

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: Antonio Finelli

Name of drug and indication under review: Darolutamide/PC

Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

| | | · · | | |
|----|--------------------------|---|---------------------------------------|--|
| | Have y organ ⊠ Yes | : Payment Received you received any payments over the p ization that may have direct or indirect No please go to Section B. | | |
| 2. | What | form of payment did you receive? (Ch | eck all t | hat apply.) |
| | | Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria Other, please specify: Click here to ent | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events |
| | in the | e provide the names of companies and box below. stellas, Bayer, Janssen, TerSera | l organi | zations and the amounts of the payments |
| At | bvie - | k/year, Astellas k/year, Baye | er k/y | ear, Janssen k/year, TerSera k/year |



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

Section B: Holdings or Other Interests

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

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: | 8-August-2019 |
|------------|---------------|
| Name: | |
| Signature: | |



| Name of registered clinician: Name of drug and indication under review: | | Dr. Aly-Khan A. Lalani Darolutamide/PC | | |
|--|---|--|--|--|
| | | | | |
| cor of i | flicts 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) | try 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 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. | | |
| | Merck – Advisory role and honoraria = | CAD | | |
| | | | | |
| | | | | |
| | | | | |



| Section B: Holdings or Other Inte | erests | | | |
|---|---|---|--|--|
| | n of stocks or options of more than \$10,000 (e | | | |
| may have a direct of indirect interest in | the drug under review? If yes, please list ther | If the following box. | | |
| | | | | |
| No | | | | |
| | | | | |
| | | | | |
| Section C: Affiliations, Personal | or Commercial Relationships | | | |
| | | ology manufacturer (including the manufacturer's | | |
| | es, and associated corporations) or other inter- outline the nature of these relationships, in the | rest groups? If yes, please provide the names of e following box. | | |
| | | | | |
| No | | | | |
| NO | | | | |
| | | | | |
| | | | | |
| I hereby certify that I have disclosed all potential, or perceived conflict of intere | | er involving a Party that may place me in a real, | | |
| potential, or perceived commet or intere | ot ottation. | | | |
| | | | | |
| | | | | |
| March 5, 2019 | Aly-Khan A. Lalani | | | |
| Date | Name | Signature | | |
| | | | | |



| Name of registered clinician: | Sebastien Hotte Darolutamide/PC | | |
|---|--|--|--|
| Name of drug and indication under review: | | | |
| Conflict of Interest Declaration | | | |
| conflicts of interest. A registered clinician must dec | ODR process, all participants in the pCODR review process must disclose any lare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or | | |
| Examples of conflicts of interest include, but are no | ot limited to: | | |
| financial support from the pharmaceutical indus gifts, and salary) | stry or other entities (e.g., educational or research grants, honoraria, | | |
| affiliations, or personal or commercial relationships | nips with drug manufacturers or other interest groups. | | |
| Section A: Payment Received | | | |
| Have you received any payments over the pre indirect interest in the drug under review? | vious two years from any company or organization that may have a direct or | | |
| ☐ Yes X No | | | |
| If no, please go to Section B. | | | |
| 2. What form of payment did you receive? (Chec | k all that apply.) | | |
| Advisory role (e.g., advisory boards, 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. | | |
| | | | |
| | | | |
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| Section B: Holdings or 0 | 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, F | Personal or Commercial | Relationships | | | |
| | ries, affiliates, and associate | d corporations) or other i | chnology manufacturer (including the interest groups? If yes, please provious the following box. | | |
| | | | | | |
| I hereby certify that I have di potential, or perceived confli | | tion with respect to any n | natter involving a Party that may pla | ce me in a real, | |
| 2019/03/06 | Sebastien J F | Hotte, MD, FRCPC | | | |
| Date | Name | | Signature | | |



| Name of registered clinician: | Geoffrey Gotto | | |
|---|---|--|--|
| Name of drug and indication under review: | Darolutamide | | |
| Conflict of Interest Declaration | | | |
| conf 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 | | |
| Examp es of conf cts of nterest nc ude, but are no | t m ted to: | | |
| | try 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 onsh | ps w th drug manufacturers or other interest groups. | | |
| Section As Decement Decement | | | |
| Section A: Payment Received | | | |
| nd rect interest in the drug under review? | 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 | 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. Pease provide the names of companies and o | rgan zat ons, and the amounts of the payments, n the fo owng box. | | |
| Bayer - \$ | | | |
| Aste as - \$ | | | |
| Janssen - \$ | | | |
| | | | |
| | | | |



