

Before completing this template, be sure to <u>register</u> with the pCODR program. Please visit <u>https://www.cadth.ca/pcodr/registration</u> 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: Dr. Jayson Stoffman

Name of drug and indication under review: Dinutuximab

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.

	Have y	: Payment Received you received any payments over the pair ization that may have direct or indirect ⊠ No		
	If no, p	please go to Section B.		
2.	What 1	form of payment did you receive? (Ch	eck all t	hat apply.)
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance		Program or Operating Funding (e.g., website)
		Royalties		Research/educational grants Travel grants
		Gifts		Sponsorship of Events
		Honoraria		
		Other, please specify: Click here to ent	er text.	
3.		e provide the names of companies and box below.	l organi	zations and the amounts of the payments
Cli	ck here	to enter text		



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.

Consultancy agreements with Bayer Inc, Hoffman La Roche Ltd.

Jobs -

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: October 22, 2018

Name: J. Stoffman

Signature:



Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:		Pierre Teira		
N	ame of drug and indication under review:	Dinutuximab		
Сс	onflict of Interest Declaration			
cor of i	nflicts of interest. A registered clinician must decl	ODR process, all participants in the pCODR review process must disclose any clare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or		
Exa	amples of conflicts of interest include, but are no	ot limited to:		
	gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria,		
•	affiliations, or personal or commercial relationsh	nips with drug manufacturers or other interest groups.		
Se	ction A: Payment Received			
1.	Have you received any payments over the pre- indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or		
	□ Yes ⊠ No			
	If no, please go to Section B.			
2.	What form of payment did you receive? (Check	k all that apply.)		
	☐ Advisory role (e.g., advisory boards, healt technology assessment submission advice			
	☐ Conference attendance	☐ Research/educational grants		
	☐ Royalties	☐ Travel grants		
	☐ Gifts	☐ Sponsorship of events		
	☐ Honoraria	☐ Other, please specify:		
3.	Please provide the names of companies and c	organizations, and the amounts of the payments, in the following box.		



Section B: Holdings or Other Interests Have you received or are 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 them in the following box.				
Section C: Affiliations, P	ersonal or Commercial Rela	ationships		
parent corporation, subsidiari	mercial relationships either with es, affiliates, and associated cor lons, and outline the nature of the	porations) or other inte	rest groups? If yes, plea	
I hereby certify that I have dispotential, or perceived conflic	closed all relevant information w t of interest situation.	ith respect to any matte	er involving a Party that	t may place me in a real,
2018/09/21	Dr Pierre Teira			
			16	que.
Date	Name		Signature	



Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:		Tanya Brown ;		
1	Name of drug and indication under review:	Dinutuximab		
Со	nflict of Interest Declaration			
con of in	flicts of interest. A registered clinician must decla	DR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or		
Exa	amples of conflicts of interest include, but are not	limited to:		
	financial support from the pharmaceutical industr gifts, and salary)	y or other entities (e.g., educational or research grants, honoraria,		
•	affiliations, or personal or commercial relationship	ps with drug manufacturers or other interest groups.		
Se	ction A: Payment Received			
1.	Have you received any payments over the previ indirect interest in the drug under review?	ious two years from any company or organization that may have a direct or		
	□ 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, heal- technology assessment submission advice 			
	☐ Conference attendance	☐ Research/educational grants		
	☐ Royalties	☐ Travel grants		
	☐ Gifts	☐ Sponsorship of events		
	☐ Honoraria	☐ Other, please specify:		
3.	Please provide the names of companies and org	ganizations, and the amounts of the payments, in the following box.		
	n/a			



	ssession of stocks or options of more that erest in the drug under review? If yes, pla	n \$10,000 (excluding mutual funds) for organizations that ease list them in the following box.
none		
Section C: Affiliations, Per	sonal or Commercial Relationship	s
parent corporation, subsidiaries	•	nealth technology manufacturer (including the manufacturer's or other interest groups? If yes, please provide the names of niships, in the following box.
none		
potential, or perceived conflict of	of interest situation.	to any matter involving a Party that may place me in a real,
14 January 2019	Tanya Brown	
		IR rown
Date	Name	Signature



