Please Note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:					Dr. Antonio Finelli		
Name of drug and indication under review:					Lenvatinib/RCC		
Coı	nfli	ct of Interest De	cla	rations			
revi pote info	ew p entia rmat	process must disclose a all conflicts of interest	ny c that ct of	onflicts of inte may influence interest decla	e pCODR process, all participants in the pCODR erest. A registered clinician must declare any or have the appearance of influencing the ration is requested for transparency — it does not		
Exar	nple	es of conflicts of intere	st in	clude, but are	not limited to:		
	1 • 6	research grants, honor	aria,	gifts, and sala	al industry or other entities e.g., educational or ary; ationships with drug manufacturers or other interest		
Sect	tion	A: Payment Received					
					evious two years from any company or interest in the drug under review?		
	□ X	Yes No					
	If n	o, please go to Section	В				
2.	Wha	t form of payment did	you	receive? (Che	ck all that apply.)		
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or O Funding (e.g.			
		Conference attendance		Research/edugrants	ucational		
		Royalties		Travel grants			
		Gifts		Sponsorship of	f Events		
		Honoraria		Other, please	e specify:		

3.	Please provide the names of companies and organizations and the amounts of the payment the box below.				
Sed	ction B: Holdings or Other Interests				
mu	ve you received or is it in possession of stocks or options of more than \$10,000 (excluding stual funds) for organizations that may have a direct or indirect interest in the drug under view? If yes, please list in the table below.				
Sec	ction C: Affiliations, personal or commercial relationships				
ma ass	you have personal or commercial relationships either with a drug or health technology unufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and ociated corporations) or other interest groups? If yes, please provide the names of the mpanies and organizations and outline the nature of these relationships in the table below				
	ereby certify that I have disclosed all relevant information with respect to any matter invarty that may place me in a real, potential or perceived conflict of interest situation.				
Dat	te: _Aug 3 2017_ Name: Antonio Finelli Signature:				

Please Note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:	Naveen S. Basappa		
Name of drug and indication under review:	Lenvatinib and Everolimus		
Conflict of Interest Declarations			
To maintain the objectivity and credibility of the pCODR pr disclose any conflicts of interest. A registered clinician mus influence or have the appearance of influencing the inform requested for transparency — it does not negate or preclu	t declare any potential conflicts of interest that may nation submitted. Conflict of interest declaration is		
Examples of conflicts of interest include, but are not limite	d to:		
financial support from the pharmaceutical industry of gifts, and salary; affiliations or personal or commercial relationships w	other entities e.g., educational or research grants, honoraria		
Section A: Payment Received			
 Have you received any payments over the previous tw direct or indirect interest in the drug under review? 	o years from any company or organization that may have		
X Yes □ No			
If no, please go to Section B			
2. What form of payment did you receive? (Check all that	t apply.)		
X Advisory role (e.g., advisory	Operating Funding ite)		
	educational grants		
□ Royalties □ Travel gran			
☐ Gifts ☐ Sponsorshi X Honoraria ☐ Other, plea	p of Events use specify:		
3. Please provide the names of companies and organizat	ons and the amounts of the payments in the box below.		
honoraria/consulting/advisory boards from: Pfiz Janssen, AstraZeneca, Novartis, Bristol Myers-			

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.					
No.					
Section C: Affiliations, personal or commercial relationships					
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.					
No.					
I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.					
Date: June 20, 2018 Name: Naveen S. Basappa Signature:					

Please Note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:		Christina Canil			
Name of drug and indication under rev	view:	Lenvatinib in combination with everolimus for advanced renal cell carcinoma			
Conflict of Interest Declaration	ıs				
To maintain the objectivity and credibility disclose any conflicts of interest. A register influence or have the appearance of influence uested for transparency — it does not	ered clinician encing the ir	must declare any potential conf oformation submitted. Conflict of	licts of interest that may interest declaration is		
Examples of conflicts of interest include, I	but are not li	imited to:			
financial support from the pharmace gifts, and salary; affiliations or personal or commercia		-	-		
Section A: Payment Received					
Have you received any payments ove direct or indirect interest in the drug	•		or organization that may have		
x Yes □ No					
If no, please go to Section B					
What form of payment did you receive	ve? (Check a	II that apply.)			
 x Advisory role (e.g., advisory be HTA submission advice) x Conference attendance Royalties Gifts x Honoraria 	□ X	Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events Other, please specify:	_member of committees – see below		
Please provide the names of compani	ies and orga	nizations and the amounts of the	payments in the box below.		

