listed in the provisional funding algorithm for use in fourth line, clarification is requested.</p> <p>“Issue: Use of BCMA-targeted bispecific T-cell engagers inpatients with relapsed/refractory multiple myeloma who have previously received BCMA-directed therapy</p> <p>Advice: The panel advises that BCMA-directed bispecific T-cell engagers be considered as treatment options for patients previously exposed to BCMA-directed therapy. The panel advises against their use in patients whose disease is refractory to BCMA-directed therapy.”</p>			
SECTION 2: PROVISIONAL FUNDING ALGORITHM			
Stakeholder agreement with the draft provisional funding algorithm			
7. Please indicate if the stakeholder agrees with the draft provisional funding algorithm.		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
<p>Janssen agrees with the draft provisional funding algorithm regarding the recommendations for teclistamab and ciltacabtagene autoleucel.</p> <p>It was recently posted on the pan Canadian Pharmaceutical Alliance (pCPA) website that the negotiation for elranatamab concluded without agreement on March 27, 2025 in adult patients with relapsed/refractory multiple myeloma who have received at least three prior lines of therapy, including a proteasome inhibitor, immunomodulatory agent and an anti-CD38 monoclonal antibody, and who have demonstrated disease progression on the last therapy. Janssen requests that this be reflected in the provisional funding algorithm as elranatamab is no longer under review for funding and the outcome of the pCPA negotiation may have an impact on access to elranatamab.²</p> <p>In addition, the guidance provided by the panel for treating patients who have previously received teclistamab or elranatamab with a subsequent treatment suggests that this would include treatment beyond fourth line, therefore Janssen proposes that the name “Fourth Line” in the provisional funding algorithm be updated to “Fourth Line and Beyond” to reflect this.</p>			
Clarity of the draft provisional funding algorithm			
8. Is the proposed provisional algorithm clearly represented and described in the draft report?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
<p>In figure 1, superscript e for cilta-cel states “if no prior treatment with any therapy that targets BCMA or any CAR-T cell therapy,” which aligns with the original CDA recommendation for CART-1. However, the description of the provisional funding algorithm (page 23-25), makes a slightly different statement: “must not have received prior treatment with any therapy that is targeted to BCMA, or prior anti-BCMA CAR T-cell therapy.” The former suggests that any prior CAR-T would preclude a patient from having cilta-cel, whereas the latter would allow a patient who have a different myeloma CAR-T (e.g. anti-GPRC5D CAR-T) to potentially get cilta-cel afterwards. Janssen requests that this be clarified.</p>			

References

1. Costa LJ, Banerjee R, Mian H, et al. International myeloma working group immunotherapy committee recommendation on sequencing immunotherapy for treatment of multiple myeloma. *Leukemia*. 2025;39(3):543-554.
2. pan Canadian Pharmaceutical Alliance (pCPA). Elrexfio (elranatamab) negotiation. 2025; <https://www.pcpacanada.ca/negotiation/22724>.

Provisional Funding Algorithm

Feedback on Draft Provisional Funding Algorithm

Stakeholder information	
Project number	PH0068-000
Condition under review	Multiple Myeloma
Organization	Myeloma Canada
Contact information ^a	Name: Aidan Robertson Title: Health Policy and Advocacy Advisor Email: [REDACTED] Phone: [REDACTED]

^a CDA-AMC may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CDA-AMC.

SECTION 1: IMPLEMENTATION ADVICE

For reports without implementation advice, skip to Section 2

Stakeholder agreement with the draft provisional funding algorithm

1. Please indicate if the stakeholder agrees with the implementation advice.	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

Myeloma Canada agrees that BCMA-directed bispecific T-cell engagers should be treatment options for patients previously exposed to BCMA-directed therapy, and we understand the panel's advice against their use in patients whose disease is refractory to BCMA-directed therapy is evidence-based and considerate of their high cost. We also agree that patients should have equal access to both elranatamab and teclistamab, and neither should be prioritized for funding.

