

Name of registered clinician:	You - Joyn Ko	
Name of drug and indication under review	Landrectinis for NTRK fusion conws	
<b>Conflict of Interest Declaration</b>		
conflicts of interest. A registered clinician must	pCODR process, all participants in the pCODR review process must disclose any declare any potential conflicts of interest that may influence or have the appearance lict of interest declaration is requested for transparency — it does not negate or	
Examples of conflicts of interest include, but are	not limited to:	
<ul> <li>financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)</li> <li>affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.</li> </ul>		
Section A: Payment Received		
<ol> <li>Have you received any payments over the previous two years from any company or organization that may have a direct or indirect interest in the drug under review?</li> <li>Yes</li> <li>No</li> <li>If no, please go to Section B.</li> </ol>		
2. What form of payment did you receive? (Ch	eck all that apply.)	
Advisory role (e.g., advisory boards, technology assessment submission a	health Program or Operating Funding (e.g., website)	
☐ Conference attendance	☐ Research/educational grants	
☐ Royalties	☐ Travel grants	
☐ Gifts	☐ Sponsorship of events	
☐ Honoraria	☐ Other, please specify:	
Please provide the names of companies an	d organizations, and the amounts of the payments, in the following box.	
Bayo - \$		



# 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, 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.

A/G

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.

Signature

3/21/2019 /00 - 30ung Ko



Name of registered clinician:	Dr. Mahmoud Abo	delsalam			
Name of drug and indication under review:	arotrectinib-	*-	ine		
Conflict of Interest Declaration		NTRIF +	Migni		
To maintain the objectivity and credibility of the pCOD conflicts of interest. A registered clinician must declare of influencing the information submitted. A conflict of influencing the use of the clinician input.	e any potential conflicts of interest that may	eview process must disclos	e any		
Examples of conflicts of interest include, but are not li	mited to:				
gills, and salary)	<ul> <li>financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria</li> </ul>				
Section A: Payment Received					
<ol> <li>Have you received any payments over the previous indirect interest in the drug under review?</li> </ol>	us two years from any company or organiz	ation that may have a direc	t or		
☐ Yes ☐ No					
If no, please go to Section B.					
2. What form of payment did you receive? (Check al	I that apply.)				
<ul> <li>Advisory role (e.g., advisory boards, health technology assessment submission advice)</li> </ul>	□ Program or Operating Funding (e.g., website)				
☐ Conference attendance	☐ Research/educational grants				
☐ Royalties	☐ Travel grants				
☐ Gifts	☐ Sponsorship of events				
☐ Honoraria	☐ Other, please specify:				
Please provide the names of companies and orga	nizations, and the amounts of the payment	s, 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, 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.
March 14, 2019 MAHIMOUD ABDELSALAM Signature



-	Name of registered clinician:	Ronald Burkes	
1	Name of drug and indication under review:	Larotrectinib - NTRK + tumors	
C	onflict of Interest Declaration		
of	initicis di interest. A registered clinician must deci	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	
Ex	amples of conflicts of interest include, but are no	t limited to:	
٠	<ul> <li>financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)</li> </ul>		
•	affiliations, or personal or commercial relationsh	ips with drug manufacturers or other interest groups.	
Se	ection A: Payment Received		
<ol> <li>Have you received any payments over the previous two years from any company or organization that may have a direct or indirect interest in the drug under review?</li> </ol>		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	☐ 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 companies and org	anizations, and the amounts of the payments, in the following box.	
LOXO Oncology			
	TO THE STATE OF TH		
	Value of the state		



Section B: Holdings or	Other Interests	
Have you received or are in may have a direct or indirect	possession of stocks or options of mor t interest in the drug under review? If ye	e than \$10,000 (excluding mutual funds) for organizations that es, please list them in the following box.
No		
Section C: Affiliations, I	Personal or Commercial Relations	ships
Do you have personal or cor parent corporation, subsidial	nmercial relationships either with a drug	g or health technology manufacturer (including the manufacturer's
No		
hereby certify that I have dis potential, or perceived conflic	sclosed all relevant information with reset of interest situation.	pect to any matter involving a Party that may place me in a real,
March 14, 2019	Ronald Burkes	6/
Date	Name	Signature

# Appendix A: pCODR Clinician Conflict of Interest Declarations

Clinician Input Template for CADTH pan-Canadian Oncology Drug Review Program

Please note: Each registered clinician must comp Template even if the submission is made jointly.	plete their own separate pCODR Clinician	Conflict of Interest Declarations
Name of registered clinician:	PETR KAUN A	12
Name of drug and indication under review:	PETR KAUAN P. LARCTRECTININ, 10	TAK (OU) TYPE
Conflict of Interest Declaration		1900
To maintain the objectivity and credibility of the pCOE conflicts of interest. A registered clinician must declar of influencing the information submitted. A conflict of preclude the use of the clinician input.	OR process, all participants in the pCODR reve e any potential conflicts of interest that may in interest declaration is requested for transpare	iew process must disclose any ofluence or have the appearance oncy — it does not negate or
Examples of conflicts of interest include, but are not li	mited to:	
<ul> <li>financial support from the pharmaceutical industry gifts, and salary)</li> </ul>	or other entities (e.g., educational or research	
<ul> <li>affiliations, or personal or commercial relationships</li> </ul>	s with drug manufacturers or other interest gr	oups.
Section A: Payment Received		
<ol> <li>Have you received any payments over the previous indirect interest in the drug under review?</li> </ol>	us two years from any company or organizati	on that may have a direct or
□ Yes Ø No		
If no, please go to Section B.		
2. What form of payment did you receive? (Check al	I 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:	5)
	-	
3. Please provide the names of companies and organ	nizations, and the amounts of the payments, i	n the following box
1x ADC (COM) NO.	, , , , , ,	tale following box.
1x ADCISORY YOAR) RAMINA ( Ray	muchy aclahed to	NARK
Munima & Karn	. 4	
, 0		