Name of registered clinician:

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

David Mitchell

Name of drug and Indication under review:	Dinutuximab
Conflict of Interest Declaration	
conflicts of Interest. A registered clinician must dec	CODR process, all participants in the pCODR review process must disclose any clare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are no	ot limited to:
gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria, hips with drug manufacturers or other interest groups.
annations, or personal or commercial relations.	The Maria and Ma
Section A: Payment Received	
 Have you received any payments over the pre indirect interest in the drug under review? 	evious two years from any company or organization that may have a direct or
□ Yes x No □	
If no, please go to Section B.	
2. What form of payment did you receive? (Chec	k all that apply.)
☐ Advisory role (e.g., advisory boards, heal technology assessment submission advice	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	☐ Other, please specify:
3. Please provide the names of companies and o	organizations, and the amounts of the payments, in the following box.



Section B: Holdings or Other Interests				
Have you received or are 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 them in the following box.				
No				
Section C: Affiliations, F	Personal or Commercial Relationship	s		
parent corporation, subsidiar		nealth technology manufacturer (including the manufacturer's or other interest groups? If yes, please provide the names of nships, in the following box.		
No				
I hereby certify that I have di potential, or perceived conflic		to any matter involving a Party that may place me in a real,		
Octobr 15, 2018	David Mitchell	All A		
Date	Name	Signature		



Name of registered clinician:	Carol Portwine		
Name of drug and indication under review:	Dinutuximab (Unituxin) -Neuroblastoma		
Conflict of Interest Declaration			
conflicts of interest. A registered clinician must declar	DR process, all participants in the pCODR review process must disclose any re any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or		
Examples of conflicts of interest include, but are not l	limited to:		
gifts, and salary)	y or other entities (e.g., educational or research grants, honoraria,		
· affiliations, or personal or commercial relationship	s with drug manufacturers or other interest groups.		
Section A: Payment Received			
 Have you received any payments over the previous indirect interest in the drug under review? 	ous two years from any company or organization that may have a direct or		
□ Yes 涿 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, health technology assessment 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:		
a de la companie and or	ganizations, and the amounts of the payments, in the following box.		
Please provide the names of companies and organics.	ganizations, and the amounts of the paymonte, in the remaining		
and the second second			



may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.			
NO			
Parket.			

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

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.

Oct 10/18

Name



Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:	Alexandra Zorzi Dinutuximab		
Name of drug and indication under review:			
Conflict of Interest Declaration			
conflicts of interest. A registered clinician must dec	ODR process, all participants in the pCODR review process must disclose any lare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or		
Examples of conflicts of interest include, but are no	t limited to:		
gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria,		
amiliations, or personal or commercial relationsr	nips with drug manufacturers or other interest groups.		
Section A: Payment Received			
 Have you received any payments over the pre indirect interest in the drug under review? 	vious two years from any company or organization that may have a direct or		
□ Yes ⊠ No			
If no, please go to Section B.			
2. What form of payment did you receive? (Chec	k all that apply.)		
 Advisory role (e.g., advisory boards, heatechnology assessment submission adv 			
☐ Conference attendance	☐ Research/educational grants		
☐ Royalties	☐ Travel grants		
☐ Gifts	☐ Sponsorship of events		
☐ Honoraria	☐ Other, please specify:		
Please provide the names of companies and companies.	organizations, and the amounts of the payments, in the following box.		
o. Thease provide the names of companies and o	rganizations, and the amounts of the payments, in the following box.		



