Appendix A: pCODR Clinician Conflict of Interest Declarations

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. Sandeep Sehdev		
	Enzalutamide (Xtandi) for Non-Metastatic Castration-Resistant Prostate Cancer		

Name of drug and indication under review:

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.

Section A: Payment Received

attendance

Royalties

☐ Honoraria

□ Gifts

۱.	. 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			
	lf n	o, please go to Sec	tion	в В	
2.	Wha	t form of payment	did	you receive? (Check all that apply.)	
		Advisory board		Program or Operating Funding (e.g., website)	
		Conference		Research/educational grants	

□ Travel grants

Sponsorship of Events

□ Other, please specify:

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

ection B: Holdings or Other Interests
ave you received or is it in possession of stocks or options of more than \$10,000 (excluding nutual funds) for organizations that may have a direct or indirect interest in the drug under eview? If yes, please list in the table below.
No
ection C: Affiliations, personal or commercial relationships
o you have personal or commercial relationships either with a drug or health technology nanufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and ssociated corporations) or other interest groups? If yes, please provide the names of the ompanies and organizations and outline the nature of these relationships in the table below.
No
hereby certify that I have disclosed all relevant information with respect to any matter involving Party that may place me in a real, potential or perceived conflict of interest situation.
ate: Oct 8/18 Name: Dr. Sandeep Sehdev Signature:

Appendix A: pCODR Clinician Conflict of Interest Declarations

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

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Na	ame d	of registered clinician	:		Dr. Antonio Finelli		
Na	ame d	of drug and indication	und	er review:	Enzalutamide/PC		
Co	nfli	ct of Interest De	cla	rations			
ev oot nfo	riew p centia ormat	process must disclose a Il conflicts of interest 1	iny co that ct of	onflicts of int may influence interest decla	te pCODR process, all participants in the pCODR terest. A registered clinician must declare any e or have the appearance of influencing the aration is requested for transparency — it does not t.		
Exa	mple	s of conflicts of intere	st in	clude, but are	e 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	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?						
		Yes No					
	If no	o, please go to Section	В				
2. What form of payment did you receive? (Check all that apply.)							
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or C Funding (e.g			
		Conference attendance		Research/ed grants	ducational		
		Royalties Gifts		Travel grants Sponsorship	of Events		

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.							
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.							
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.							
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: _Nov 3 2017_ Name: Antonio Finelli Signature:							



Before completing this template, be sure to register with the pCODR program. Please visit https://www.cadth.ca/pcodr/registration for information about the registration process.

pCODR Clinician Conflict of Interest Declarations

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: enzalutamide/PC

Conflict of Interest Declarations

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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.

	Have y organi ⊠ Yes							
_	If no, please go to Section B.							
2.	What f	orm of payment did you receive? (Chec	ck all th	at apply.)				
	\boxtimes	Advisory role (e.g., advisory boards,		Program or Operating Funding				
		HTA submission advice)		(e.g., website)				
		Conference attendance	\boxtimes	Research/educational grants				
		Royalties		Travel grants				
		Gifts		Sponsorship of Events				
		Honoraria						
	Other, please specify: Click here to enter text.							
 Please provide the names of companies and organizations and the amounts of the payments in the box below. Merck – under 								



Before completing this template, be sure to <u>register</u> with the pCODR program. Please visit https://www.cadth.ca/pcodr/registration for information about the registration process.

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

And the second s

Signature: