

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:		Donna E. Reece, M.D.			
Name of drug and indication under review:		Pomalidomide, bortezomib and dexamethasone combination for myeloma relapsing after 1-3 prior regimens			
Cc	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			
Exa	amples of conflicts of interest include, but are no	ot limited to:			
•	financial support from the pharmaceutical indus gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria,			
•		nips with drug manufacturers or other interest groups.			
Se	ction A: Payment Received				
1. Have you received any payments over the previous two years from any company or organization that may have a dir indirect interest in the drug under review?					
	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, heal technology assessment submission adviced to the control of th	th			
	☐ Conference attendance	⊠ Research/educational grants			
	☐ Royalties	☐ Travel grants			
	☐ Gifts	☐ Sponsorship of events			
	⊠ Honoraria				
3.	Please provide the names of companies and c	organizations, and the amounts of the payments, in the following box.			
	Celgene—approximately \$				
	Janssen—approximately \$				
	Amgen—approximately \$\$				

Section B: Holdings or Other Interests



may have a direct or indirect in		<u> </u>
Section C: Affiliations, Pe	ersonal or Commercial Relationsh	nips
parent corporation, subsidiarie	· · · · · · · · · · · · · · · · · · ·	or health technology manufacturer (including the manufacturer's s) or other interest groups? If yes, please provide the names of tionships, in the following box.
No		
140		
I hereby certify that I have disc	closed all relevant information with respe	ect to any matter involving a Party that may place me in a real,
potential, or perceived conflict	t of interest situation.	ect to any matter involving a Party that may place me in a real,
I hereby certify that I have disc potential, or perceived conflict 29 March 2019	closed all relevant information with respe t of interest situation. Donna E. Reece, M.D.	ect to any matter involving a Party that may place me in a real,
potential, or perceived conflict	t of interest situation.	ect to any matter involving a Party that may place me in a real, Signature
potential, or perceived conflict 29 March 2019	Donna E. Reece, M.D.	
potential, or perceived conflict 29 March 2019	Donna E. Reece, M.D.	
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Name of registered clinician: Name of drug and indication under review:		Julie Stakiw Pomalidomide in second line and beyond		
confl of inf	licts 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		
Exan	mples of conflicts of interest include, but are not	limited to:		
g	gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.		
	•	po man analg manana		
1.	tion A: Payment Received Have you received any payments over the previndirect interest in the drug under review?	vious two years from any company or organization that may have a direct or		
	⊠ Yes □ No			
	If no, please go to Section B.			
2. \	/hat form of payment did you receive? (Check all that apply.)			
	Advisory role (e.g., advisory boards, heat technology assessment submission advice			
	☐ Conference attendance	☐ Research/educational grants		
	☐ Royalties	☐ Travel grants		
	☐ Gifts	☐ Sponsorship of events		
	☐ Honoraria	☐ Other, please specify:		
3. I	Please provide the names of companies and or	rganizations, and the amounts of the payments, in the following box.		
o		gamzations, and the amounts of the paymente, in the following sex.		
	Celgene: total = about \$			
	Janssen: Total = about \$			



Section B: Holdings or Other Interests

•	ssession of stocks or options of more terest in the drug under review? If yes	than \$10,000 (excluding mutual funds) for organizations that , please list them in the following box.
no		
Section C: Affiliations, Pe	rsonal or Commercial Relations	hips
parent corporation, subsidiaries		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 discipotential, or perceived conflict of		pect to any matter involving a Party that may place me in a real,
March 25, 2019	Julie Stakiw	
Date	Name	Signature



Appendix A: pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician: Name of drug and indication under review:		Michel Pavic Pomalidomide in second line and beyond		
cor of i	nflicts of interest. A registered clinician must decl	ODR process, all participants in the pCODR review process must disclose any clare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or		
Exa	amples of conflicts of interest include, but are no	ot limited to:		
	gifts, and salary)	etry or other entities (e.g., educational or research grants, honoraria, nips with drug manufacturers or other interest groups.		
Se	ection A: Payment Received			
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?			
	⊠ Yes □ No			
	If no, please go to Section B.			
5.	What form of payment did you receive? (Check all that apply.)			
	Advisory role (e.g., advisory boards, heatechnology assessment submission adv			
	☐ Conference attendance	☐ Research/educational grants		
	☐ Royalties	⊠ Travel grants		
	☐ Gifts	⊠ Sponsorship of events		
	⊠ Honoraria	☐ Other, please specify:		
6.	Please provide the names of companies and c	organizations, and the amounts of the payments, in the following box.		
	Celgene = \$ Janssen = \$			



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.

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 25, 2019	Dr Michel Pavic	
Date	Name	Signature

Section B: Holdings or Other Interests



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. Tom Kouroukis

Name of drug and indication under review: PVD/MM

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		: Payment Received		
1.	_	you received any payments over the pre ization that may have direct or indirect \(\sum \text{No} \)		
	If no, p	olease 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	\bowtie	Research/educational grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
		Honoraria		
		Other, please specify: Click here to ente	r text.	÷
3.	 Please provide the names of companies and organizations and the amounts of the payment in the box below. 			
		Roche - Fundi	ing	to the hospital for
		dinic	al	trial



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.

Section B: Holdings or Other Interests

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

Section C: Affiliations, personal or commercial relationships

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

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 29th, 2018

Name:

Signature:

Click here to enter text.