| Have you rece ved or are n poss | sess on of stocks or opt ons of more than | 610,000 (exc ud ng mutua | funds) for organ zat ons that |
|----------------------------------|--|---------------------------|-------------------------------|
| may have a d rect or nd rect nte | rest n the drug under rev ew? If yes, p ea | se st them n the fo ow no | J box. |

| No. | | |
|------------------------------|-------------------------------------|--|
| Section C: Affiliations, | Personal or Commercial Relationship | os |
| parent corporat on, subs d | | hea th techno ogy manufacturer (nc ud ng the manufacturer s or other nterest groups? If yes, p ease prov de the names of onsh ps, n the fo owng box. |
| No. | | |
| | | |
| hereby cert fy that I have o | | t to any matter nvo v ng a Party that may p ace me n a rea , |
| 2019/09/06 | Geoffrey Gotto | |
| Date | Name | S gnature |



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: | | Urban Emmenegger | | |
|---|---|---|--|--|
| Name of drug and indication under review: | | Darolutamide for high-risk nmCRPC | | |
| Co | nflict of Interest Declaration | | | |
| cor of i | flicts 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 | | |
| Ξxa | 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 | 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 | | |
| | | | | |
| | 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 | | |
| | | ☐ Other, please specify: | | |
| | | | | |
| 5. | Please provide the names of companies and c | organizations, and the amounts of the payments, in the following box. | | |
| | I have received honoraria from Bayer Inc Ca | nada over the last 2 years in the amount of \$for: | | |
| | attending advisory board meetings, participal Bayer Canada Inc sponsored continued med | tion in Bayer Canada's Prostate Cancer Oncology Council, and presentations at lical education events. | | |
| | I have received research funding from Bayer | Inc Canada over the last 2 years in the amount \$ for: | | |
| | retrospective chart review of the utilization of | Ra223 in four cancer centres in Ontario, and research student salary support for | | |

studies of osteosarcopenia.



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.

| Not applicable. | | | | |
|--|-------------------------------|---------------------------|-----------------------------|----------------------------|
| Section C: Affiliations, Per | rsonal or Commercial F | Relationships | | |
| Do you have personal or comm parent corporation, subsidiaries the companies and organization | s, affiliates, and associated | corporations) or other in | nterest groups? If yes, ple | - |
| Not applicable. | | | | |
| I hereby certify that I have discl potential, or perceived conflict o | | n with respect to any m | atter involving a Party tha | at may place me in a real, |
| September 1/2019 | Urban Emmene | gger | | |
| | | | | |
| | | | | |
| Date | Name | | Signature | |



| N | ame of registered clinician: | |
|------------|--|--|
| N | ame of drug and indication under review: | |
| Co | onflict of Interest Declaration | |
| or of i | iflicts 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 atterest declaration is requested for transparency — it does not negate or |
| Ξxa | amples of conflicts of interest include, but are not lim | nited to: |
| | 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, with drug manufacturers or other interest groups. |
| | ction A: Payment Received | |
| ۱. | | us 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 orga | nizations, and the amounts of the payments, in the following box. |
| | Astello - trail gran | of = A |
| | Astello - trail gran | |



| Section B: Holdings or Other Ir | iterests | | | |
|---|---------------------------------|-------------------------|--|---------------------|
| 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, Persona | al or Commercial Relation | ships | | |
| Do you have personal or commercial parent corporation, subsidiaries, affil the companies and organizations, ar | iates, and associated corporati | ions) or other interest | groups? If yes, please pro | |
| | | | | |
| | | | | |
| I hereby certify that I have disclosed potential, or perceived conflict of inte | | spect to any matter in | volv ing a Party that may r | elace me in a real, |
| 2019 -09 -04 Date | Dr. Neil Fleshrey Name | | Sig | |



