

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. Andrea Eisen

Name of drug and indication under review: Abemaciclib/BC

### 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) Conference attendance Research/educational grants Royalties Travel grants Gifts Sponsorship of Events 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.

Click here to enter text



Before completing this template, be sure to <u>register</u> with the pCODR program.

Please visit <a href="https://www.cadth.ca/pcodr/registration">https://www.cadth.ca/pcodr/registration</a> 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.

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.

Our cancer centre has partupoled in

drived trials of Pulso well and

perturumals. I have not permally

re cerve d

any

conpensation

releted &

these trals

Alun



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

# pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician: Annie Ngan

Name of drug and indication under review: abemaciclib/BC

#### **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.

Se 1.	ection A: Payment Received  Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?  ☐ Yes   No				
	If no, p	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)		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.	organ	izations 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 <u>https://www.cadth.ca/pcodr/registration</u> 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.

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:



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: Phillip Blanchette

Name of drug and indication under review: abemaciclib/BC

## 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 ⊠ No If no, please go to Section B. 2. What form of payment did you receive? (Check all that apply.) Program or Operating Funding Advisory role (e.g., advisory boards, HTA submission advice) (e.g., website) Conference attendance Research/educational grants Royalties Travel grants Gifts Sponsorship of Events 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.

Curck here to entertext



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 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



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

# pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician: Dr. Orit Freedman

Name of drug and indication under review: abemaciclib/BC

#### **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.

	ection A: Payment Received  Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?  ☐ Yes ☑ No				
	If no, p	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)		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.		
3.		e provide the names of companies and box below.	organi	zations and the amounts of the payments	
Clid	ck here	to enter text.			

pCODR Clinician Input on a Drug Review © February 2016 CADTH-pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW



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.

# **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



# 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.

Na	me of registered clinician:	ABEMACICLIB Advanced or Metastatic Breast Cancer		
Na	me of drug and indication under review:			
Co	nflict of Interest Declaration			
on of n	f 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 eare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or		
Ξха	mp es of conf cts of nterest nc ude, but are no	ot m ted to:		
	· · · · · · · · · · · · · · · · · · ·	stry or other ent t es (e.g., educat ona or research grants, honorar a,		
	g fts, and sa ary) aff at ons, or persona or commerc a re at onsl	n ps w th drug manufacturers or other interest groups.		
Sec	tion A: Payment Received			
1.	Have you rece ved any payments over the previous two years from any company or organization that may have a direct or ndirect interest in the drug under review?			
	Yes     No     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.)			
	Adv sory ro e (e.g., adv sory boards, hea techno ogy assessment subm ss on adv o			
	☐ Conference attendance	☐ Research/educat ona grants		
	☐ Royates	☐ 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 c	organ zat ons, and the amounts of the payments, n the fo ow ng box.		
L y Canada, consu tat on meet ng 2018 \$				



# Section B: Holdings or Other Interests

Date

Have you rece ved or are n possess on of st	ocks or opt ons of more than \$10,0	000 (exc ud ng mutua fu	nds) for organ zat ons that
may have a direct or indirect interest in the d	rug under rev ew? If yes, p ease	st them n the fo owng b	oox.

No		
Section C: Affiliations, Per	sonal or Commercial Relationships	
parent corporat on, subs d ar es		th techno ogy manufacturer ( nc ud ng the manufacturer s ther nterest groups? If yes, p ease prov de the names of ps, n the fo ow ng box.
No		
I hereby cert fy that I have d sc opotent a, or perce ved conf ct o	•	any matter nvo v ng a Party that may p ace me n a rea,
December 16 2018	Dr. Sandeep Sehdev	ander las

Name

S gnature