

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:	C. TOM KOUROUKIS	
Name of drug and indication under review:	C. TOM KELLROUKIS Isatuximab for RR Myeloma	
Conflict of Interest Declaration		
	rocess, all participants in the pCODR review process must disclose any y potential conflicts of interest that may influence or have the appearance est declaration is requested for transparency — it does not negate or	
Examples of conflicts of interest include, but are not limited	d to:	
<ul> <li>financial support from the pharmaceutical industry or of gifts, and salary)</li> </ul>	ther entities (e.g., educational or research grants, honoraria,	
<ul> <li>affiliations, or personal or commercial relationships with</li> </ul>	n drug manufacturers or other interest groups.	
Section A: Payment Received		
<ol> <li>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?</li> </ol>		
□ Yes <b>x</b> 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, health technology assessment submission advice)	Program or Operating Funding (e.g., website)	
☐ Conference attendance ☐	Research/educational grants	
E D	Travel grants	
☐ Gifts	Sponsorship of events	
☐ Honoraria ☐	Other, please specify:	
<ol> <li>Please provide the names of companies and organization</li> </ol>	ons, and the amounts of the payments, in the following table.	

Company	Nature or description of activities or interests		Check Approp	riate Dollar I	Range
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<del></del>					



Sept 10, 2020

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, 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.

None

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.

Date

NIa



Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

of Interest Declaration  the objectivity and credibility of the pCODR interest. A registered clinician must declare a gethe information submitted. A conflict of interest use of the clinician input.  f conflicts of interest include, but are not limit support from the pharmaceutical industry or d salary)	tuximab in combination with pomalidomide and dexamethasone, for the treatment of patients with apsed and refractorymultiple myeloma who have received at least two prior therapies including alidomide and a proteasome inhibitor.  process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance erest declaration is requested for transparency — it does not negate or ted to:  rother entities (e.g., educational or research grants, honoraria, with drug manufacturers or other interest groups.
of Interest Declaration  the objectivity and credibility of the pCODR interest. A registered clinician must declare a gethe information submitted. A conflict of interest of the clinician input.  f conflicts of interest include, but are not limit support from the pharmaceutical industry or d salary)	process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance erest declaration is requested for transparency — it does not negate or ted to:  To other entities (e.g., educational or research grants, honoraria,
interest. A registered clinician must declare a ng the information submitted. A conflict of inte e use of the clinician input. If conflicts of interest include, but are not limit support from the pharmaceutical industry or d salary)	any potential conflicts of interest that may influence or have the appearance erest declaration is requested for transparency — it does not negate or ted to:  other entities (e.g., educational or research grants, honoraria,
support from the pharmaceutical industry or d salary)	other entities (e.g., educational or research grants, honoraria,
d salary)	
ns, or personal or commercial relationships w	vith drug manufacturers or other interest groups.
: Payment Received	
ou received any payments over the previous interest in the drug under review?	two years from any company or organization that may have a direct or
Yes No	
olease go to Section B.	
orm of payment did you receive? (Check all t	hat apply.)
Advisory role (e.g., advisory boards, health echnology assessment submission advice)	☐ Program or Operating Funding (e.g., website)
Conference attendance	☐ Research/educational grants
Royalties	☐ Travel grants
Gifts Gifts	☐ Sponsorship of events
	☐ Other, please specify:
	Advisory role (e.g., advisory boards, health echnology assessment submission advice) Conference attendance Royalties

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
			\$5,001 to 10,000		In Excess of \$50,000



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, 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.



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.