| Name of registered clinician: | Ricardo A Rendon Darolutamide | |
|---|---|--|
| Name of drug and indication under review: | | |
| Conflict of Interest Declaration | | |
| conflicts of interest. A registered clinician must dec | ODR process, all participants in the pCODR review process must disclose any clare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or | |
| Examples of conflicts of interest include, but are no | ot limited to: | |
| | stry or other entities (e.g., educational or research grants, honoraria, | |
| gifts, and salary) • affiliations, or personal or commercial relationsh | nips with drug manufacturers or other interest groups. | |
| Section A: Payment Received | | |
| 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 receive? (Chec | k all that apply.) | |
| Advisory role (e.g., advisory boards, heatechnology assessment submission adv | | |
| ⊠ Conference attendance | ⊠ Research/educational grants | |
| ☐ Royalties | ☐ Travel grants | |
| ☐ Gifts | ⊠ Sponsorship of events | |
| ⊠ Honoraria | ☐ Other, please specify: | |
| Please provide the names of companies and c | organizations, and the amounts of the payments, in the following box. | |
| | | |
| Astellas , Bayer Janssen | , Bayer Amger | |



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.

| ersonal or Commercial Relationshi | ps |
|---|--|
| es, affiliates, and associated corporations | r health technology manufacturer (including the manufacturer's s) or other interest groups? If yes, please provide the names of onships, in the following box. |
| | |
| • | ct to any matter involving a Party that may place me in a real, |
| Ricardo Rendon | |
| | ies, affiliates, and associated corporations ions, and outline the nature of these relations, and outline the nature of these relations. |

Name

Signature



| Name of registered clinician: | Joseph Chin | |
|---|---|--|
| Name of drug and indication under review: | | |
| 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 | t 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. | |
| Section 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. | | |
| What form of payment did you receive? (Check | all that apply.) | |
| Advisory role (e.g., advisory boards, hea technology assessment submission advi- | | |
| ☐ Conference attendance | ☐ Research/educational grants | |
| ☐ Royalties | ☐ Travel grants | |
| ☐ Gifts | ☐ Sponsorship of events | |
| ☐ Honoraria | ☐ Other, please specify: | |
| | | |
| Please provide the names of companies and | d organizations, and the amounts of the payments, in the following box. | |
| Janssen \$ | | |



| | ossession of stocks or options of more than \$ nterest in the drug under review? If yes, pleas | 10,000 (excluding mutual funds) for organizations that se list them in the following box. |
|--|--|---|
| Nil | | |
| | ersonal or Commercial Relationships | |
| parent corporation, subsidiarie | • | alth technology manufacturer (including the manufacturer's other interest groups? If yes, please provide the names of nips, in the following box. |
| Nil | | |
| hereby certify that I have dis potential, or perceived conflict | | any matter involving a Party that may place me in a real, |
| 10 th Sept 2019 | Joseph L. Chin, M.D. | |
| Date | Name | Signature |



| Name of registered clinician: | | Brita Danielson | |
|-------------------------------|---|--|--|
| ı | Name of drug and indication under review: | Darolutamide for high risk nmCRPC | |
| Cc | onflict of Interest Declaration | | |
| cor of i | nflicts of interest. A registered clinician must decl | ODR process, all participants in the pCODR review process must disclose any 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 not | t limited to: | |
| • | financial support from the pharmaceutical indust gifts, and salary) | try or other entities (e.g., educational or research grants, honoraria, | |
| • | affiliations, or personal or commercial relationships with drug manufacturers or other interest groups. | | |
| Se | ection A: Payment Received | | |
| 1. | . 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 receive? (Check | ς all that apply.) | |
| | Advisory role (e.g., advisory boards, hea technology assessment submission advi | | |
| | | ☐ 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. | |
| | Janssen (\$), Astellas (\$), Bayer (| (\$ | |
| | | | |
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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. | | |
|---|--|---------|
| None | | |
| Section C: Affiliations, Per | onal or Commercial Relationships | |
| parent corporation, subsidiaries | rcial relationships either with a drug or health technology manufacturer (including the manufa affiliates, and associated corporations) or other interest groups? If yes, please provide the na , and outline the nature of these relationships, in the following box. | |
| None | | |
| I hereby certify that I have disclered potential, or perceived conflict of | sed all relevant information with respect to any matter involving a Party that may place me in interest situation. | a real, |
| September 11, 2019 | Dr. Brita Danielson | |