lave you received or are in possess nay have a direct or indirect interes	nterests sion of stocks or options	of more than \$10,000 (ex	cluding mutual funds)	) for organiz	ations that
	Third drug under revie	w? If yes, please list them	in the following box.		
·	×14				
ection C: Affiliations, Person	al or Commercial Re	lationships			
o you have personal or commercial arent corporation, subsidiaries, affili e companies and organizations, ar	relationships either with	a drug or health technolo	gy manufacturer (inc of groups? If yes, plea ollowing box,	luding the nase provide	nanufacture the names
ſ.	'/A				
ereby certify that I have disclosed a ential, or perceived conflict of inter	all relevant information west situation.	rith respect to any matter i	nvolving a Party that	may place r	ne in a rea
9 2 001G	787R Name	GAVAN MI)	Signature	lle	( .
				A Commence of the Commence of	



1	Name of registered clinician:	Howard Lim
ı	Name of drug and indication under review:	Larotrectinib - Colorectal, GIST, and cholangiocarcinoma
Co	onflict of Interest Declaration	
cor of i	nflicts 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
Ξxa	amples of conflicts of interest include, but are no	at limited to:
	gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria,
٠	affiliations, or personal or commercial relations	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? (Chec	k all that apply.)
	Advisory role (e.g., advisory boards, her technology assessment submission adv	
	□ Conference attendance	☐ Research/educational grants
	☐ Royalties	
	☐ Gifts	☐ Sponsorship of events
	☐ Honoraria	☐ Other, please specify:
3.	Please provide the names of companies and of	organizations, and the amounts of the payments, in the following box.
	Eisai - \$ Travel grant, \$ Advisor	ry board



# Section B: Holdings or Other Interests

Have you received or are in may have a direct or indirect		than \$10,000 (excluding mutual funds) for organizations that s, please list them in the following box.
No		
	ersonal or Commercial Relations	- 12.1
parent corporation, subsidiari	nmercial relationships either with a drug es, affiliates, and associated corporatior ions, 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.
N/A		
I hereby certify that I have dis potential, or perceived conflic	closed all relevant information with resp	ect to any matter involving a Party that may place me in a real,
March 9, 2019	Howard Lim	
		Harris
Date	Name	Signature



Ap	pendix A: pCODR Clinician Conflict	of Interest Declarations	
	ase note: Each registered clinician must comple plate even if the submission is made jointly.	te their own separate pCODR Clinician Conflict of Interest Declarations	
Na	me of registered clinician:	Jonathan Lorec Larotrectinib	
Na	me of drug and indication under review:	Larotrectinib	
Co	nflict of Interest Declaration		
con of ir	flicts of interest. A registered clinician must declare	process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance terest declaration is requested for transparency — it does not negate or	
Exa	mples of conflicts of interest include, but are not lim	ited to:	
1	gifts, and salary)	or other entities (e.g., educational or research grants, honoraria,	
• 1	affiliations, or personal or commercial relationships	with drug manufacturers or other interest groups.	
Sec	ction A: Payment Received		
1.	<ol> <li>Have you received any payments over the previous two years from any company or organization that may have a direct or indirect interest in the drug under review?</li> </ol>		
	⊠ 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)	☐ 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 companies and organ	nizations, and the amounts of the payments, in the following box.	
	Bayer -	\$ Canadian	

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.
Λο
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.
10
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.
3/8/2019 Jord Han Lore Signature
Date Name .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:	SILVAJA SPADAGEA	
Name of drug and indication under review:	SILVANA SPADAFIER Larectorib -NTRK Positive Solid Ton	
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 li	imited to:	
<ul> <li>financial support from the pharmaceutical industry gifts, and salary)</li> <li>affiliations, or personal or commercial relationship.</li> </ul>	or other entities (e.g., educational or research grants, honoraria, s with drug manufacturers or other interest groups.	
Section A: Payment Received		
622 1 S	ous 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 at	If that apply.)	
<ul> <li>Advisory role (e.g., advisory boards, health technology assessment submission advice)</li> </ul>	Program or Operating Funding (e.g., website)	
☐ Conference attendance	☐ Research/educational grants	
☐ Royalties	☐ Travel grants	
☐ Gifts	☐ Sponsorship of events	
☐ Honoraria	☐ Other, please specify:	
Please provide the names of companies and orga	anizations, and the amounts of the payments, in the following box.	
Law William Control of the Control o		

Appendix A: pCODR Clinician Conflict of Interest Declarations

Clinician input Template for CADTH pan-Canadian Oncology Drug Review Program

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 interest in the drug under review? If yes, please list them in the following box.
Ni	
Section C: Affiliations, P	tersonal or Commercial Relationships
parent corporation, subsidiari	mercial relationships either with a drug or health technology manufacturer (including the manufacturer) ies, affiliates, and associated corporations) or other interest groups? If yes, please provide the names o tions, and outline the nature of these relationships, in the following box.
parent corporation, subsidiari	nmercial relationships either with a drug or health technology manufacturer (including the manufacturer ies, affiliates, and associated corporations) or other interest groups? If yes, please provide the names o
parent corporation, subsidiarithe companies and organization	nmercial relationships either with a drug or health technology manufacturer (including the manufacturer ies, affiliates, and associated corporations) or other interest groups? If yes, please provide the names ocions, and outline the nature of these relationships, in the following box.  Sclosed all relevant information with respect to any matter involving a Party that may place me in a real,



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:	Tennifer Sprattin		
Name of drug and indication under review:	Larotrectinib		
Conflict of Interest Declaration			
deciare of interest. A registered clinician must deciare	R process, all participants in the pCODR review process must disclose any early 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 lin	nited to:		
<ul> <li>financial support from the pharmaceutical industry gifts, and salary)</li> </ul>	or other entities (e.g., educational or research grants, honoraria,		
<ul> <li>affiliations, or personal or commercial relationships</li> </ul>	with drug manufacturers or other interest groups.		
Section A: Payment Received			
<ol> <li>Have you received any payments over the previous indirect interest in the drug under review?</li> </ol>	is two years from any company or organization that may have a direct or		
∑e Yes □ No	∑ Yes		
If no, please go to Section B.			
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:		
Please provide the names of companies and organ	nizations, and the amounts of the payments, in the following box.		
	received yet as of March 18/19)		

2.