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Date J

N:



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:		Debra Bergstrom
N	lame of drug and indication under review:	Isatuximab (Sarclisa)
Со	nflict of Interest Declaration	
con of ir	flicts 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
Exa	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,
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.)
	<ul> <li>Advisory role (e.g., advisory boards, he technology assessment submission adv</li> </ul>	alth
	☐ 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	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000



Section B: Holdings or Other Inter	rests			
ave you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that lay have a direct or indirect interest in the drug under review? If yes, please list them in the following box.				
Section C: Affiliations, Personal o	or Commercial Relationships			
Do you have personal or commercial rel parent corporation, subsidiaries, affiliate	ationships either with a drug or health technology s, and associated corporations) or other interest outline the nature of these relationships, in the fol	groups? If yes, please provide the names of		
By checking this box, I hereby certify the accurate and complete to the best of n	hat the information that I have presented here is			
accurate and complete to the best of h	ny knowledge.			
August 30, 2020				
Date				



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.

**PAVIC Michel** 

Name of drug and indication under review:	Isatuximab (Sarclisa)
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:
<ul> <li>financial support from the pharmaceutical indus gifts, and salary)</li> </ul>	try or other entities (e.g., educational or research grants, honoraria,
<ul> <li>affiliations, or personal or commercial relationships</li> </ul>	nips with drug manufacturers or other interest groups.
Section A: Payment Received	
<ol> <li>Have you received any payments over the pre indirect interest in the drug under review?</li> </ol>	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.)
<ul> <li>Advisory role (e.g., advisory boards, her technology assessment submission adv</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 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



no		
Section C: Affiliations, Personal or Commercia	I Relationships	
Do you have personal or commercial relationships eithe parent corporation, subsidiaries, affiliates, and associate the companies and organizations, and outline the nature	ed corporations) or other interest groups	? If yes, please provide the names of
no		
By checking this box, I hereby certify that the informati accurate and complete to the best of my knowledge.	on that I have presented here is	$\boxtimes$
30 AUG 2020		



### 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: Heather Sutherland Name of drug and indication under review: Isatuximab (Sarclisa) Conflict of Interest Declaration To maintain the objectivity and credibility of the CODR 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 Have you received any payments over the previous two years from any company or prganization that may have a direct or indirect interest in the drug under review? ⊠ 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, health □ Program or Operating Funding technology assessment submission advice) (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. Nature or description of activities or interests Company Check Appropriate Dollar Range \$0 to \$5,001 to \$10,001 In Excess 5.000 10,000 to 50,000 of \$50,000 Sanofi Canada Advisory board participant X

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

# **CADTH**

	The state of the s	
Section B: Holdings or Other Interests		
Have you received or are in possession of stocks	or options of more than \$10,000 (exclu	ding mutual funds) for organizations that
may have a direct or indirect interest in the drug		
none		
3.34.5		
Section C: Affiliations, Personal or Com		
Do you have personal or commercial relationship		
parent corporation, subsidiaries, affiliates, and as the companies and organizations, and outline the		
	s riature of these relationships, in the following	
none		
By checking this box, I hereby certify that the in	formation that I have presented here is	П
accurate and complete to the best of my knowledge.	edge.	
August 30, 2020		
Date		



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:  Name of drug and indication under review:		Julie Stakiw
		Isatuximab (Sarclisa)
Co	onflict of Interest Declaration	
cor of i	nflicts 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:
	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, he technology 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	Check Appropriate Dollar Range			
			In Excess of \$50,000		
Sanofi	Advisory board				



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



Aug. 28, 2020



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:		Rodger Tiedemann
1	Name of drug and indication under review:	Isatuximab (Sarclisa)
Co	onflict 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 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	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, 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.)
	<ul> <li>Advisory role (e.g., advisory boards, he technology assessment submission adv</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 organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
				In Excess of \$50,000	
Takeda	Advisory board meeting				
Amgen	Advisory board meeting	$\boxtimes$			

☐ Honoraria



Have you received or are in possession of stocks or options of more than \$10,000 (excluding may have a direct or indirect interest in the drug under review? If yes, please list them in the follows:	
No	
Section C: Affiliations, Personal or Commercial Relationships  Do you have personal or commercial relationships either with a drug or health technology manual commercial relationships.	
parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups the companies and organizations, and outline the nature of these relationships, in the following	
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.	



