

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:	Gail Darling
Name of drug and indication under review:	lpinivo/NSCLC

Conflict of Interest Declaration

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. A 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. 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 all that apply.)
 - □ Advisory role (e.g., advisory boards, health □ F technology assessment submission advice) (
 - \Box Conference attendance \Box
 - Royalties
 - □ Gifts
 - 🗆 Honoraria

- Program or Operating Funding (e.g., website)
- Research/educational grants
- Travel grants
 - Sponsorship of events
 - \Box Other, please specify:
- 3. Please provide the names of companies and organizations, and the amounts of the payments, in the following box.



Section B: Holdings or 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.

no

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.

no

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.

October 3 2019

Gail Darling

Date

Name

Signature

CADT

Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Andrew Robinson Name of drug and indication under review: lpilimumab/Nivolumab

Conflict of Interest Declaration

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affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section 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

 - □ No

If no, please go to Section B.

- 2.
- What form of payment did you receive? (Check all that apply.)
 - x Advisory role (e.g., advisory boards, health technology assessment submission advice) Program or Operating Funding (e.g., website)
 - Conference attendance
 - Royalties
 - □ Gifts
 - Honoraria

□ Sponsorship of events

Travel grants

Research/educational grants

- Other, please specify:
- Please provide the names of companies and organizations, and the amounts

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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.

Name of registered clinician:	Dr. Rosalyn Juergens
Name of drug and indication under review:	Limited chemotherapy + nivolumab and ipilimumab

Conflict of Interest Declaration

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- · affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section 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 all that apply.)
 - ☑ Advisory role (e.g., advisory boards, health technology assessment submission advice)
 □ Conference attendance
 □ Research/educational grants
 - Royalties

⊠ Honoraria

- □ Gifts □ Sponsorship of events
- 3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Travel grants

□ Other, please specify:

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			Range
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol-Myers Squibb	Advisory role and honoraria	\boxtimes			
AstraZeneca	Advisory role and honoraria		\boxtimes		
Merck Sharp and Dohme	Advisory role and honoraria	\boxtimes			



Roche	Advisory role and honoraria	\boxtimes		
Section D. Holdings or	Other Interests			

Section B: Holdings or 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.

No

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.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.

 \times

08/July/2020

Date

Rosalyn Juergens, MD PhD Name



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: Dr Ronald Burkes

Name of drug and indication under review: Nivolumab, in combination with ipilimumab and 2 cycles of platinum-based chemotherapy for the first-line treatment of patients with metastatic or recurrent NSCLC with no EGFR or ALK genomic tumor aberrations

Conflict of Interest Declarations

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Section A: Payment Received

 Have you received any payments over the previous two years from any company or organization that may have 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 all that apply.)
 - Advisory role (e.g., advisory boards,
 - HTA submission advice)
 - Conference attendance
 - Royalties
 - Gifts
 - Honoraria
 - Other, please specify: Click here to enter text.
- 3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

Click here to enter text.

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- Program or Operating Funding
- (e.g., website)
- Research/educational grants
- Travel grants
- Sponsorship of Events



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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. No

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. No

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: July 6,2020

Name: Ronald Burkes

Signature: Ronald Burkes

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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.

Name of registered clinician:	Dr Parneet Cheema
Name of drug and indication under review:	Nivolumab, in combination with ipilimumab and 2 cycles of platinum-based chemotherapy for the first-line treatment of patients with metastatic or recurrent NSCLC with no EGFR or ALK genomic tumor aberrations

Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section 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 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 organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Ch	Check Appropriate Dollar Range		
			\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol Myers Squibb	Advisory board/Honoraria	\boxtimes			
Merck	Advisory board/Honoraria	\boxtimes			

Astrazeneca	Advisory board/Honoraria	\boxtimes		
Roche	Advisory board/Honoraria	\boxtimes		
Novartis	Advisory board/Honoraria	\boxtimes		

Section B: Holdings or 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.

NO

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.

NO

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.

 \boxtimes

Oct 12, 2020

Parneet Cheema

Date

Name

JADTH



Before completing this template, be sure to register with the pCODR program. Please visit https://www.cadth.ca/pcodr/registration 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: Dr. Stephen Lam

Name of drug and indication under review: Nivolumab, in combination with ipilimumab and 2 cycles of platinum-based chemotherapy for the first-line treatment of patients with metastatic or recurrent NSCLC with no EGFR or ALK genomic tumor aberrations

Conflict of Interest Declarations

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Section A: Payment Received

1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review? X No □ Yes

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,
 - HTA submission advice)
 - Conference attendance Royalties

 - Gifts
 - Honoraria
 - Other, please specify: Click here to enter text.
- 3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

Program or Operating Funding

Research/educational grants

Sponsorship of Events

(e.g., website)

Travel grants

Click here to enter text.

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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. No

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. No

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: July 6, 2020

Name: Stephen Lam MD, FRCPC

Signature: Stephen Lam

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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.

Name of registered clinician:	Dr Sunil Yadav
Name of drug and indication under review:	Nivolumab, in combination with ipilimumab and 2 cycles of platinum-based chemotherapy for the first-line treatment of patients with metastatic or recurrent NSCLC with no EGFR or ALK genomic tumor aberrations

Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section 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?
 - 12 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
- Royalties
- 🗆 Gifts

- Program or Operating Funding (e.g., website)
- Research/educational grants
- Travel grants
- Sponsorship of events
- Honoraria for spearking
- $\hfill\square$ 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	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Merck	Actuisory Boasd, speaking \$ 10,250			K	
Roche	Advisory Board Spealing		Ū.		
BMS	Adulsony Board (\$ 2400	V			

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

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Takeda Admisory Board, speaking Astazeneca Advisory Board, speaking Section B: Holdings or Other Interests V

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, 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.

ND

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.

Oct 7, 2020

Name



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: Dr. Donna Maziak

Name of drug and indication under review: Nivolumab, in combination with ipilimumab and 2 cycles of platinum-based chemotherapy for the first-line treatment of patients with metastatic or recurrent NSCLC with no EGFR or ALK genomic tumor aberrations

Conflict of Interest Declarations

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affiliations 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 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 all that apply.)
 - Advisory role (e.g., advisory boards,
 - HTA submission advice)
 - Conference attendance
 - Royalties
 - □ Gifts
 - Honoraria
 - Other, please specify: Click here to enter text.
- Program or Operating Funding (e.g., website)

1

- Research/educational grants
- Travel grants
- Sponsorship of Events
- 3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

Click here to enter text.

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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. No

Section C: Affiliations, personal or commercial relationships

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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:	July 8, 2020

Name: Dr. Donna E. Maziak

Signature:

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