Name

Signature



| Conflict of To maintain the conflicts of inte of influencing t preclude the us Examples of co • financial su gifts, and so • affiliations, Section A: P | Interest Declaration ne objectivity and credibility of the pCODF erest. A registered clinician must declare the information submitted. A conflict of in use of the clinician input. conflicts of interest include, but are not lin upport from the pharmaceutical industry of salary) , or personal or commercial relationships | or other entities (e.g., educational or research grants, honoraria, | | |
|--|---|--|--|--|
| To maintain the conflicts of interest of influencing the preclude the use Examples of confinancial surgifts, and son affiliations, Section A: P | ne objectivity and credibility of the pCODF erest. A registered clinician must declare the information submitted. A conflict of in use of the clinician input. conflicts of interest include, but are not lin upport from the pharmaceutical industry of salary) , or personal or commercial relationships | e any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or inited to: or other entities (e.g., educational or research grants, honoraria, | | |
| conflicts of interest of influencing to preclude the use Examples of confinencial surgifts, and some affiliations, Section A: P | erest. A registered clinician must declare the information submitted. A conflict of inuse of the clinician input. conflicts of interest include, but are not linupport from the pharmaceutical industry (salary), or personal or commercial relationships | e any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or inited to: or other entities (e.g., educational or research grants, honoraria, | | |
| financial su gifts, and so affiliations, Section A: P | upport from the pharmaceutical industry osalary) , or personal or commercial relationships | or other entities (e.g., educational or research grants, honoraria, | | |
| gifts, and so affiliations, Section A: P | salary) , or personal or commercial relationships | | | |
| Section A: P | | with drug manufacturers or other interest groups. | | |
| | Name and Danieland | affiliations, or personal or commercial relationships with drug manufacturers or other interest groups. | | |
| 1. Have you | ayment Received | | | |
| | ı received any payments over the previounterest in the drug under review? | us two years from any company or organization that may have a direct or | | |
| □ Yes □ NoX | | | | |
| If no, plea | ease go to Section B. | | | |
| 2. What form | n of payment did you receive? (Check all | I that apply.) | | |
| | isory role (e.g., advisory boards, health inology assessment submission advice) | ☐ Program or Operating Funding (e.g., website) | | |
| ☐ Confe | ference attendance | ☐ Research/educational grants | | |
| ☐ Roya | alties | ☐ Travel grants | | |
| ☐ Gifts | } | ☐ Sponsorship of events | | |
| ☐ Hono | oraria | ☐ Other, please specify: | | |



| | ossession of stocks or options of more nterest in the drug under review? If yes | ` ` ` | , |
|---|--|-----------------------------------|-----------------------------------|
| | | | |
| | | | |
| No | | | |
| | | | |
| Section C: Affiliations, Pe | rsonal or Commercial Relations | ships | |
| parent corporation, subsidiarie | mercial relationships either with a drug es, affiliates, and associated corporations, ons, and outline the nature of these rel | ons) or other interest groups? If | yes, please provide the names of |
| No | | | |
| I hereby certify that I have disc potential, or perceived conflict | closed all relevant information with res of interest situation. | pect to any matter involving a P | arty that may place me in a real, |
| 6 Sept 2019 | Bryan Donnelly | | |
| 0 Sept 2019 | | | |
| | | | |



| Name of registered clinician: | | Robert Hamilton | | | |
|-------------------------------|---|--|--|--|--|
| | Name of drug and indication under review: | Darolutamide; treatment in nmCRPC | | | |
| Co | onflict of Interest Declaration | | | | |
| co of | nflicts of interest. A registered clinician must decl | 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 | camples of conflicts of interest include, but are not | t limited to: | | | |
| | gifts, and salary) | try or other entities (e.g., educational or research grants, honoraria, | | | |
| • | affiliations, or personal or commercial relationships with drug manufacturers or other interest groups. | | | | |
| Se | ection A: Payment Received | | | | |
| 1. | . 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 receive? (Check | ς all that apply.) | | | |
| | Advisory role (e.g., advisory boards, hea technology assessment submission advi | | | | |
| | □ 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. | | | |
| | | ave served on 4 ad-boards, including as a speaker; they have covered my 8). I am the local site-PI on the SPARTAN trial | | | |
| | Astellas (Enzalutamide) - I have served o | on 4 ad-boards; | | | |
| | Bayer (Darolutamide) – I am the local site | e-PI on the ARASENS trial (but not ARAMIS). | | | |
| | | | | | |