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### Appendix A: pCODR Clinician Conflict of Interest Declarations

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.

**Kevin Song** 

Name of drug and indication under review	v: Isatuximab (Sarclisa)
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must	pCODR process, all participants in the pCODR review process must disclose any declare any potential conflicts of interest that may influence or have the appearance lict of interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are	e not limited to:
<ul> <li>financial support from the pharmaceutical in gifts, and salary)</li> </ul>	dustry or other entities (e.g., educational or research grants, honoraria,
•	onships with drug manufacturers or other interest groups.
Section A: Payment Received	
Have you received any payments over the indirect interest in the drug under review?	previous 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? (Cl	heck all that apply.)
<ul><li>Advisory role (e.g., advisory boards, technology assessment submission</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 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	
Sanofi	Advisory Boards	×				
Janssen	Advisory Boards		×			
Celgene/BMS	Advisory Boards		×			

Amgen	Advisory Boards		x	
GSK	Advisory Boards	X		

GSK	Advisory Boards		X			l
Section B: Hold	lings or Other Interests			4	<del></del>	
łave you received	d or are in possession of stocks or options of me	ore than \$10,000	) (excluding r	nutual funds)	for organizat	ions that
	or indirect interest in the drug under review? If				-	
None						
None						
				****		
Section C: Affil	iations, Personal or Commercial Relatio	nships				
	onal or commercial relationships either with a d					
	n, subsidiaries, affiliates, and associated corpora				ase provide t	ne names of
ne companies an	d organizations, and outline the nature of these	relationships, in	the following	j box.		
None						
By checking this	box, I hereby certify that the information that I I	nave presented h	nere is		$\bowtie$	
	mplete to the best of my knowledge.					
100						
16 Septembe	er 2020					
Date		***************************************	<del>-</del> 4			



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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:  Name of drug and indication under review:		Anthony Reiman				
		Isatuximab (Sarclisa)				
Cor	nflict of Interest Declaration					
confl of inf	licts 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				
Exar	mples of conflicts of interest include, but are no	ot limited to:				
g	ifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria, hips with drug manufacturers or other interest groups.				
Sec	tion A: Payment Received					
	Have you received any payments over the pre indirect interest in the drug under review?	evious 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, her technology assessment submission adv					
	☐ Conference attendance	⊠ Research/educational grants				
	☐ Royalties	☐ Travel grants				
	☐ Gifts	☐ Sponsorship of events				

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
Takeda	Advisory role	$\boxtimes$			
AstraZeneca	Research funding				$\boxtimes$
Pfizer	Research funding			$\boxtimes$	
Roche	Research Funding			$\boxtimes$	

☐ Other, please specify:

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

☐ Honoraria



X

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

11 September 2020

Date

Have you received or are in possession of sto	ocks or options of more than	\$10,000 (excluding mutual f	unds) for organizations that
may have a direct or indirect interest in the dr	ug under review? If yes, ple	ase 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.





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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:	Irwindeep Sandhu				
Name of drug and indication under review:	Isatuximab (Sarclisa)				
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 not	t limited to:				
<ul> <li>financial support from the pharmaceutical indust gifts, and salary)</li> </ul>	rry or other entities (e.g., educational or research grants, honoraria,				
affiliations, or personal or commercial relationsh	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>	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? (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:				

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
Sanofi	Advisory role	$\boxtimes$			
Celgene/BMS	Advisory role	$\boxtimes$			
Janssen	Advisory role	$\boxtimes$			



X

Amgen	Advisory role	Х		
Pfizer	Advisory role	Х		
Takeda	Advisory role	Х		

### **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 tha
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.





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.