3.



# 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 o	rganizations that
may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.	rgariizations that

N/A

# 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.

NA

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.

March 18/19

Jennifer Syrathin'

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:	Dafydd Gwyn Bebb
_	Larotrectinib
	For the treatment of adult and pediatric patients with locally advanced or
Name of drug and indication under review:	metastatic solid tumors harboring a NTRK gene fusion
Conflict of Interest Declaration	
conflicts 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
Examples of conflicts of interest include, but are not	limited to:
•	ry or other entities (e.g., educational or research grants, honoraria,
gifts, and salary)	ine with drug manufacturors or other interest groups
animations, or personal or commercial relationship	ips with drug manufacturers or other interest groups.
Section A: Payment Received	
<ol> <li>Have you received any payments over the previous indirect interest in the drug under review?</li> </ol>	rious 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 that apply.)
X Advisory role (e.g., advisory boards, heal technology assessment submission advice	
□ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	X Sponsorship of events
☐ Honoraria	☐ Other, please specify:
_	☐ Other, please specify:  ganizations, and the amounts of the payments, in the following box.

(1) POET (Precision Oncology Experimental Therapeutics) Annual Meeting 2018 April 4,5th 2019 (which I chair).

; Bayer \$



BI \$ ; Celge	ne \$ ; Lilly \$ ; Roche \$	; Merck \$
(2) Glans Look Lung (	Cancer Research Day May 27 2019 (wh	ich I chair).
AZ \$ ; BI \$		
Advisory Boards for v	which I received an honorarium	
AZ \$		
ВІ \$		
Merck \$, \$		
Bayer \$	_	
Takeda \$		
Roche \$		
Pfizer \$, \$		
Continu D. Haldiman an Ot	han lutanasta	
Section B: Holdings or Ot		
	ssession of stocks or options of more tha terest in the drug under review? If yes, p	in \$10,000 (excluding mutual funds) for organizations that
	——————————————————————————————————————	
No		
Section C: Affiliations, Pe	rsonal or Commercial Relationship	os
		health technology manufacturer (including the manufacturer's
		or other interest groups? If yes, please provide the names of
	ns, and outline the nature of these relation	nsnips, in the following box.
No		
I hereby certify that I have disc potential, or perceived conflict		t to any matter involving a Party that may place me in a real,
potential, or perceived conflict	of interest situation.	
10 March 2019	Dafydd Gwyn Bebb	
Date	Name	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:		Paul	Wheatley-Price
	Lar	otre	ctinib
	For	the	treatment of adult and pediatric patients with locally advanced or
Name of drug and ir	ndication under review: me	tasta	itic solid tumors harboring a NTRK gene fusion
Conflict of Interest Dec	claration		
conflicts of interest. A re	gistered clinician must declare a ation submitted. A conflict of inte	ny p	ess, all participants in the pCODR review process must disclose any otential conflicts of interest that may influence or have the appearance declaration is requested for transparency — it does not negate or
Examples of conflicts of	interest include, but are not limi	ted to	o:
<ul> <li>financial sup and salary)</li> </ul>	port from the pharmaceutical in	dustr	y or other entities (e.g., educational or research grants, honoraria, gifts,
• affiliations, o	r personal or commercial relation	nshi	os with drug manufacturers or other interest groups.
Section A: Payment Re	eceived		
-	4. Have you received any payments over the previous two years from any company or organization that may have a direct or indirect interest in the drug under review?		
□ No			
If no, please go	to Section B.		
5. What form of p	ayment did you receive? (Check	all t	hat apply.)
	e (e.g., advisory boards, health assessment submission		Program or Operating Funding (e.g., website)
☐ Conference	attendance		Research/educational grants
□ Royalties			Travel grants
☐ Gifts			Sponsorship of events
☐ Honoraria			Other, please specify:

6. Please provide the names of companies and organizations, and the amounts of the payments, in the following box.



n/a	eby certify that I have disclosed al tial, or perceived conflict of intere		any matter involving a Party that may place me in a real,
n/a	eby certify that I have disclosed al		
n/a	eby certify that I have disclosed al		any matter involving a Party that may place me in a real,
n/a	eby certify that I have disclosed al		any matter involving a Party that may place me in a real,
n/a	eby certify that I have disclosed al		any matter involving a Party that may place me in a real,
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			•
Do yo	it corporation, subsidiaries, affiliat	elationships either with a drug or he	alth technology manufacturer (including the manufacturer's other interest groups? If yes, please provide the names of hips, in the following box.
n/a	1		
may I	are a uncot of mancot interest in	i alo alag aliaol loviow: il yos, piea	oo not dieni in die fenewing box.
Have	you received or are in possession	n of stocks or options of more than s the drug under review? If yes, plea	610,000 (excluding mutual funds) for organizations that
Secti	on B: Holdings or Other Interes	ets	
	Boehringer Ingelheim	< \$	
	Bristol-Myers Squibb	< \$	
	Novartis	< \$	
	Merck	< \$	



# Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:

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

Dr Barbara Melosky

		Larotrectinib
٠.		For the treatment of adult and pediatric patients with locally advanced or
Na	ame of drug and indication under review:	metastatic solid tumors harboring a NTRK gene fusion
Co	nflict of Interest Declaration	
con 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
Exa	imples of conflicts of interest include, but are not	limited to:
		ry or other entities (e.g., educational or research grants, honoraria,
	gifts, and salary) affiliations, or personal or commercial relationsh	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?  □ Yes □ No	vious two years from any company or organization that may have a direct or
	If no, please go to Section B.	
2,	What form of payment did you receive? (Check	all that apply.)
	<ul> <li>Advisory role (e.g., advisory boards, healt technology assessment submission advice</li> </ul>	
	☐ 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:
	Bayer, Ro	cle & ( )



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 6: Affiliations	s, Personal or Commerci	ial Relationships	<del></del>	
parent corporation, subsi		ated corporations) or othe	r interest groups? If ye	er (including the manufacturer's s, please provide the names of
No				
	e disclosed all relevant inform	nation with respect to any	matter involving a Part	ty that may place me in a real,
Marcho	1 ~ 1	, b Milon		



	CADTI
Appendix A: pCODR Clinician Cor	
Please note: Each registered clinician must on Template even if the submission is made join	complete their own separate pCODR Clinician Conflict of Interest Declarationally.
Name of registered clinician:	Dr Kevin Jao
	Larotrectinib
	For the treatment of adult and pediatric patients with locally advanced of
Name of drug and indication under review	metastatic solid tumors harboring a NTRK gene fusion
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must d	CODR process, all participants in the pCODR review process must disclose any lecture any potential conflicts of interest that may influence or have the appearanct of interest declaration 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 ind	fustry or other entities (e.g., educational or research grants, honoraria,
gifts, and salary)	
gifts, and salary)	dustry or other entities (e.g., educational or research grants, honoraria, inships with drug manufacturers or other interest groups.
gifts, and salary)	
gifts, and salary)  affiliations, or personal or commercial relation  section A: Payment Received  Have you received any payments over the p	
gifts, and salary)  affiliations, or personal or commercial relation  section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?	nships with drug manufacturers or other interest groups.
gifts, and salary)  affiliations, or personal or commercial relation  section A: Payment Received  Have you received any payments over the p	nships with drug manufacturers or other interest groups.
gifts, and salary)  affiliations, or personal or commercial relation  section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?	nships with drug manufacturers or other interest groups.
gifts, and salary)  affiliations, or personal or commercial relation section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?	nships with drug manufacturers or other interest groups.
gifts, and salary)  affiliations, or personal or commercial relation section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or
gifts, and salary)  affiliations, or personal or commercial relation  Section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Ch	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  health   Program or Operating Funding
gifts, and salary)  affiliations, or personal or commercial relation  section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Che	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  health   Program or Operating Funding
gifts, and salary)  affiliations, or personal or commercial relation  section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Chadvisory role (e.g., advisory boards, bechnology assessment submission a	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  health Program or Operating Funding dvice) (e.g., website)
gifts, and salary)  affiliations, or personal or commercial relation  Section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Chadvisory role (e.g., advisory boards, bechnology assessment submission a	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  health
gifts, and salary)  affiliations, or personal or commercial relation  Section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Checkler of the p	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  health
gifts, and salary)  affiliations, or personal or commercial relation  Section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Ch.  Advisory role (e.g., advisory boards, technology assessment submission a  Conference attendance  Royalties  Gifts  Honoraria	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  peck all that apply.  peck all that apply.)  peck all that apply.  peck all t
gifts, and salary)  affiliations, or personal or commercial relation  Section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Ch.  Advisory role (e.g., advisory boards, technology assessment submission a  Conference attendance  Royalties  Gifts  Honoraria	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  health   Program or Operating Funding (e.g., website)   Research/educational grants   Travel grants   Sponsorship of events
gifts, and salary)  affiliations, or personal or commercial relation  Section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Che Advisory role (e.g., advisory boards, bechnology assessment submission a Conference attendance  Royalties  Gifts  Honoraria	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  peck all that apply.  peck all tha
gifts, and salary)  affiliations, or personal or commercial relation  Section A: Payment Received  Have you received any payments over the pindirect interest in the drug under review?  Yes  No  If no, please go to Section B.  What form of payment did you receive? (Ch.  Advisory role (e.g., advisory boards, technology assessment submission a  Conference attendance  Royalties  Gifts  Honoraria	nships with drug manufacturers or other interest groups.  previous two years from any company or organization that may have a direct or eck all that apply.)  peck all that apply.  peck all tha

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		CAD	ТН
Section B: Holdings or Oth Have you received or are in pos may have a direct or indirect into	ner Interests session of stocks or options of more than \$10,00 erest in the drug under review? If yes, please list	00 (excluding mutual funds) for organization them in the following box.	ns that
No			
Do you have personal or comm parent corporation, subsidiaries	sonal or Commercial Relationships ercial relationships either with a drug or health te , affiliates, and associated corporations) or other is, and outline the nature of these relationships.	r interest groups? If yes, please provide the	nufacturer's e names of
No	is, and duting the nature of those review longer,	at any national growth	
hereby certify that I have disck otential, or perceived conflict o	used all relevant information with respect to any finterest situation.	matter involving a Party that may place n	ne in a real,
70/51/03/07 Date	Keu ulab	Signature	
		11	



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 Quincy Chu
	Larotrectinib
	For the treatment of adult and pediatric patients with locally advanced or
Name of drug and indication under review:	metastatic solid tumors harboring a NTRK gene fusion

### **Conflict of Interest Declaration**

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. A 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.

