

## 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:	Sebastien Hotte
Name of drug and indication under review:	Enzalutamide (Xtandi)
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	t limited to:
gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria, 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 □ 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 organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Ch	eck Appropr	iate Dollar F	Range
		\$0 to 5,000		\$10,001 to 50,000	In Excess of \$50,000
Astellas	Advisory boards, Research funds (institution)		×		
Bayer	Advisory boards, Research funds (institution)				
Astra Zeneca	Advisory boards, Research funds (institution)	Х			



Janssen	Advisory beaute however Descent finds				
Janssen	Advisory boards, honoraria, Research funds (institution)				
ection B: Holdings o	or Other Interests				
lave you received or are	in possession of stocks or options of more than \$10,00	00 (excluding r	mutual funds)	for organiza	tions that
nay have a direct or indire	rect interest in the drug under review? If yes, please list	them in the fo	llowing box.		
no					
Section C: Affiliations	s, Personal or Commercial Relationships				
	•				
	commercial relationships either with a drug or health ted diaries, affiliates, and associated corporations) or other				
•	nizations, and outline the nature of these relationships, in			ase provide t	ne names or
			,		
no					
110					
	nereby certify that the information that I have presented	here is			
accurate and complete to	to the best of my knowledge.				
19 October 2020					
Date	Name				



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Na	nme of registered clinician:	Urban Emmenegger
Na	ame of drug and indication under review:	Enzalutamide for metastatic, castration-sensitive prostate cancer
Con	flict of Interest Declaration	
confli of infl	cts 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
Exam	nples of conflicts of interest include, but are no	ot limited to:
gi	fts, and salary)	stry or other entities (e.g., educational or research grants, honoraria, nips with drug manufacturers or other interest groups.
Sect	ion A: Payment Received	
	Have you received any payments over the pre ndirect 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. V	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

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Ch	eck Appropr	iate Dollar F	Range
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Astellas	Participation in advisory board meetings, presentations at Astellas-organized continued medical education events		oxtimes		

☐ Other, please specify:



 $\times$ 

### **Section B: Holdings or Other Interests**

"	No
S	ection C: Affiliations, Personal or Commercial Relationships
p	o you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer' arent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names o ne companies and organizations, and outline the nature of these relationships, in the following box.
	No

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

Name

accurate and complete to the best of my knowledge.

Date

By checking this box, I hereby certify that the information that I have presented here is



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# **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.

N	Name of registered clinician:	Dr Sandeep Sehdev
١	Name of drug and indication under review:	Enzalutamide for Metastatic castration sensitive prostate cancer (mCSPC)
Со	onflict of Interest Declaration	
con of r	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 ndust g fts, and sa ary)	try or other ent t es (e.g., educat ona or research grants, honorar a,
		n ps w th drug manufacturers or other interest groups.
Se	ction A: Payment Received	
1.	•	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	k a 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.	P ease prov de the names of compan es and c	organ zat ons, and the amounts of the payments, n the fo ow ng box.
	Janssen – advisory board about apalutamid	le - \$1500



#### **Section B: Holdings or Other Interests**

Have you received or are in possess on 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 is them in the following box.

	No
S	Section C: Affiliations, Personal or Commercial Relationships
p	Do you have persona or commerc a re at onsh ps e ther with a drug or health technology manufacturer (including the manufacturer starent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and out ine the nature of these relationships, in the following box.
	No

I hereby cert fy that I have d sc osed a re evant information with respect to any matter involving a Party that may place me in a real, potential, or perceived conflict of interest situation.

March 7 2020	Dr Sandeep Sehdev	
Date	Name	