-	•	e than \$10,000 (excluding mutual funds) for organizations that es, please list them in the following box.
No		
Section C: Affiliations, F	Personal or Commercial Relation	ships
parent corporation, subsidiar	•	g or health technology manufacturer (including the manufacturer's ions) or other interest groups? If yes, please provide the names of elationships, in the following box.
NO		
I hereby certify that I have di potential, or perceived confli		spect to any matter involving a Party that may place me in a real,
Oct 12 2018	Alexandra Zorzi	J 33
Date	Name	Signature



Name of registered clinician:	~
. —	Denise Mills
Name of drug and indication under review:	Dinutuximab
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must declare	R process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not lir	nited to:
gifts, and salary)	or other entities (e.g., educational or research grants, honoraria,
affiliations, or personal or commercial relationships	s with drug manufacturers or other interest groups.
Section A: Payment Received	
 Have you received any payments over the previous indirect interest in the drug under review? 	us two years from any company or organization that may have a direct or
□ Yes ∑ No	
If no, please go to Section B.	
What form of payment did you receive? (Check all	I that apply.)
 Advisory role (e.g., advisory boards, health technology assessment submission advice) 	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	☐ Other, please specify:
3. Please provide the names of companies and orga	nizations, and the amounts of the payments, in the following box.

CADTH

Section B: Holdings or Other Interests

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

No				
		•		

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

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.

Oct 11, 2018

Denise Mills

Signature NPPcds



Managaration of the state of th	
Name of drug and Indication under review: Dinutuxim	ab for High Risk Neuroblastoma
Conflict of Interest Declaration	
To maintain the objectivity and credibility of the pCODR process conflicts of interest. A registered clinician must declare any pote of influencing the information submitted. A conflict of interest de preclude the use of the clinician input.	s, all participants in the pCODR review process must disclose any ential conflicts of interest that may influence or have the appearance claration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not limited to:	
 financial support from the pharmaceutical industry or other e gifts, and salary) 	
 affiliations, or personal or commercial relationships with drug 	manufacturers or other interest groups.
Section A: Payment Received	
 Have you received any payments over the previous two year indirect interest in the drug under review? 	ars from any company or organization that may have a direct or
☐ Yes ☑ No ☐	
If no, please go to Section B.	
What form of payment did you receive? (Check all that apply	y.)
	gram or Operating Funding g., website)
☐ Conference attendance ☐ Res	search/educational grants
☐ Royalties ☐ Tra	vel grants
□ Gifts □ Spo	onsorship of events
☐ Honoraria ☐ Oth	er, please specify:
 Please provide the names of companies and organizations, 	and the amounts of the payments, in the following box.



nay have a direct or indirect in	terest in the drug under review? If yes	than \$10,000 (excluding mutual funds) for organizations that s, please list them in the following box.
No		
Section C: Affiliations, Pe	rsonal or Commercial Relations	hips
parent corporation, subsidiaries	nercial relationships either with a drug s, affiliates, and associated corporation ns, and outline the nature of these rela	or health technology manufacturer (including the manufacturer's ns) or other interest groups? If yes, please provide the names of ationships, in the following box.
No		
hereby certify that I have discl	osed all relevant information with resp of interest situation.	pect to any matter involving a Party that may place me in a real,
October 11, 2018	. Paul Gibson	all
		1 / 2 - 11 /



Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:		Meredith Irwin		
Na	nme of drug and indication under review:	Dinutuximab , indication: high risk neuroblastoma		
Со	nflict of Interest Declaration			
conf of in	flicts of interest. A registered clinician must decl	DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or		
Exa	mples of conflicts of interest include, but are not	t limited to:		
	financial support from the pharmaceutical indust gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria,		
• 6	affiliations, or personal or commercial relationsh	ips with drug manufacturers or other interest groups.		
Sec	ction A: Payment Received			
1.	Have you received any payments over the previndirect interest in the drug under review?	vious two years from any company or organization that may have a direct or		
	□ Yes ⊠ No			
	If no, please go to Section B.			
2.	What form of payment did you receive? (Check	c all that apply.)		
	 Advisory role (e.g., advisory boards, healt technology assessment submission advice 			
	☐ Conference attendance	☐ Research/educational grants		
	☐ Royalties	☐ Travel grants		
	☐ Gifts	☐ Sponsorship of events		
	☐ Honoraria	☐ Other, please specify:		
3.	Please provide the names of companies and or	rganizations, and the amounts of the payments, in the following box.		