### S

ectio	ı A:	Payment Received		
7.		ave you received any payments over the previ direct interest in the drug under review?	ous	two years from any company or organization that may have a direct or
	$\boxtimes$	Yes		
		No		
	lf	no, please go to Section B.		
8.	W	hat form of payment did you receive? (Check	all tl	hat 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
	$\boxtimes$	Honoraria		Other, please specify:
				<del>-</del>

9. Please provide the names of companies and organizations, and the amounts of the payments, in the following box.



1	Advisory Board and Honoria
	a) Abbvie: b) Astra Zeneca: 1 c) BMS: d) Boehringer Ingelheim: e) Eli Lilly: f) Eisai: g) Merck: h) Novartis: i) Pfizer: j) Roche: c) SMB k) Merck Sereno: no compensation l) PMH: No compensation Research Funding Astra Zeneca: 2016-2019 and 2018-2020.
ection	B: Holdings or Other Interests
	u received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that we 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

p th

arent corporation, subsidiari		health technology manufacturer (including the manufacturer's or other interest groups? If yes, please provide the names of
	ions, and oddine the nature of these relatio	riships, in the following box.
No		
hereby certify that I have dis otential, or perceived conflic	•	t to any matter involving a Party that may place me in a real,
March 11, 2019	Dr Quincy Chu	
		· ·
Date	Name	Signature



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# Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:	Paul Gibson		
Name of drug and indication under review:	Larotrectinib		
Conflict of Interest Declaration			
conf cts of nterest. A reg stered c n c an must de	CODR process, a part c pants in the pCODR review process must disclose any eclare any potential conflicts of interest that may influence or have the appearance at of interest declaration is requested for transparency — it does not negate or		
Examp es of conf cts of nterest nc ude, but are i	not m ted to:		
<ul> <li>f nanc a support from the pharmaceut ca ndustry or other ent t es (e.g., educat ona or research grants, honorar a, g fts, and sa ary)</li> <li>aff at ons, or persona or commerc a re at onsh ps w th drug manufacturers or other interest groups.</li> </ul>			
Section A: Payment Received			
·	rev ous two years from any company or organ zat on that may have a d rect or		
□ Yes ⊠ No			
If no, p ease go to Sect on B.			
2. What form of payment d d you rece ve? (Check a that app y.)			
<ul> <li>Adv sory ro e (e.g., adv sory boards, h techno ogy assessment subm ss on ad</li> </ul>			
☐ Conference attendance	☐ Research/educat ona grants		
☐ Royates	☐ Trave grants		
☐ G fts	☐ Sponsorsh p of events		
☐ Honorar a	☐ Other, p ease spec fy:		
P ease prov de the names of compan es and	organ zat ons, and the amounts of the payments, n the fo owng box.		



# Section B: Holdings or Other Interests Have you rece ved or are n possess on of stocks or opt ons of more than \$10,000 (exc ud ng mutua funds) for organ zat ons that may have a d rect or nd rect nterest n the drug under rev ew? If yes, p ease st them n the following box. NO Section C: Affiliations, Personal or Commercial Relationships Do you have personal or commercial relationships Do you have personal or commercial relationships or other necessary of the companies and organ zations, and out neithe nature of these relationships, in the following box. NO I hereby cert fy that I have disclosed a relevant information with respect to any matter involving a Party that may place mein a real, potential, or perceived conflict of interest situation. 2019/03/11 Paul Gibson

S gnature

Name

Date



Conflict of Interest of maintain the object onflicts of interest. A finfluencing the information of the examples of conflicts financial support financial su	est Declaration ctivity and credibility of the pCODE registered clinician must declare remation submitted. A conflict of in ne clinician input. of interest include, but are not lim from the pharmaceutical industry of sonal or commercial relationships ent Received	rotrectinib  R process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance terest declaration is requested for transparency — it does not negate or lited to:  or other entities (e.g., educational or research grants, honoraria, with drug manufacturers or other interest groups.		
o maintain the object onflicts of interest. A rinfluencing the information of the conflicts of conflicts of financial support figifts, and salary) of affiliations, or permettion A: Payme Have you receive indirect interest in the confliction of the confliction	ctivity and credibility of the pCODR registered clinician must declare remation submitted. A conflict of in the clinician input.  To finterest include, but are not limited the pharmaceutical industry of sonal or commercial relationships and Received any payments over the previous	any potential conflicts of interest that may influence or have the appearance terest declaration is requested for transparency — it does not negate or little to: or other entities (e.g., educational or research grants, honoraria, with drug manufacturers or other interest groups.		
nflicts of interest. A influencing the info eclude the use of the tamples of conflicts financial support financial suppo	registered clinician must declare remation submitted. A conflict of in the clinician input.  of interest include, but are not limited the pharmaceutical industry of sonal or commercial relationships and Received any payments over the previous	any potential conflicts of interest that may influence or have the appearance terest declaration is requested for transparency — it does not negate or lited to: or other entities (e.g., educational or research grants, honoraria, with drug manufacturers or other interest groups.		
financial support to gifts, and salary) affiliations, or persection A: Payme Have you receive indirect interest in Yes	rom the pharmaceutical industry of sonal or commercial relationships ent Received ed any payments over the previou	or other entities (e.g., educational or research grants, honoraria, with drug manufacturers or other interest groups.		
gifts, and salary) affiliations, or pen ection A: Payme Have you receiv indirect interest i  Yes  No	sonal or commercial relationships ont Received ed any payments over the previou	with drug manufacturers or other interest groups.		
ection A: Payme  Have you receiv indirect interest i  ☐ Yes ☑ No	ent Received ed any payments over the previou			
Have you receive indirect interest in the Yes ⊠ No	ed any payments over the previou	s two years from any company or organization that may have a direct or		
indirect interest i  ☐ Yes ☐ No		s two years from any company or organization that may have a direct or		
⊠ No	it are area arrest terret.			
If no, please go				
	to Section B.			
What form of pa	hat form of payment did you receive? (Check all that apply.)			
	role (e.g., advisory boards, health y assessment submission advice)	<ul> <li>Program or Operating Funding (e.g., website)</li> </ul>		
☐ Conferen	ce attendance	Research/educational grants		
□ Royalties		☐ Travel grants		
☐ Gifts		<ul> <li>Sponsorship of events</li> </ul>		
☐ Honoraria		☐ Other, please specify:		