The panel's advice will contribute to meeting the growing need for post-BCMA therapies, facilitate clinicians' ability to deliver the best care possible in their local circumstances, and supports the principles of patient choice and clinician discretion. We are grateful to the panel for taking into consideration the changing landscape of myeloma treatment in the era of cellular therapies and the subsequent need for flexibility in sequencing, particularly as the implementation issues surrounding ciltacabtagene autoleucel remain significant.

Implementation advice panel consideration of the stakeholder input

2. Does the draft advice demonstrate that the panel has considered the stakeholder input that your organization provided to CADTH?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

Yes. The concerns expressed in our input regarding the lack of clear rationale for the differing restrictions on patients with prior exposure to BCMA-directed therapy for elranatamab and teclistamab had also been expressed in feedback during the reimbursement review process, and we are very glad to see the panel was able to address this issue here. Similarly, we are glad that the panel took into consideration our feedback regarding the unmet need for post-BCMA targeted therapy, and the existing evidence for the success of bispecific t-cell engagers in BCMA-exposed patients.

Clarity of the draft implementation advice

3. Are the reasons for the panel's advice clearly stated in the draft report?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

Yes. The panel's advice is well reasoned and based on the best currently available evidence.

4. Have the implementation issues been clearly articulated and adequately addressed in the draft report?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

Yes. Despite being outside their scope, we appreciate the panel's acknowledgement of the numerous implementation issues surrounding access to ciltacabtagene autoleucel, the impact these may have on real-world availability of treatment options, and the resulting flexibility in their advice.

SECTION 2: PROVISIONAL FUNDING ALGORITHM

Stakeholder agreement with the draft provisional funding algorithm

5. Please indicate if the stakeholder agrees with the draft provisional funding algorithm.

Yes

☒

No

☐

Myeloma Canada agrees with the rapid update to the funding algorithm, which, in line with the Health Canada approved and CDA recommended indications, adds ciltacabtagene autoleucel as an additional treatment option at the second and third lines of therapy for patients exposed to an immunomodulatory drug, a proteasome inhibitor, and refractory to lenalidomide. We also agree with the change to the footnotes restricting access to bispecific t-cell engagers for patients with prior exposure to a BCMA-targeted therapy, as per the implementation advice issued by the panel.

Clarity of the draft provisional funding algorithm

6. Is the proposed provisional algorithm clearly represented and described in the draft report?

Yes

☒

No

☐

Yes, the algorithm is clearly represented and described. We have received community feedback indicating it would be easier for patients to navigate these reports if the visual algorithm (chart) were presented sooner, and the tables containing past decisions were provided at the end.

Appendix 1. Conflict of Interest Declarations for Patient Groups

- To maintain the objectivity and credibility of the CDA-AMC drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CDA-AMC may contact your group with further questions, as needed.

A. Patient Group Information				
Name	Please state full name			
Position	Please state currently held position			
Date	Please add the date form was completed (DD-MM-YYYY)			
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.			
B. Assistance with Providing Feedback				
1. Did you receive help from outside your patient group to complete your feedback?			No	<input type="checkbox"/>
			Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.				
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?			No	<input type="checkbox"/>
			Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.				
C. Previously Disclosed Conflict of Interest				
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the review and have those declarations remained unchanged? If no, please complete section D below.			No	<input type="checkbox"/>
			Yes	<input type="checkbox"/>
D. New or Updated Conflict of Interest Declaration				
3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 2. Conflict of Interest Declarations for Clinician Groups

- To maintain the objectivity and credibility of the CDA-AMC drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
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 - Please list any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.
 - Please note that declarations are required for each clinician that contributed to the input.
 - If your clinician group provided input at the outset of the review, only conflict of interest declarations that are new or require updating need to be reported in this form. For all others, please list the clinicians who provided input are unchanged
 - Please add more tables as needed (copy and paste).
 - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
2. Did you receive help from outside your clinician group to complete this submission?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
3. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
4. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the algorithm process and have those declarations remained unchanged? If no, please complete section C below.	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please list the clinicians who contributed input and whose declarations have not changed: <ul style="list-style-type: none"> Clinician 1 Clinician 2 Add additional (as required) 		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	Please state full name
Position	Please state currently held position
Date	Please add the date form was completed (DD-MM-YYYY)
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 2