| 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. |

| N/A | | |
|--|---------------------------------------|---|
| Section C: Affiliations, Pers | sonal or Commercial Relationsh | ips |
| parent corporation, subsidiaries, | · · · · · · · · · · · · · · · · · · · | r health technology manufacturer (including the manufacturer's s) or other interest groups? If yes, please provide the names of ionships, in the following box. |
| N/A | | |
| I hereby certify that I have disclopotential, or perceived conflict of | | ect to any matter involving a Party that may place me in a real, |
| September 1, 2019 | Robert Hamilton | |
| Date | Name | Signature |



| Name of registered clinician: | | Jason Izard | | |
|-------------------------------|---|--|--|--|
| N | ame of drug and indication under review: | Darolutamide for use in high risk non metastatic castration resistant prostate cancer. | | |
| Co | onflict of Interest Declaration | | | |
| of i | iflicts 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 f interest declaration is requested for transparency — it does not negate or | | |
| Ξxa | amples of conflicts of interest include, but are not | limited to: | | |
| • | | ry or other entities (e.g., educational or research grants, honoraria, | | |
| | TO 1. | ps with drug manufacturers or other interest groups. | | |
| 3e | ction A: Payment Received | | | |
| 1. | Have you received any payments over the previndirect interest in the drug under review? | ious two years from any company or organization that may have a direct or | | |
| | ⊠ Yes | | | |
| | □ No | | | |
| | If no, please go to Section B. | | | |
| 2. | What form of payment did you receive? (Check | all that apply.) | | |
| | Advisory role (e.g., advisory boards, health technology assessment submission advice | | | |
| | □ Conference attendance | ☐ Research/educational grants | | |
| | ☐ Royalties | ☐ Travel grants | | |
| | ☐ Gifts | ⊠ Sponsorship of events | | |
| | ☐ Honoraria | ☐ Other, please specify: | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| 3. | Please provide the names of companies and organizations, and the amounts of the payments, in the following box. | | | |
| | Over the past 24 months, the total sum related or unrelated to the drug under | n of all payments received from all pharmaceutical companies, either review, include: | | |
| | Astellas \$ (Total) This total value is derived from: | | | |

CADTH

| \$ just in Speaking Fees and Consultancy |
|--|
| Bayer |
| (Total) |
| This total value is derived from: |
| Speaking Fees |
| Ferring |
| \$ (Total) |
| This total value is derived from: |
| \$1 in Consultancy |
| 2 |
| Janssen \$ (Total) |
| This total value is derived from: |
| \$ peaking Fees |
| \$1 Consultancy |
| in Conference attendance support |
| Sanofi |
| \$444444 (Total) |
| This total value is derived from: |
| \$ Consultancy |
| \$1 sin Conference attendance support |
| |
| |
| |
| |
| |
| |



| 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. | - gamanono mar |

| None. | |
|--|---|
| | |
| | |
| Section C: Affiliations, Personal or Commercial Relationship | ips |
| Do you have personal or commercial relationships either with a drug or parent corporation, subsidiaries, affiliates, and associated corporations the companies and organizations, and outline the nature of these relati |) or other interest groups? If yes, please provide the names of |

| 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.

Sept 11, 2019 JASON JZARO
Name



| ١ | Name of registered clinician: | Dr. A. Andrew Ray |
|--------------|--|--|
| N | Name of drug and indication under review: | Darolutamide in non-Metastatic Castrate Resistant Prostate Cancer |
| Со | onflict of Interest Declaration | |
| con of in | nflicts of interest. A registered clinician must decla | DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance f interest declaration is requested for transparency — it does not negate or |
| Exa | amples 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 relationshi | ips with drug manufacturers or other interest groups. |
| Se | ction A: Payment Received | |
| 1. | Have you received any payments over the previndirect interest in the drug under review? | ious two years from any company or organization that may have a direct or |
| | ⊠ Yes □ No | |
| | If no, please go to Section B. | |
| 2. | What form of payment did you receive? (Check | all that apply.) |
| | Advisory role (e.g., advisory boards, heal technology assessment submission advice | |
| | ☐ Conference attendance | ⊠ Research/educational grants |
| | ☐ Royalties | ☐ Travel grants |
| | ☐ Gifts | ☐ Sponsorship of events |
| | ⊠ Honoraria | ☐ Other, please specify: |
| | | |
| 3. | Please provide the names of companies and or | ganizations, and the amounts of the payments, in the following box. |
| | Abbvie – Research Grant \$ Janssen – Honorarium for Cana Astellas – Honorarium for Speak | Accredited Speakership , Ad Board \$ dian Urological Asoociation Accredited Presentations \$ kership \$ dian Urological Asoociation Accredited Presentations |



