

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.

C Fernandez

	ž.		
Name of drug and indication under review:		Blinatumomab x	
Co	onflict of Interest Declaration		
cor of i	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 of interest declaration is requested for transparency — it does not negate or	
Ex	amples 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 relationship	ips 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.)	
	<ul> <li>Advisory role (e.g., advisory boards, hea technology assessment submission advi-</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.	



	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 organizations that them in the following box.
None		
Section C: Affiliations, Per	sonal or Commercial Relationships	
parent corporation, subsidiaries	ercial relationships either with a drug or health te affiliates, and associated corporations) or other s, and outline the nature of these relationships, i	echnology manufacturer (including the manufacturer's interest groups? If yes, please provide the names of in the following box.
None		
hereby certify that I have disclopotential, or perceived conflict o		matter involving a Party that may place me in a real,
25 January 2020	Conrad Fernandez	
Date	Name	



Name of registered clinician:		Dr. Sumit Gupta	
ļ	Name of drug and indication under review:	Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia	
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 no	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 relationsh	nips with drug manufacturers or other interest groups.	
Se	ction A: Payment Received		
1.	-	vious two years from any company or organization that may have a direct or	
	□ Yes ⊡1√0		
	If no, please go to Section B.		
2.	What form of payment did you receive? (Check	k all that apply.)	
	<ul> <li>Advisory role (e.g., advisory boards, hea technology assessment submission advi</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 o	rganizations, and the amounts of the payments, in the following box.	

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.

*حن*.

#### 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 am the co-chain of a study, AALLITZI, which induces binochumals, of home no direct relationship with Angen, the moneyosluters

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.

Jau31/20 S. West



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

Name of registered clinician:			
Name of drug and indication under review:	Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia		
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	mited to:		
gifts, and salary)	or other entities (e.g., educational or research grants, honoraria,		
<ul> <li>affiliations, or personal or commercial relationship.</li> </ul>	s 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>	ous 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 a	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>			
☐ 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.		



Section B: Holdings or Ot	er Interests	
Have you received or are in po may have a direct or indirect in	session of stocks or options of more than \$10,000 (excluding mutual funds) for organizatest in the drug under review? If yes, please list them in the following box.	tions that
No		
Section C: Affiliations, Pe	onal or Commercial Relationships	
parent corporation, subsidiaries	rcial relationships either with a drug or health technology manufacturer (including the manufacturer affiliates, and associated corporations) or other interest groups? If yes, please provide to and outline the nature of these relationships, in the following box.	anufacturer's the names of
No		
hereby certify that I have discludential, or perceived conflict of	ed all relevant information with respect to any matter involves a Rod that interest situation.	
January 31, 2020	Donna Johnston	
Date	Name	



Name of registered clinician:	DR. CAROL PORTWINE
Name of drug and indication under review:	Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia
Conflict of Interest Declaration	
conflicts 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 not negate or
Examples of conflicts of interest include, but are no	t limited to:
<ul> <li>financial support from the pharmaceutical indust gifts, and salary)</li> </ul>	ry or other entities (e.g., educational or research grants, honoraria,
<ul> <li>affiliations, or personal or commercial relationsh</li> </ul>	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.	
2. What form of payment did you receive? (Check	all that apply.)
<ul> <li>Advisory role (e.g., advisory boards, hea technology assessment submission advi</li> </ul>	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	☐ Other, please specify:
Please provide the names of companies and or	rganizations, and the amounts of the payments, in the following box.



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, 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.