Name Please state full name

Position Please state currently held position

Date Please add the date form was completed (DD-MM-YYYY)

- ☐ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 3

Name Please state full name

Position Please state currently held position

Date Please add the date form was completed (DD-MM-YYYY)

- ☐ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

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Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 4				
Name	Please state full name			
Position	Please state currently held position			
Date	Please add the date form was completed (DD-MM-YYYY)			
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
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Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5				
Name	Please state full name			
Position	Please state currently held position			
Date	Please add the date form was completed (DD-MM-YYYY)			
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provisional Funding Algorithm Feedback on Draft Report

Stakeholder information	
CADTH project number	PH0068-000
Condition under review	Multiple Myeloma
Organization	Amgen Canada Inc.
Contact information ^a	Name: [REDACTED] Title: Health Economics and Market Access Senior Manager Email: [REDACTED] Phone: [REDACTED]

^a CADTH may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CADTH.

SECTION 1: IMPLEMENTATION ADVICE		
For reports without implementation advice, skip to Section 2		
Stakeholder agreement with the draft provisional funding algorithm		
1. Please indicate if the stakeholder agrees with the implementation advice.	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
Implementation advice panel consideration of the stakeholder input		
2. Does the draft advice demonstrate that the panel has considered the stakeholder input that your organization provided to CDA-AMC?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
Clarity of the draft implementation advice		
3. Are the reasons for the panel's advice clearly stated in the draft report?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
4. Have the implementation issues been clearly articulated and adequately addressed in the draft report?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

SECTION 2: PROVISIONAL FUNDING ALGORITHM

Stakeholder agreement with the draft provisional funding algorithm

5. Please indicate if the stakeholder agrees with the draft provisional funding algorithm.	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

Amgen would like to highlight the lack of evidence informing downstream treatment options after patient progresses from BCMA-directed therapy in relapse/refractory multiple myeloma. As pERC has pointed out, preliminary studies showing use of BCMA-directed TCEs after BCMA-directed CAR-T yielded poor outcomes for multiple myeloma patients.

CDA and PAGs should consider the impact of funding BCMA-directed therapies especially Ciltacel in early lines of treatment when there are limited evidence to support the use of effective treatment options (e.g. iMID, PI and anti-CD38) after a patient has relapsed from said therapy.

Amgen would like the highlighted paragraph above incorporated in the "Additional Remarks Section"

Clarity of the draft provisional funding algorithm

6. Is the proposed provisional algorithm clearly represented and described in the draft report?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

Amgen would like to thank CDA-AMC for leading this provisional funding algorithm development and for engaging a clinician panel for their advice on this important therapeutic area.

Provisional Funding Algorithm Feedback on Draft Report

Stakeholder information	
Project number	PH0068-Multiple_Myeloma_DRAFT_REPORT
Condition under review	Multiple Myeloma
Organization	Canadian Myeloma Research Group (CMRG)
Contact information ^a	Name: Donna Reece, MD Title: Chief Medical Officer, CMRG Email: [REDACTED] Phone: [REDACTED]

^a CDA-AMC may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CDA-AMC.

SECTION 1: IMPLEMENTATION ADVICE

For reports without implementation advice, skip to Section 2

Stakeholder agreement with the draft provisional funding algorithm

1. Please indicate if the stakeholder agrees with the implementation advice.	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

Please explain why the stakeholder agrees or disagrees with the draft advice.

The implementation advice addresses two specific questions relating to downstream treatment options for patients with relapsed/refractory multiple myeloma who have received prior BCMA-directed therapy. CMRG agree with the recommendation that the T cell engagers teclistamab and elranatamab be considered for patients who have previously been exposed to--but are not refractory to--prior BCMA-directed agents. We also agree with bringing the indication for elranatamab in line with that for teclistamab in this setting, as well as the use of the IMWG definition of "refractory" disease used in this document.

Whenever possible, please identify the specific text from the advice and the rationale.

Implementation advice panel consideration of the stakeholder input

2. Does the draft advice demonstrate that the panel has considered the stakeholder input that your organization provided to CDA-AMC?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

If not, what aspects are missing from the draft advice?

The scope of this Provisional Algorithm is, by design, very narrow. However, CMRG physicians remain highly concerned about the issue that is briefly mentioned on page 17, paragraph 2. The concern we have relates to the blanket exclusion of patients previously exposed to a BCMA directed antibody product (BiTE or ADC) from receiving the BCMA CAR T product cilta-cel.

Although these products were administered as continuous treatments in initial studies, resulting in most patients being refractory at the time of myeloma progression, many Canadian patients have been treated with these agents for a fixed duration, or have discontinued such therapy before disease progression. As a result, these patients are **not** BCMA refractory. Moreover, such treatment may have been in the remote past. This is particularly the case when belantamab mafodotin combinations have been stopped due to its unique corneal toxicity. The mechanism of action of this ADC may not lead to T-cell exhaustion which could compromise further immunotherapy. After a number of months off treatment, cilta-cel may be appropriate for this limited subset of Canadian patients.

CMRG hopes there will be the ability to explore an exception for specific settings within the CDA provisional funding algorithm. The over-riding principle guiding usage of these agents should be lack of refractoriness to the agent in question. We would agree with restricting usage of cilta-cel in patients who are refractory to a preceding anti-BCMA agent but, if sensitivity remains, sequential use should be considered. It is important to recognize that given the vast majority of protocols for treatment with bispecifics and belantamab mafodotin will be until progression, the number of patients expected to remain sensitive to an anti-BCMA approach will be relatively small, thus limiting the financial and resource burden of these exceptions.

Clarity of the draft implementation advice

3. Are the reasons for the panel's advice clearly stated in the draft report?	Yes	<input checked="" type="checkbox"/>
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	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		
4. Have the implementation issues been clearly articulated and adequately addressed in the draft report?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		

SECTION 2: PROVISIONAL FUNDING ALGORITHM		
Stakeholder agreement with the draft provisional funding algorithm		
5. Please indicate if the stakeholder agrees with the draft provisional funding algorithm.	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<p>Please explain why the stakeholder agrees or disagrees with the draft algorithm.</p> <p>Whenever possible, please identify the specific element from the algorithm and the rationale. Note that algorithms are based on pERC recommendations, CDA-AMC implementation advice, and the historical jurisdictional funding context.</p>		
Clarity of the draft provisional funding algorithm		
6. Is the proposed provisional algorithm clearly represented and described in the draft report?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		

Appendix 2. Conflict of Interest Declarations for Clinician Groups

- To maintain the objectivity and credibility of the CDA-AMC drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CDA-AMC may contact your group with further questions, as needed.
- For conflict of interest declarations:
 - Please list any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.
 - Please note that declarations are required for each clinician that contributed to the input.
 - If your clinician group provided input at the outset of the review, only conflict of interest declarations that are new or require updating need to be reported in this form. For all others, please list the clinicians who provided input are unchanged
 - Please add more tables as needed (copy and paste).
 - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
1. Did you receive help from outside your clinician group to complete this submission?	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
3. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the algorithm process and have those declarations remained unchanged? If no, please complete section C below.	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please list the clinicians who contributed input and whose declarations have not changed: <ul style="list-style-type: none"> Clinician 1 Clinician 2 Add additional (as required) 		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	Donna Reec, MD
Position	Chief Medical Officer, CMRG
Date	02-04-2025
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
BMS/ Celgene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Amgen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 2

Name Arleigh McCurdy, MD

Position Oncologist, Ottawa

Date 02-04-2025

- ☒ **I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 3

Name Christopher Venner

Position Oncologist, BCCA

Date 02-04-2025

<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
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Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Celgene/BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 4