Ipsen, Roche (\$1200-3000 per advisory board) Travel Grants: Pfizer, Amgen Conference attendance and travel grant: Sanofi-Genzyme Member of Genitourinary Research Council Steering Committee and Co-chair of Education Committee

Advisory Boards: Sanofi-Genzyme, Pfizer, Eisai, Merck Oncology, EMD Serono, Novartis, Bayer, BMS,

- Janssen sponsored

Chair of Medical Advisory Board of Kidney Cancer Canada (volunteer)

	Member of CCO Genitourinary Drug Advisory Committee (volunteer) – omitted participation in submission from CCO for lenvatinib in combination with everolimus for advanced renal cell
Section	on B: Holdings or Other Interests
	you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for sizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table /.
No	
Sectio	on C: Affiliations, personal or commercial relationships
such i	bu have personal or commercial relationships either with a drug or health technology manufacturer (including manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? please provide the names of the companies and organizations and outline the nature of these relationships in able below.
No	

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: June 22, 2018	Name:Christina Canil	
		[[] [] [] [] [] [] [] [] [] [
		My lest,
		Signature:

Declara	ations Template even if the subr	nissi	on is made jointly.
Name	of registered clinician:		Anil Kapoor
Name	of drug and indication under revi	ew:	Lenvatinib plus Everolimus
Confli	ict of Interest Declaration) 15	
disclose influenc	e any conflicts of interest. A registe ce or have the appearance of influ	ered (encin	he pCODR process, all participants in the pCODR review process must clinician must declare any potential conflicts of interest that may ng the information submitted. Conflict of interest declaration is ate or preclude the use of the clinician input.
Exampl	es of conflicts of interest include,	but a	re not limited to:
	gifts, and salary;		al industry or other entities e.g., educational or research grants, honoraria, ationships with drug manufacturers or other interest groups.
Section	A: Payment Received		
	ve you received any payments ove ect or indirect interest in the drug		previous two years from any company or organization that may have review?
X	Yes X No		
ifı	no, please go to Section B		
2. Wh	at form of payment did you receiv	/e? (Check all that apply.)
Х	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
	.		Research/educational grants
	•		Travel grants
Σ			Sponsorship of Events Other, please specify:
,	· · · · · · · · · · · · · · · · · · ·	_	
3. Ple	ase provide the names of compan	ies ar	nd organizations and the amounts of the payments in the box below.
			r: Pfizer, Merck, Eisai, Roche, Ipsen, Astellas, Janssen,

AstraZeneca, Novartis, Bristol Myers-Squibb.

Have you received or is organizations that may below.	s it in possession of stocks or op have a direct or indirect intere	otions of more than \$10,000 (excluding mutual funds) for est in the drug under review? If yes, please list in the table
NO		
Section C: Affiliations,	personal or commercial relatio	onships
such manufacturer's pa	rent corporation, subsidiaries,	her with a drug or health technology manufacturer (including affiliates and associated corporations) or other interest groups? d organizations and outline the nature of these relationships in
NO		
	ave disclosed all relevant inforr intial or perceived conflict of in	
Date: June 29, 2018	Name: Anil Kapoor	Signature: WHAPVTA

Please Note: Eac	h registered clinicia	n must compl	ete their ow	n separate _l	pCODR Clini	ician Conflict	of Interest
Declarations Ten	nplate even if the s	ubmission is m	ade jointly.				