January 29/20 CAROL TORTHOINE

Name



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## Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:		Paul Gibson	
ı	Name of drug and indication under review:	Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia	
Co	onflict of Interest Declaration		
cor of	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	
Exa	amp es of conf cts of nterest nc ude, but are no	t m ted to:	
•	f nanc a support from the pharmaceut ca ndus g 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.	
Se	ction A: Payment Received		
1.	Have you rece ved any payments over the pre- nd rect interest in the drug under review?	vous 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.)	
	<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	
	☐ 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 o	rgan zat ons, and the amounts of the payments, n the fo ow ng box.	



	sess on of stocks or opt ons of more to erest in the drug under review? If yes,	han \$10,000 (exc ud ng mutua funds) for organ zat or p ease st them n the fo ow ng box.	ns that
None			
Section C: Affiliations, Pers	sonal or Commercial Relationsh	nips	
parent corporat on, subs d ar es,		or hea th techno ogy manufacturer (nc ud ng the manus) or other nterest groups? If yes, pease provide the tonships, in the following box.	
None			
I hereby cert fy that I have d sc o		ect to any matter nvo v ng a Party that may p ace me	n a rea ,
January 29, 2020	Paul Gibson	(	
Date	Name	S gnature	



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## Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:		Alexandra Zorzi	
ı	Name of drug and indication under review:	Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia	
Co	onflict of Interest Declaration		
cor 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	
Exa	amp es of conf cts of nterest nc ude, but are no	t m ted to:	
•	f nanc a support from the pharmaceut ca ndust g 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.	
Se	ction A: Payment Received		
1.	Have you rece ved any payments over the previous rect interest in the drug under review?	vous 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, hea techno 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	rgan zat ons, and the amounts of the payments, n the fo owng box.	



	•	re than \$10,000 (exc ud ng mutua funds) for organ zat ons that es, p ease st them n the fo ow ng box.
No		
Section C: Affiliations, Per	sonal or Commercial Relation	ıships
parent corporat on, subs d ar es	·	ng or hea th techno ogy manufacturer (nc ud ng the manufacturer ons) or other nterest groups? If yes, p ease prov de the names one at onsh ps, n the fo ow ng box.
None		
I hereby cert fy that I have d so opotent a, or perce ved conf ct o		spect to any matter nvo v ng a Party that may p ace me n a rea ,
January 29, 2020	Alexandra Zorzi	
Date	Name	



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:	Joseph Brandwein	
Name of drug and indication under review:	Blinatumomab for MRD+ B-ALL	
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:	
gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.	
Section A: Payment Received		
<ol> <li>Have you received any payments over the previndirect 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.)	
<ul> <li>Advisory role (e.g., advisory boards, heal technology assessment submission advice</li> </ul>		
☐ Conference attendance	☐ Research/educational grants	
☐ Royalties	☐ Travel grants	
□ Cifte	□ Openeorohip of evente	
☐ Honoraria	☐ Other, please specify:	
□ Oifte □ Honoraria	☐ Travel grants ☐ Openographip of events	



Have you received or are in may have a direct or indirect	possession of stocks or options of more tinterest 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.		
	Personal or Commercial Relations	
parent corporation, subsidia	ries, affiliates, and associated corporations, and outline the nature of these re	g or health technology manufacturer (including the manufacturer's ons) or other interest groups? If yes, please provide the names of elationships, in the following box.
No.		
hereby certify that I have di	sclosed all relevant information with res ct of interest situation.	spect to any matter involving a Party that may place me in a real,
Jan. 3, 2020.	Joseph Brandwein	
Date	Name	



Before completing this template, be sure to register 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.

## 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. C. TOMKOUROUKIS

Name of drug and indication under review: Blinatumomab/MRD ALL

#### **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.	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,				
	organization that may have direct or indirect interest in the drug under review?				
	☐ Yes	⊠No			
	Mana alana an ta Cantina D				
	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) Conference attendance		(e.g., website)	
				Research/educational grants	
		Royalties		Travel grants	
		Gifts		Sponsorship of Events	
		Honoraria			
	☐ Other, please specify: Click here to enter text				
	÷				
3.	3. Please provide the names of companies and organizations and the amounts of the payments				
in the box below.					
Click here to enter text.					

pCODR Clinician Input on a Drug



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.

None

#### 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.

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.

C. TOM KOUROUKUS

Date:

Click here to enter text.

Name:

Click here to enter text.

Signature:

Click here to enter text.