# 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, 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.



Name of registered clinician:		Alexandra Zorzi	
	Name of drug and indication under review:	Larotrectinib	
C	onflict of Interest Declaration		
co of	nf cts of nterest. A reg stered c n c an must dec	ODR process, a part c pants 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	camp es of conf cts of nterest nc ude, but are no	t m ted to:	
	g fts, and sa ary)	try or other ent t es (e.g., educat ona or research grants, honorar a, n ps w th drug manufacturers or other interest groups.	
Se	ection A: Payment Received		
1.	•	v ous two years from any company or organ zat on that may have a d rect or	
	□ Yes ⊠ No		
	If no, p ease go to Sect on B.		
2. What form of payment d d you rece ve? (Check a that app y.)		k a that app y.)	
	<ul> <li>Adv sory ro e (e.g., adv sory boards, heatechno ogy assessment subm ss on adv</li> </ul>	_ , , , ,	
	☐ Conference attendance	☐ Research/educat ona grants	
	☐ Roya t es	☐ Trave grants	
	☐ G fts	☐ Sponsorsh p of events	
	☐ Honorar a	☐ Other, p ease spec fy:	
3.	P ease prov de the names of compan es and o	organ zat ons, and the amounts of the payments, n the fo ow ng box.	



Section B: Holdings or (	Other Interests		
-	possess on of stocks or opt ons of more that nterest in the drug under review? If yes, p	an \$10,000 (exc ud ng mutua funds) for organ zat ons that ease st them n the fo ow ng box.	
Section C: Affiliations, F	Personal or Commercial Relationshi	os	
parent corporat on, subs d ar		hea th techno ogy manufacturer (nc ud ng the manufacture or other nterest groups? If yes, p ease prov de the names onsh ps, n the fo ow ng box.	
hereby cert fy that I have dopotent a , or perce ved confident	•	et to any matter nvo v ng a Party that may p ace me n a rea	а,
March 3 2019 Date	Alexandra Zorzi Name	S gnature	
		-	



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# Appendix A: pCODR Clinician Conflict of Interest Declarations

Na	nme of registered clinician:	leredith Irwin	
Na	Larotrectinib for trk fusion positive cancers		
Con	flict of Interest Declaration		
conf of	cts of nterest. A reg stered c n c an must dec	ODR process, a 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	
Exam	np es of conf cts of nterest nc ude, but are not	t m ted to:	
	nanc a support from the pharmaceut ca ndust fts, and sa ary)	try or other ent t es (e.g., educat ona or research grants, honorar a,	
aff at ons, or persona or commerc a re at onsh ps w th drug manufacturers or other interest groups.			
Secti	ion A: Payment Received		
<ol> <li>Have you rece ved any payments over the prev ous two years from any company or organ zat on that may have a d nd rect nterest n the drug under rev ew?</li> </ol>			
	⊠ Yes □ No		
ı	If no, p ease go to Sect on B.		
2. What form of payment d d you rece ve? (Check a that app y.)		ca that app y.)	
	Adv sory ro e (e.g., adv sory boards, hea techno ogy assessment subm ss on adv		
	☐ Conference attendance	☐ Research/educat ona grants	
	☐ Roya t es	☐ Trave grants	
	☐ G fts	☐ Sponsorsh p of events	
	☐ Honorar a	☐ Other, p ease spec fy:	
3. P	ease prov de the names of compan es and o	rgan zat ons, and the amounts of the payments, n the fo ow ng box.	
Bayer Canada- Health Canada Visit presentation and preparation for presentation (top c: top st ve cancers in ped atrics and adult tumors and how arotrect nib treatment would be incorporated new ew of trial data from the company and testing protocols (\$ for two day Health (preparation, phone meetings)		ors and how arotrect n b treatment would be incorporated into c n call treatment,	
	Bayer Advirosy Board- NTRK working greatrk fus ons (1 day meet ng and pre and post	oup- pediatrics: D scuss on with onco og sts, patho og sts re: testing protoco s for calls, preparation )-\$	



# Section B: Holdings or Other Interests

Date

	ossess on of stocks or opt ons of more than $to the total network of the stocks of th$	n \$10,000 (exc ud ng mutua funds) for organ zat ons that ease st them n the fo ow ng box.
none		
Section C: Affiliations, Pe	ersonal or Commercial Relationship	s
parent corporat on, subs d ar e	-	ea th techno ogy manufacturer (nc ud ng the manufacturer sor other nterest groups? If yes, p ease provide the names of nships, in the following box.
none		
I hereby cert fy that I have d so potent a , or perce ved conf ct		to any matter nvo v ng a Party that may p ace me n a rea,
March 10. 2019	Meredith Irwin, MD	Muchat

S gnature

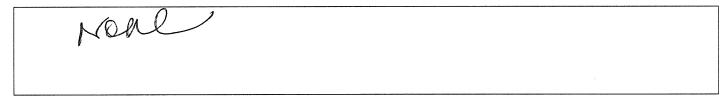
Name



Appendix A: pCODR Clinician Conflict of	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:	Rochel Goodwin			
Name of drug and indication under review:	Larotrectinib for			
Conflict of Interest Declaration	NTRK POSITIVE SUITE			
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. A 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:				
<ul> <li>financial support from the pharmaceutical industry or gifts, and salary)</li> <li>affiliations, or personal or commercial relationships w</li> </ul>	other entities (e.g., educational or research grants, honoraria, with drug manufacturers or other interest groups.			
Section A: Payment Received				
<ul> <li>Have you received any payments over the previous indirect interest in the drug under review?</li> <li></li></ul>	two years from any company or organization that may have a direct or			
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:			
Please provide the names of companies and organ	izations, and the amounts of the payments, in the following box.			
CANTRK Bouge	visory Board.			

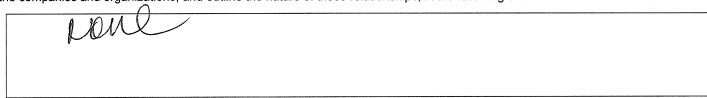
## **Section B: Holdings or Other Interests**

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, 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.



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 // Mame

Signature



# 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: Mustapha Tehfe

Name of drug and indication under review: Larotrectinib for locally advanced or metastatic tumours harboring a NTRK gene fusion

# **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.

<ol> <li>Have you received any payments over the previous two years from any organization that may have direct or indirect interest in the drug under</li> </ol>		d any payments over the previous two years from any company of may have direct or indirect interest in the drug under review?
		□ No

If no, please go to Section B.

Section A: Payment Received

2.	Wha	t form of payment d	id you receive?	(Check all	tnat apply.)
		Advisory role (o.g.	advicery boards		Program

$\boxtimes$	Advisory role (e.g., advisory boards,	Program or Operating Funding
	HTA submission advice)	(e.g., website)
	Conference attendance	Research/educational grants
	Royalties	Travel grants
	Gifts	Sponsorship of Events
П	Honoraria	

Other, please specify: Click here to enter text.

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

BAYER



# 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:

October 29th, 2019

Name:

Mustapha Tehfe

Signature:

Click here to ente



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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.

# 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: Mark D. Vincent

Name of drug and indication under review: Larotrectinib

#### **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.

- 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.	Have y organi ⊠ Yes	e: Payment Received  you received any payments over the pre- ization that may have direct or indirect in the second secon		
2.	What f	form of payment did you receive? (Che	ck all th	at apply.)
		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: Click here to enter	text.	



# **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:** October 29, 2019

Name: Mark D. Vincent

Mund

Signature:



# 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: Click here to enter text.

Name of drug and indication under review: Click here to enter text.

#### **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.

- 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 prization that may have direct or indirect  ⊠ No		
	If no, p	please go to Section B.		
2.	What f	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) Research/educational grants
		Royalties		Travel grants
		Gifts Honoraria		Sponsorship of Events
		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
Clid	ck here	to enter text.		



# 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.

Click here to enter text.

# 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 have been a medical consultant for Sanofi Genzyme and Eisai in past as part of an AD BOARD meeting. In the future, I plan to do the same with Bayer

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:** March 28, 2019

Name: Murali Rajaraman

Signature:



# 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. Andrea Eisen

Name of drug and indication under review: larotrectinib/NTRK fusion

#### 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 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 (UNO 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, Program or Operating Funding HTA submission advice) (e.g., website) Research/educational grants Conference attendance Royalties Travel grants Gifts Sponsorship of Events Honoraria

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

Click here to enter text

Other, please specify: Click here to enter text.



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.

Click here to enter text.

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.

Click here to enter text.

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:

Click here to enter text. An IUIF

Name:

Click here to enter text. A Gusu (Andrea Eisen)

Signature:

Click here to enter text.

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# 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: Annie Ngan

Name of drug and indication under review: larotrectinib/NTRK

#### **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.

- 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 pr ization that may have direct or indirect ⊠ No		
	If no, p	please go to Section B.		
2.	What f	form of payment did you receive? (Che	eck all t	hat apply.)
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance		Program or Operating Funding (e.g., website) Research/educational grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
		Honoraria		
		Other, please specify: Click here to enter	er text.	
3.		e provide the names of companies and box below.	organ	izations and the amounts of the payments
Clic	ck here	to enter text.		



# **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.

Click here to enter text.

# 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:** April 6<sup>th</sup>, 2018

Name: Annie Ngan

Signature:



# 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: Alia Thawer

Name of drug and indication under review: larotrectinib

### **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.

- 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	ction A	: Payment Received		
	Have	you received any payments over the pization that may have direct or indirec		
	If no, p	olease go to Section B.		
2.	What	form of payment did you receive? (Cl	heck all t	nat apply.)
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance		Program or Operating Funding (e.g., website) Research/educational grants
		Royalties		Travel grants
		Gifts Honoraria		Sponsorship of Events
		Other, please specify: Click here to ent	er text.	
	in the	box below.	d organi	zations and the amounts of the payments
Cli	ck here	to enter text.		



# 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:

March 11 2019

Name:

Alia Thawer

Signature:

Click here to enter text.



# 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 CAROL	PORTWINE		
Name of drug and indication under review:		LAROTRECTI	NIB/NTRK	POSITIVE SOLID	
C	onflict of Interest Declaration		,	TUMORS	
co of	maintain the objectivity and credibility of the pCODI afflicts of interest. A registered clinician must declare influencing the information submitted. A conflict of insectude the use of the clinician input.	any potential conflicts of in	nterest that may influe	ence or have the appearance	
Ex	amples of conflicts of interest include, but are not lin	nited to:			
	<ul> <li>financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)</li> <li>affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.</li> </ul>				
Se	ction A: Payment Received				
1.	Have you received any payments over the previous indirect interest in the drug under review?	is two years from any com	pany or organization t	hat 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.)			
	<ul> <li>Advisory role (e.g., advisory boards, health technology assessment submission advice)</li> </ul>	☐ Program or Operatir (e.g., website)	ng Funding		
	☐ Conference attendance	☐ Research/education	nal grants		
	☐ Royalties	☐ Travel grants			
	□ Gifts	☐ Sponsorship of ever	nts		
	☐ Honoraria	☐ Other, please specit	fy:		
		4			
3.	Please provide the names of companies and orga	nizations, and the amounts	s of the payments, in t	he following box.	
	•				
	· · · · · · · · · · · · · · · · · · ·		1	····	



# 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, Personal or Commercial Relationships

Do you have personal or commercial relátionships 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.