ı	Name of	registered clinician:		Aly-Khan A. Lalani
I	Name of	drug and indication under r	eview:	Lenvatinib plus Everolimus
Co	nflict	of Interest Declaratio	ns	
dis infl	close any luence o	y conflicts of interest. A regis r have the appearance of infl	tered c	e pCODR process, all participants in the pCODR review process must dinician must declare any potential conflicts of interest that may g the information submitted. Conflict of interest declaration is te or preclude the use of the clinician input.
Exa	amples o	f conflicts of interest include	, but ar	re not limited to:
	gift	ts, and salary;		Il industry or other entities e.g., educational or research grants, honoraria, ationships with drug manufacturers or other interest groups.
Sec	ction A: I	Payment Received		
1.		ou received any payments ov or indirect interest in the dru		previous two years from any company or organization that may have r review?
		Yes X No		
	If no, p	olease go to Section B		
2.	What f	orm of payment did you rece	ive? (0	Check all that apply.)
	□X	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
		Conference attendance		Research/educational grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
		Honoraria		Other, please specify:
3.	Please	provide the names of compa	nies an	d organizations and the amounts of the payments in the box below.
	AAL:	honoraria/consulting from (1950).		

Section B: Holdings or Other Interests

•	t in possession of stocks or option nave a direct or indirect interest in		- · · · · · · · · · · · · · · · · · · ·
NO			
Section C: Affiliations, p	ersonal or commercial relationshi	ips	
such manufacturer's par	commercial relationships either vent corporation, subsidiaries, affilie names of the companies and org	iates and associated corpo	rations) or other interest groups?
NO			
•	ve disclosed all relevant information in the second or perceived conflict of interest of interest of the second or perceived conflict of interest or the second or the sec	· · · · · · · · · · · · · · · · · · ·	ter involving a Party that may
Date: June 18, 2018	Name: Aly-Khan A. Lalani	Signature:	

Declarations Template even if the submission is made jointly.								
Na	me of	registered clinician:		Eric Winquist				
Na	me of	drug and indication under rev	iew:	Lenvatinib				
Со	nflic	t of Interest Declaration	าร					
disc infl	close a uence	ny conflicts of interest. A registor or have the appearance of influ	ered c encin	the pCODR process, all participants in the pCODR review process I clinician must declare any potential conflicts of interest that maing the information submitted. Conflict of interest declaration is gate or preclude the use of the clinician input.				
Exa	mples	of conflicts of interest include,	but ar	are not limited to:				
	g	ifts, and salary;		cal industry or other entities e.g., educational or research grants, elationships with drug manufacturers or other interest groups.	honoraria,			
Sec	tion A	: Payment Received						
1.	Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?							
	X	Yes No						
	If no	, please go to Section B						
2.	2. What form of payment did you receive? (Check all that apply.)							
	X	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)				
		Conference attendance		((
		Royalties		5				
		Gifts Honoraria						
2	Dless	o provide the person of severe	nios s	and organizations and the amounts of the normants in the barrie	oolow.			
3.				and organizations and the amounts of the payments in the box b	elow.			
Honoraria from Eisai, Merck, and Roche								

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.								
No								
Section C: Affiliations, personal or commercial relations	hips							
such manufacturer's parent corporation, subsidiaries, aff	with a drug or health technology manufacturer (including filiates and associated corporations) or other interest groups? The granizations and outline the nature of these relationships in							
No								
I hereby certify that I have disclosed all relevant informat place me in a real, potential or perceived conflict of inter	tion with respect to any matter involving a Party that may rest situation.							
Date: _29 June 2018 Name: Eric Winquist	Signature:							



Note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician: Sebastien Hotte

Name of drug and indication under review: lenvatinib/RCC

Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

Sec 1.	 Bection A: Payment Received Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review? ☑ Yes □ No If no, please go to Section B. 								
2.	What form of payment did you receive? (Check all that apply.)								
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria		Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events					
	☐ Other, please specify: Click here to enter text.								
3. Me	 Please provide the names of companies and organizations and the amounts of the payments in the box below. Merck – under 								



Section B: Holdings or Other Interests

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

no

Section C: Affiliations, personal or commercial relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: August 2, 2017-08-02

Name: Sebastien J Hotte, MD, FRCPC

the second section of the second seco

Signature: