Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH CDR and pCODR programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

- 1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it. NO
- 2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it. NO
- 3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Sun Pharmaceutical Industries		Х		

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Annette Cyr

Position: Chair, Board of Directors, MNC Patient Group: Melanoma Network of Canada

Date: July 7, 2020

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Sun Pharma			х	

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Kathy Barnard Position:President

Patient Group:Save Your Skin Foundation

Date:July 28th 2020



Appendix: Patient Group Conflict of Interest Declaration

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On behalf of the CSPA, I corresponded with President and Founder of the Save Your Skin Foundation (SYSF), Kathleen Barnard, about the Odomzo recommendation and SYSF's response to it. She shared with me email correspondence between her and SYSF's medical advisors regarding the recommendation and their planned response to it. I drafted the response on behalf of the CSPA without input or support from others.

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

No.

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Merck Canada			Χ	

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Rachael Manion Position: Executive Director

Patient Group: Canadian Skin Patient Alliance

Date: April 12, 2021