Name	<i>Stephen Parkin, MD</i>
Position	<i>Oncologist, BCCA</i>
Date	<i>02-04-2025</i>
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5

Name	<i>Rami Kotb, MD</i>
Position	<i>Oncologist, Cancer Care Manitoba</i>
Date	<i>(DD-MM-YYYY) 02-04-2025</i>

<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
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Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000

BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanofi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Karyopharm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

New or Updated Declaration for Clinician 6

Name	<i>Kevin Song, MD</i>
Position	<i>Oncologist, BCCA Vancouver General Hospital</i>
Date	<i>02-04-2025</i>
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 7

Name	<i>Darrell White, MD</i>
Position	<i>Oncologist, Dalhousie University and QEII Health Sciences Centre</i>
Date	<i>02-04-2025</i>

<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
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Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 8				
Name	Guido Lancman			
Position	Oncologist, University Health Network – Princess Margaret Cancer Centre			
Date	02-04-2025			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 9				
Name	Ibraheem Othman			
Position	Oncologist, Saskatchewan Cancer Agency			
Date	02-04-2025			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 10	
Name	Satish Gopalakrishnan, MD
Position	Oncologist, Sudbury
Date	02-04-2025

<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
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Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 11				
Name	Marc Lalancette, MD			
Position	Oncologist, Quebec City			
Date	02-04-2025			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 12				
Name	Sindhu Kanjeekal, MD			
Position	Please state currently held position			
Date	02-04-2025			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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New or Updated Declaration for Clinician 13

Name	Suzanne Trudel, MD
Position	University Health Network – Princess Margaret Cancer Centre
Date	02-04-2025
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 14

Name	Nizar J Bahlis, MD
Position	Oncologist, Tom Baker Cancer Centre
Date	02-04-2025
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 15

Name	Ryan Kaedbey, MD
Position	Oncologist, Jewish General Hospital
Date	02-04-2025

<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
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Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 16

Name	Erin Mutterback
Position	Nurse Practitioner, The Ottawa Hospital Myeloma Program
Date	02-04-2025

<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
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Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 17

Name	<i>Samer Tabchi</i>
Position	<i>Hematologist, The Ottawa Hospital</i>
Date	<i>02-04-2025</i>
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
Conflict of Interest Declaration	
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.	
Company	Check Appropriate Dollar Range

	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 18				
Name	<i>Hyra Sapru</i>			
Position	<i>Please state currently held position</i>			
Date	<i>02-04-2025</i>			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Pfizer</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Janssen</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Apotex</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Forus</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>GSK</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 19	
Name	<i>Richard LeBlanc, MD</i>
Position	<i>Hematologist at Hôpital Maisonneuve-Rosemont, Montreal</i>
Date	<i>02-04-2025</i>

<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
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Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Johnson & Johnson</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GSK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Amgen</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 20	
Name	<i>Christopher Cipkar, MD</i>
Position	<i>Oncologist, Ottawa Hospital</i>
Date	<i>02-04-2025</i>
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 21	
Name	<i>Bethany Monteith, MD</i>
Position	<i>Oncologist, Kingston General Hospital</i>
Date	<i>02-04-2025</i>
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 22	
Name	<i>Debra Bergstrom, MD</i>
Position	<i>Please state currently held position</i>
Date	<i>02-04-2025</i>

<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
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Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 23

Name	Martha Louzada, MD
Position	Hematologist, London Health Sciences Centre
Date	02-04-2025
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 24

Name	Julia Varghese, MD
Position	Hematologist, BCCA
Date	02-04-2025
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Pfizer</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Forus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 23				
Name	Jesse Shustik, MD			
Position	Hematologist, BCCA			
Date	02-04-2025			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 23				
Name	Nicole Laferriere, MD			
Position	Chief of Oncology, Thunder Bay Regional Health Sciences Centre			
Date	02-04-2025			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>