**Suzanne Trudel** 

Name of drug and indication under review:	Isatuximab (Sarclisa)
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:
gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria,
affiliations, or personal or commercial relations	hips 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?	evious two years from any company or organization that may have a direct or
X 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, 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 organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Ch	eck Appropr	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000		
Sanofi		Х					
BMS				Х			



occion B. Holdings of Other Interests	
Have you received or are in possession of stocks or options of more than \$10,000 (excluding mumay have a direct or indirect interest in the drug under review? If yes, please list them in the follows:	· · ·
NO	
Section C: Affiliations, Personal or Commercial Relationships	
Do you have personal or commercial relationships either with a drug or health technology manufaparent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? the companies and organizations, and outline the nature of these relationships, in the following be	If yes, please provide the names of
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.	X
September 11 2020 Date	



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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:	Sindu Kanjeekal
Name of drug and indication under review:	Isatuximab (Sarclisa)
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 not	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,
• • • • • • • • • • • • • • • • • • • •	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:

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		Range	
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Sanofi	Attended ad board	$\boxtimes$			



•	of stocks or options of more than \$10,000 (excluding more drug under review? If yes, please list them in the follow	,
n/a		
Section C: Affiliations, Personal or	· Commercial Relationships	
parent corporation, subsidiaries, affiliates	tionships either with a drug or health technology manu- , and associated corporations) or other interest groups ttline the nature of these relationships, in the following b	? If yes, please provide the names of
n/a		
By checking this box, I hereby certify the accurate and complete to the best of my	at the information that I have presented here is / knowledge.	
September 11, 2020  Date		



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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. Hira Mian
Name of drug and indication under review:	Isatuximab (Sarclisa)
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:
gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria,
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.	
2. What form of payment did you receive? (Check	call 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 organizations, and the amounts of the payments, in the following table.

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
Sanofi	Advisory Role	$\boxtimes$			



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



 $\times$ 



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:	Arleigh Robertson McCurdy		
Name of drug and indication under review:	satuximab (Sarclisa)		
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 not	t limited to:		
	try 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			
<ol> <li>Have you received any payments over the previous indirect interest in the drug under review?</li> </ol>	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, 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 organizations, and the amounts of the payments, in the following table.

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
Sanofi	Advisory board	$\boxtimes$			



H	lave you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that
n	nay have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

Section C: Affiliations, Personal or Commercial Relationships	
Do you have personal or commercial relationships either with a drug or health technology manufacturer (includ parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please the companies and organizations, and outline the nature of these relationships, in the following box.	-
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.	₫
September 11, 2020 Na	



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:	Donna Reece MD
Name of drug and indication under review:	Isatuximab + Pomalidomide + dexamethasone
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 f 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.	
What form of payment did you receive? (Check	c all that apply.)
Advisory role (e.g., advisory boards, heat technology assessment submission advi	alth
☐ Conference attendance	⊠ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events

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

Company Nature o	Nature or description of activities or interests	Check Appropriate Dollar Range			
	Martin Maria Control	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Celgene/BMS	Research funding for clinical trials involving pomalidomide + daratumumab, lenalidomide and CAR-T cell therapy				
Celgene/BMS	Consultant for Health Canada submissions Honoraria for Advisory Boards and unrestricted educational talks	×			

☐ Other, please specify:

⋈ Honoraria



	Advisory board meeting				
ave you received	ings or Other Interests or are in possession of stocks or options of more or indirect interest in the drug under review? If yes		CALL STREET STRE	for organization	ons that
No					
ection C: Affili	ations, Personal or Commercial Relations	hips			
arent corporation	onal or commercial relationships either with a drug , subsidiaries, affiliates, and associated corporatio d organizations, and outline the nature of these rela	ns) or other interest group	s? If yes, plea		
ic companies and					
Member of the b	poard of Directors of Myeloma Canada poard of Directors of CMRG office of CMRG				
Member of the to Member of the to Chief Medical Co	board of Directors of CMRG  of CMRG  box, I hereby certify that the information that I have	e presented here is			
Member of the to Member of the to Chief Medical Co	board of Directors of CMRG  offfice of CMRG  box, I hereby certify that the information that I have necessary to the best of my knowledge.	e presented here is			