| Have you received or are in possession of stocks or options of m | ore 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. |

| N/A | | |
|--|--------------------------------------|---|
| Section C: Affiliations, F | Personal or Commercial Relationships | |
| parent corporation, subsidiar | | alth technology manufacturer (including the manufacturer's other interest groups? If yes, please provide the names of hips, in the following box. |
| N/A | | |
| I hereby certify that I have di potential, or perceived conflic | | any matter involving a Party that may place me in a real, |
| Sept 9, 2019 | A. Andrew Ray | |
| Date | Name | Signature |



| Name of registered clinician: | Bobby Shayegan, MD FRCSC | | |
|---|--|--|--|
| Name of drug and indication under review: | Darolutamide for nmCRPC | | |
| Conflict of Interest Declaration | | | |
| conflicts of interest. A registered clinician must dec | ODR process, all participants in the pCODR review process must disclose any lare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or | | |
| Examples of conflicts of interest include, but are no | 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. | | |
| Section A: Payment Received | | | |
| Have you received any payments over the pre indirect interest in the drug under review? | 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 receive? (Check | 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 | Please provide the names of companies and organizations, and the amounts of the payments, in the following box. | | |
| Bayer | | | |
| Reimbursement for time and preparation | and travel to preNDS meeting at Health Canada CAD | | |
| Advisory board member | | | |
| | | | |



| • | possession of stocks or options of more that interest in the drug under review? If yes, p | an \$10,000 (excluding mutual funds) for organizations that please list them in the following box. |
|---|---|--|
| NA | | |
| Section C: Affiliations, F | Personal or Commercial Relationship | ips |
| parent corporation, subsidia | , | r health technology manufacturer (including the manufacturer's) or other interest groups? If yes, please provide the names clionships, in the following box. |
| NA | | |
| | | |
| hereby certify that I have di potential, or perceived confli | • | ct to any matter involving a Party that may place me in a real, |
| Sep 11, 2019 | Bobby Shayegan | |
| Date | Name | Signature |



| | Name of registered clinician: | Troy sitland |
|----------|--|---|
| | Name of drug and indication under review: | darolutamide |
| Co | onflict of Interest Declaration | |
| co of | nflicts of interest. A registered clinician must decl | ODR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or |
| Ex | amples of conflicts of interest include, but are no | t limited to: |
| | gifts, and salary) | try or other entities (e.g., educational or research grants, honoraria, lips with drug manufacturers or other interest groups. |
| Se | ection A: Payment Received | |
| 1. | Have you received any payments over the previndirect interest in the drug under review? | vious two years from any company or organization that may have a direct or |
| | □ Yes ⊠ No | |
| | If no, please go to Section B. | |
| 2. | What form of payment did you receive? (Check | c all that apply.) |
| | Advisory role (e.g., advisory boards, heatechnology assessment submission advi | |
| | ☐ 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 | rganizations, and the amounts of the payments, in the following box. |
| | | |
| | | |



| | ossession of stocks or options of more the nterest in the drug under review? If yes, | nan \$10,000 (excluding mutual funds) for organizations please list them in the following box. | that |
|--|--|--|-----------|
| no | | | |
| Section C: Affiliations, Pe | ersonal or Commercial Relationsh | ips | |
| parent corporation, subsidiarie | , | r health technology manufacturer (including the manufas) or other interest groups? If yes, please provide the nationships, in the following box. | |
| no | | | |
| I hereby certify that I have dispotential, or perceived conflict | | ect to any matter involving a Party that may place me in | ı a real, |
| Sept 10 2019 | Troy sitland | | |
| Date | Name | Signature | |



| d indication under review: pC | | | |
|---|---|--|--|
| | pCODR 10196, Darolutamide, nmCRPC | | |
| est Declaration | | | |
| 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 sterest declaration is requested for transparency — it does not negate or | | |
| of interest include, but are not lim | nited to: | | |
| • | or other entities (e.g., educational or research grants, honoraria, | | |
| onal or commercial relationships | with drug manufacturers or other interest groups. | | |
| nt Received | | | |
| ed any payments over the previou n the drug under review? | is two years from any company or organization that may have a direct or | | |
| | | | |
| to Section B. | | | |
| ment did you receive? (Check all | that apply.) | | |
| ole (e.g., advisory boards, health assessment submission advice) | ☐ Program or Operating Funding (e.g., website) | | |
| e attendance | ☐ Research/educational grants | | |
| | ☐ Travel grants | | |
| | ☐ Sponsorship of events | | |
| | ☐ Other, please specify: | | |
| | ctivity and credibility of the pCODF registered clinician must declare rmation submitted. A conflict of in the clinician input. of interest include, but are not limited to the pharmaceutical industry of sonal or commercial relationships on the Received and payments over the previous the drug under review? to Section B. when the did you receive? (Check all pole (e.g., advisory boards, health of assessment submission advice) | | |



| Have you received or are in posses may have a direct or indirect interes | • | | uding mutual funds) for organizations n the following box. | s that |
|---|--------------------------------|---------------------------|--|-----------|
| NO stocks. | | | | |
| Section C: Affiliations, Persor | nal or Commercial Relation | onships | | |
| · · | iliates, and associated corpor | rations) or other interes | gy manufacturer (including the manu t groups? If yes, please provide the r ollowing box. | |
| No other commercial interests. | | | | |
| I hereby certify that I have disclose potential, or perceived conflict of int | | respect to any matter i | nvolving a Party that may place me i | n a real, |
| Sept 17, 2019 Date | Alan So Name | | Signature | |



| f nanc a support from the pharmaceut ca ndustry or other ent tes (e.g., educat ona or research grants, honorar a, g fts, and sa ary) aff at ons, or persona or commerc a re at onsh ps w th drug manufacturers or other interest groups. Section 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? | Name of registered clinician: | | |
|--|--|---------------------------------------|---------------------------------------|
| To maintain the objectivity and cred bity of the pCODR process, a participants in the pCODR review process must disclose any conficts of interest. A registered cinic an must declare any potential conflicts of interest that may influence or have the appearant of influencing the information submitted. A conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the cinic normal review of the cinic normal | Name of drug and indication under review: | | |
| conficts of interest. A registered cinic an must declare any potential conficts of interest that may influence or have the appearant of influencing the information submitted. A conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the cinic an input. Examples of conflicts of interest include, but are not imited to: In financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary) afficial at ons, or personal or commercial relationships with drug manufacturers or other interest groups. Section A: Payment Received Have you received any payments over the previous two years from any company or organization that may have a direct or not rect interest in the drug under review? Yes No If no, please go to Section B. What form of paymentid digourrece ve? (Check a lithat apply.) Research/educational grants Research/educational grants Research/educational grants Royaltes Gifts Sponsorship of events Other, please specify: consultancy | Conflict of Interest Declaration | | |
| g fts, and sa ary) • aff at ons, or persona or commerc a re at onsh ps with drug manufacturers or other interest groups. Section A: Payment Received 1. Have you rece ved any payments over the previous two years from any company or organization that may have aid rect or nd rect interest in the drug under review? □ Yes □ No If no, please go to Section B. 2. What form of payment did you receive? (Check a that apply.) □ Advisory role (e.g., advisory boards, health technology assessment submission advice) □ Conference attendance □ Research/educational grants □ Royaltes □ Trave grants □ Gits □ Sponsorship of events □ Honoraria □ Other, please specify: consultancy | conf cts of nterest. A reg stered c n c an must dec are of nf uenc ng the nformat on subm tted. A conf ct of n | any potent a conf cts of nterest tha | t may nf uence or have the appearance |
| g fts, and sa ary) • aff at ons, or persona or commerc a re at onsh ps with drug manufacturers or other interest groups. Section A: Payment Received 1. Have you rece ved any payments over the previous two years from any company or organization that may have aid rect or nd rect interest in the drug under review? □ Yes □ No If no, please go to Section B. 2. What form of payment did you receive? (Check a that apply.) □ Advisory role (e.g., advisory boards, health technology assessment submission advice) □ Conference attendance □ Research/educational grants □ Royaltes □ Trave grants □ Gits □ Sponsorship of events □ Honoraria □ Other, please specify: consultancy | Examp es of conf cts of nterest nc ude, but are not n | n ted to: | |
| Section 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 | g fts, and sa ary) | | - |
| nd rect interest in the drug under review? | aff at ons, or personal or commercial relationships | w th drug manufacturers or other into | erest groups. |
| nd rect interest in the drug under review? ☑ Yes ☐ No If no, please go to Section B. 2. What form of payment did you receive? (Check a lithat apply.) ☑ Advisory role (e.g., advisory boards, health technology assessment submission advice) ☐ Conference attendance ☐ Research/educational grants ☐ Royaltes ☐ Trave grants ☐ Gifts ☐ Sponsorship of events ☑ Honoraria ☑ Other, please specify: ☑ Consultancy ☑ Consultancy | Section A: Payment Received | | |
| □ 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 th techno ogy assessment subm ss on adv ce) □ Conference attendance □ Roya t es □ G fts □ Sponsorsh p of events □ Honorar a □ Other, p ease spec fy: consultancy | | is two years from any company or or | gan zat on that may have a d rect or |
| 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 th techno ogy assessment subm ss on adv ce) □ Conference attendance □ Research/educat ona grants □ Roya t es □ G fts □ Sponsorsh p of events □ Honorar a □ Consu tancy | _ | | |
| Adv sory ro e (e.g., adv sory boards, hea th techno ogy assessment subm ss on adv ce) □ Conference attendance □ Roya t es □ G fts □ Sponsorsh p of events □ Honorar a □ Other, p ease spec fy: | If no, p ease go to Sect on B. | | |
| techno ogy assessment subm ss on adv ce) Conference attendance Research/educat ona grants Trave grants Gfts Sponsorsh p of events Other, p ease spec fy: consultancy | 2. What form of payment d d you rece ve? (Check a | that app y.) | |
| □ Roya t es □ Trave grants □ G fts □ Sponsorsh p of events ⋈ Honorar a ⋈ Other, p ease spec fy: consu tancy | | | |
| ☐ G fts ☐ Sponsorsh p of events ☐ Honorar a ☐ Other, p ease spec fy: | ☐ Conference attendance | ☐ Research/educat ona grants | |
| | ☐ Roya t es | ☐ Trave grants | |
| | ☐ G fts | ☐ Sponsorsh p of events | |
| 3. P ease provide the names of companies and organizations, and the amounts of the payments, in the following box. | | ☑ Other, p ease spec fy: | consu tancy |
| 3. Pease provide the names of companies and organizations, and the amounts of the payments, in the following box. | 0 . D | | and the feeting have |
| | 3. P ease provide the names of companies and orga | n zations, and the amounts of the pa | yments, in the to lowing box. |
| | | | |
| | | | |
| Bayer- \$ for combined abount from consultancy honorarium and ad board | Bayer- \$ for combined abount from cons | ultancy honorarium and ad board | |
| | | | |



| | possess on of stocks or opt ons of more the nterest in the drug under review? If yes, | nan \$10,000 (exc ud ng mutua funds) for organ zat ons t p ease st them n the fo ow ng box. | hat |
|--|---|---|---------|
| No | | | |
| Section C: Affiliations, P | ersonal or Commercial Relationsh | ips | |
| parent corporat on, subs d ar | | or hea th techno ogy manufacturer (nc ud ng the manufacts) or other nterest groups? If yes, p ease provide the nationships, in the following box. | |
| No | | | |
| I hereby cert fy that I have d spotent a, or perce ved confident | sc osed a re evant nformat on w th respect of nterest s tuat on. | ect to any matter nvo v ng a Party that may p ace me n a | a rea , |
| 11/9/19 | Steven Yip | | |
| Date | Name | S gnature | |
| | | | |
| | | | |
| | | | |