Have you received or are in possession may have a direct or indirect interest in	•	\$10,000 (excluding mutual funds) for organizations that ase list them in the following box.
No		
Section C: Affiliations, Personal	or Commercial Relationships	
•	es, and associated corporations) o	ealth technology manufacturer (including the manufacturer's rother interest groups? If yes, please provide the names of ships, in the following box.
No		
I hereby certify that I have disclosed all potential, or perceived conflict of intere		o any matter involving a Party that may place me in a real,
Oct 11,2018	Meredith Irwin	Mudal
Date	Name	Signature



Name of registered clinician:	DR. JUHN WIERNIKOWSKI	
Name of drug and indication under review:	DR. JOHN WIERNIKOWSKI DINUTUXIMAB	
Conflict of Interest Declaration		
conflicts of interest. A registered clinician must declar	DR process, all participants in the pCODR review process must re any potential conflicts of interest that may influence or have the interest declaration is requested for transparency — it does not	ne appearance
Examples of conflicts of interest include, but are not li	imited to:	
 financial support from the pharmaceutical industry gifts, and salary) 	or other entities (e.g., educational or research grants, honorari	a,
 affiliations, or personal or commercial relationship 	s with drug manufacturers or other interest groups.	
Section A: Payment Received		
. Have you received any payments over the previous indirect interest in the drug under review?	ous two years from any company or organization that may have	a direct or
□ Yes ☑-Mo		
If no, please go to Section B.		
2. What form of payment did you receive? (Check a	all that apply.)	
 Advisory role (e.g., advisory boards, health technology assessment submission advice 		
☐ Conference attendance	☐ Research/educational grants	
☐ Royalties	☐ Travel grants	
☐ Gifts	☐ Sponsorship of events	
☐ Honoraria	☐ Other, please specify:	
3. Please provide the names of companies and org	anizations, and the amounts of the payments, in the following b	ox.

Have you received or are 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 them in the following box.

NONE

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

NUNE

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

Oct 11, 2018

OHN WIERNIKOWSKI

Name

Signature Commended



Name of registered clinician:		Donna Johnston		
N	ame of drug and indication under review:	Dinutuximab for high risk neuroblastoma		
C	onflict of Interest Declaration			
co of	nflicts of interest. A registered clinician must decla	DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or		
Ex	amples of conflicts of interest include, but are not	: limited to:		
	gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria,		
•	affiliations, or personal or commercial relationshi	ips with drug manufacturers or other interest groups.		
Se	ction A: Payment Received			
1.	Have you received any payments over the previndirect interest in the drug under review?	rious two years from any company or organization that may have a direct or		
	□ 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, health technology assessment submission advice 	h □ Program or Operating Funding e) (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 companies and or	ganizations, and the amounts of the payments, in the following box.		



Section B: Holdings or O	ther Interests		
Have you received or are in p may have a direct or indirect	ossession of stocks or options of more that interest in the drug under review? If yes, pla	n \$10,000 (excluding mutual funds) for organizations that ease list them in the following box.	
No			
Section C: Affiliations, Po	ersonal or Commercial Relationship	s	
parent corporation, subsidiarie	mercial relationships either with a drug or hes, affiliates, and associated corporations) ons, and outline the nature of these relation	nealth technology manufacturer (including the manufacture or other interest groups? If yes, please provide the names nships, in the following box.	er's s of
No			
I hereby certify that I have dis potential, or perceived conflict	closed all relevant information with respect t of interest situation.	to any matter involving a Party that may place me in a rea	al,
October 9, 2018	Donna Johnston	Chros)
Date	Name	Signature /	