

Mark Doherty
Lenvatinib for advanced hepatocellular carcinoma
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
t limited to:
try or other entities (e.g., educational or research grants, honoraria,
ips with drug manufacturers or other interest groups.
vious two years from any company or organization that may have a direct or
all that apply.)
h
☐ Research/educational grants
☐ Travel grants
☐ Sponsorship of events
☐ Other, please specify:
ganizations, and the amounts of the payments, in the following box.



Date

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, P	ersonal or Commercial Relationships	
parent corporation, subsidiar	mercial relationships either with a drug or health technology manufacturer (including the manues, affiliates, and associated corporations) or other interest groups? If yes, please provide the ons, and outline the nature of these relationships, in the following box.	ufacturer's names of
No		
I hereby certify that I have dispotential, or perceived conflic	closed all relevant information with respect to any matter involving a Party that may place me of interest situation.	in a real,
Feb 20, 2019	Mark Doherty	

Signature

Name



N	ame of registered clinician:	Eric Chen
N	ame of drug and indication under review:	Levantinib, HCC
Cc	onflict of Interest Declaration	
cor of i	iflicts of interest. A registered clinician must dec	ODR process, all participants in the pCODR review process must disclose any clare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or
Exa	amples of conflicts of interest include, but are no	ot limited to:
	gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria,
•	affiliations, or personal or commercial relationsh	hips 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, heal technology assessment submission advice	
	□ Conference attendance	☐ Research/educational grants
	☐ Royalties	☐ Travel grants
	☐ Gifts	☐ Sponsorship of events
	☐ Honoraria	☐ Other, please specify:
3.	Please provide the names of companies and o	organizations, and the amounts of the payments, in the following box.
	Eisai, \$	

CADTH

Section B: Holdings or Other Interests			
	lave you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that 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 Relations	ships	
	tes, and associated corporation	ons) or other interes	ogy manufacturer (including the manufacturer's st groups? If yes, please provide the names of following box.
I hereby certify that I have disclosed a potential, or perceived conflict of interest		spect to any matter	involving a Party that may place me in a real,
Feb 20, 2019 Teら Zo, てのり	\times (CMEN, XUETU
Date	Name		Signature



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Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician: Name of drug and indication under review:		Howard Lim	
		Lenvatinib	
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	
Ex	amples of conflicts of interest include, but are no	ot limited to:	
	gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria,	
•	affiliations, or personal or commercial relationsh	nips with drug manufacturers or other interest groups.	
Se	ction A: Payment Received		
1.	Have you received any payments over the pre indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or	
	Yes □ No		
	If no, please go to Section B.		
2.	What form of payment did you receive? (Chec	k all that apply.)	
	Advisory role (e.g., advisory boards, heatechnology assessment submission adv		
	☐ Conference attendance	☐ Research/educational grants	
	☐ Royalties	⊠ Travel grants	
	☐ Gifts	☐ Sponsorship of events	
	☐ Honoraria	☐ Other, please specify:	
3.	Please provide the names of companies and o	organizations, and the amounts of the payments, in the following box.	
	Eisai - \$ Travel grant, \$ Advisor	ry board	



-	·	re than \$10,000 (excluding mutual funds) for organiza es, please list them in the following box.	tions that
No			
Section C: Affiliations, I	Personal or Commercial Relation	nships	
parent corporation, subsidia	· · · · · · · · · · · · · · · · · · ·	ug or health technology manufacturer (including the micions) or other interest groups? If yes, please provide telationships, in the following box.	
N/A			
I hereby certify that I have d potential, or perceived confli		espect to any matter involving a Party that may place i	me in a real,
Feb 4, 2019	Howard Lim		
Date	Name	Signature	



Please note: Each registered clinician must comple Template even if the submission is made jointly.	ete their own separate pCODR Clinician Conflict of Interest Declarations
Name of registered clinician:	Voo - Joung Ko envatinib - MCC
Name of drug and indication under review:	envatinib - MCC
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must declare	R process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance terest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not lim financial support from the pharmaceutical industry of gifts, and salary) affiliations, or personal or commercial relationships	or other entities (e.g., educational or research grants, honoraria,
Section A: Payment Received	
 Have you received any payments over the previou indirect interest in the drug under review? ☐ Yes ☐ No If no, please go to Section B. 	is two years from any company or organization that may have a direct or
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 orga	nizations, and the amounts of the payments, in the following box.
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Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

None

Section C: Affiliations, Personal or Commercial Relationships

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

None

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.

Y00 - JOUNG 100

Feb 20, 2019

Date

Name

Signature



Name of registered clinician: Name of drug and indication under review:		Brandon Meyers	
		Lenvatinib, HCC	
Co	onflict of Interest Declaration		
e\ oo nf	view process must disclose any cont tential conflicts of interest that may i	ity of the pCODR process, all participants in the pCODR flicts of interest. A registered clinician must declare any influence or have the appearance of influencing the erest declaration is requested for transparency — it does not clan input.	
Ξx	amples of conflicts of interest includ	e, 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	ction A: Payment Received		
1.	I. 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.		
2.	What form of payment did you rece	ive? (Check all that apply.)	
	Advisory role (e.g., advisory boards, health technology assessment submission advice	☐ Program or Operating Funding (e.g., e) website)	
	☐Conference attendance	□ Research/educational grants	
	□Royalties	⊠ Travel grants	



☐ Gifts	☐ Sponsorship of events
□Honoraria	☐ Other, please specify:
Please provide the names of companient the following box.	es and organizations, and the amounts of the payments,
Eisai – Advisory \$	



mutual funds) for or	•	options of more than \$10,000 (excluding ct or indirect interest in the drug under review?
no		
Section C: Affiliati	ons, Personal or Commercial F	Relationships
manufacturer (includassociated corporat	ding the manufacturer's parent co ions) or other interest groups? If	ther with a drug or health technology proporation, subsidiaries, affiliates, and yes, please provide the names of the of these relationships, in the following box.
no		
Party that may plac	e me in a real, potential, or perce	
Date	Name	Signature



ame of registered clinician:	Vincent Tam	
ame of drug and indication under review:	Lenvatinib	
onflict of Interest Declaration		
nflicts of interest. A registered clinician must declinities of interest. A registered clinician must declinities of the information submitted. A conflict of	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	
amples of conflicts of interest include, but are no	ot limited to:	
gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria,	
affiliations, or personal or commercial relationsh	nips with drug manufacturers or other interest groups.	
ction A: Payment Received		
Have you received any payments over the previous 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.		
What form of payment did you receive? (Check	k all that apply.)	
Advisory role (e.g., advisory boards, healt technology assessment submission advice		
☐ Conference attendance	☐ Research/educational grants	
☐ Royalties	☐ Travel grants	
☐ Gifts	☐ Sponsorship of events	
☐ Honoraria	☐ Other, please specify:	
Please provide the names of companies and o	organizations, and the amounts of the payments, in the following box.	
o in	Inflicts of interest. A registered clinician must decinfluencing the information submitted. A conflict of clude the use of the clinician input. Imples of conflicts of interest include, but are not financial support from the pharmaceutical industifications, or personal or commercial relationship affiliations, or personal or commercial relationship affiliationship affiliationsh	



Date

may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.		
None		
Section C: Affiliations,	Personal or Commercial Relations	hips
parent corporation, subsidia		or health technology manufacturer (including the manufacturer's ins) or other interest groups? If yes, please provide the names of ationships, in the following box.
None		
I hereby certify that I have of potential, or perceived confl		pect to any matter involving a Party that may place me in a real,
Feb 15, 2019	Vincent Tam	Vitent Ton

Signature

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

Name