March 5/2019

Date

Name

Signature

**CADTH** 

# 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.

N	lame of registered clinician:	COVE BONCHARD
N	lame of drug and indication under review:	ARATECTINIS / NTRKE
Co	nflict of Interest Declaration	
conf of in	flicts of interest. A registered clinician must declare a	process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance erest declaration is requested for transparency — it does not negate or
Exa	mples of conflicts of interest include, but are not limit	ted to:
ç	financial support from the pharmaceutical industry or gifts, and salary) affiliations, or personal or commercial relationships w	r other entities (e.g., educational or research grants, honoraria, with drug manufacturers or other interest groups.
Sec	ction A: Payment Received	
1.	Have you received any payments over the previous indirect interest in the drug under review?	two years from any company or organization that may have a direct or
	☐ Yes ÆNo	
	If no, please go to Section B.	
2.	What form of payment did you receive? (Check all t	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:
3.		izations, and the amounts of the payments, in the following box.
	POET annual meeting 2018	
	Glans Look Ing Cancer Research Day	
	The state of the s	

# **CADTH**

Castian	D.	<b>Holdings</b>	or Other	Interacte
Section	О:	noidings	or Other	IIIILETESIS

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations tha
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	1.

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.

2019/7/31

NICOLE BANGARD

Signature



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: Phillip Blanchette

Name of drug and indication under review: larotrectinib/NTRK.fusion

### 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.

<ul> <li>Examples of conflicts of interest include, but are not limited to:</li> <li>financial support from the pharmaceutical industry or other entities e.g., educational or research grants honoraria, gifts, and salary;</li> <li>affiliations or personal or commercial relationships with drug manufacturers or other interest groups.</li> </ul>				
	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, please go to Section B.			
2.	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 Other, please specify: Click here to ente		Program or Operating Funding (e.g., website) Research/educational grants 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 3: 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

# Suches 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:** April 10 2018

Name: Phillip Blanchette

Signature: 4



# 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: Frances Wright

Name of drug and indication under review: Larotrectinib/NTRK fusion

# **Conflict of Interest Declarations**

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of int	terest est de	that may influence or have the appearance	e of infl	uencing the information submitted. Conflict of not negate or preclude the use of the clinician
• fil	nancia onora	ria, gifts, and salary;	y or othe	to: er entities e.g., educational or research grants, rug manufacturers or other interest groups.
Section 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, please go to Section B.				
2.	What	form of payment did you receive? (Che	ck all th	nat apply.)
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria Other, please specify: Click here to enter	lext.	Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events
3. Please provide the names of companies and organizations and the amounts of the payments in the box below.  Click here to enter text.  Poche - enter text.  Neoedow at BRAF (MEU while the clinically node positive melance and companies and organizations and the amounts of the payments in the box below.  Click here to enter text.  Poche - enter text.  Read of BRAF (MEU while the melance and companies and organizations and the amounts of the payments in the box below.  Click here to enter text.  Poche - enter text.  Read of BRAF (MEU while the melance and companies and organizations and the amounts of the payments in the box below.  Click here to enter text.  Poche - enter text.  Read of Meu while the melance and organizations and the amounts of the payments in the box below.  Click here to enter text.  Poche - enter text.  Read of Meu while the melance and organizations and the amounts of the payments in the box below.  Click here to enter text.  Poche - enter text.  Read of Meu while the melance and organizations and the amounts of the payments in the box below.				
		cian Input on a Drug Review		1 90
		cian Input on a Drug Review		1 90



# 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.

Click here to enter text.

# 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.

Click here to enter text.

20

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:

Click here to enter text.

2013 8 3

Name:

Click here to enter text.

Frances Wight

Signature:

Click here to enter text.



# 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 Stephanie Snow		
	Larotrectinib		
	For the treatment of adult and pediatric patients with locally advanced or		
Name of drug and indication under review:	metastatic solid tumors harboring a NTRK gene fusion		

### **Conflict of Interest Declaration**

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. A 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.

Se	Section A: Payment Received					
1.	<ol> <li>Have you received any payments over the previous two years from any company or organization that may have a direct or indirect interest in the drug under review?</li> </ol>					
	⊠ Yes □ No					
	If no, please go to Section B.					
2.	. What form of payment did you receive? (Check all that apply.)					
	<ul> <li>Advisory role (e.g., advisory boards, health technology assessment submission advice)</li> </ul>	<ul><li>☐ Program or Operating Funding (e.g., website)</li></ul>				
	☐ Conference attendance	☐ Research/educational grants				
	☐ Royalties	⊠ Travel grants				
	☐ Gifts					
	☐ Honoraria	☐ Other, please specify:				

Please provide the names of companies and organizations, and the amounts of the payments, in the following box.

; Novartis - \$

0; Purdue - \$

0; Shire - \$

; BMS - \$

; Amgen - \$

; BI - \$

; Merck - \$



# Section B: Holdings or Other Interests

	possession of stocks or options of more than \$10,0 interest in the drug under review? If yes, please lis	00 (excluding mutual funds) for organizations that them in the following box.			
No					
Section C: Affiliations, P	ersonal 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.					
August 06, 2019	Stephanie Snow	S. Smore			
Date	Name	Signature			



# 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. Orit Freedman

Name of drug and indication under review: larotrectinib/NTRK fusion

#### **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.

- 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  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, p	please go to Section B.		
2. What form of payment did you receive? (Check all that apply.)				hat apply.)
		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: Click here to enter	er text.	
3.		e provide the names of companies and box below.	d organi	zations and the amounts of the payments
Cli	ck here	to enter text.		



# **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 have participated in a clinical trial with this medication

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:** 12/04/18

Name: Orit Freedman

Signature: OF