# 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:	C. Tom Kouroukis
Name of drug and indication under review:	Polatuzumab vedotin in combination with bendamustine and rituximab is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified, who are not eligible for autologous stem cell transplant and have received at least one
Name of any and indication under review.	prior therapy.

# **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 technology assessment submission advice)	<ul> <li>Program or Operating Funding (e.g., website)</li> </ul>
□ Conference attendance	Research/educational grants
□ Royalties	Travel grants
□ Gifts	Sponsorship of events
🗆 Honoraria	Other, please specify:

Company	Nature or description of activities or interests	Ch	eck Appropr	iate Dollar R	lange
					In Excess of \$50,000



#### 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.

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.

 $\boxtimes$ 

July 23, 2020 Date C. Tom Kouroukis Name

# 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:

ierre Villeveura

Name of drug and indication under review:

Polatuzumab vedotin in combination with bendamustine and rituximab is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified, – who are not eligible for autologous stem cell transplant and have received at least one prior therapy.

# **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

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)

Research/educational grants

- Conference attendance
- Royalties
- 🗆 Gifts
- 🗆 Honoraria

- □ Travel grants
- Sponsorship of events
- Other, please specify:

Company	Nature or description of activities or interests	Ch	eck Approp	iate Dollar P	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 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.

### 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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Nan



# 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. ANDREA LEE
Name of drug and indication under review:	Polatuzumab Vedotin (Polivy) + Bendamustine + Rituximab for rrDLBCL

# **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?

🖂 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, health technology assessment submission advice)</li> </ul>	<ul> <li>Program or Operating Funding (e.g., website)</li> </ul>
□ Conference attendance	Research/educational grants
□ Royalties	Travel grants
□ Gifts	☐ Sponsorship of events
🗆 Honoraria	Other, please specify:

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

### 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.	

OCT 7, 2020	ANDREA LEE
Date	Name



# 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. Joy Mangel
Name of drug and indication under review:	Polatuzumab Vedotin (Polivy) + Bendamustine + Rituximab for rrDLBCL

# **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.)

<ul> <li>Advisory role (e.g., advisory boards, health technology assessment submission advice)</li> </ul>	<ul> <li>Program or Operating Funding (e.g., website)</li> </ul>
□ Conference attendance	□ Research/educational grants
□ Royalties	□ Travel grants
□ Gifts	Sponsorship of events
🗆 Honoraria	Other, please specify:

Company	Nature or description of activities or interests	Check Appropriate Dollar Range		lange	
		\$0 to 5,000		\$10,001 to 50,000	In Excess of \$50,000

#### 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.

 $\boxtimes$ 

Sept 29, 2020

Joy Mangel

Date

Name



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: Nathalie Johnson

Name of drug and indication under review: Polatuzumab vedotin in combination with bendamustine and rituximab for relapsed refractory DLBCL patients who are not candidates for autologous stem cell transplant.

# **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. 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.)

- $\boxtimes$ Advisory role (e.g., advisory boards, Program or Operating Funding HTA submission advice) (e.g., website) Conference attendance Research/educational grants Travel grants
  - **Royalties**
  - Gifts
  - $\boxtimes$ 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.

Sponsorship of Events

Roche < \$10000 Lundbeck < \$2500

pCODR Clinician Input on a Drug Review



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.

#### **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.

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:	October 9 2020

Name: Nathalie Johnson

Signature:



# 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. Mary-Margaret Keating
Name of drug and indication under review:	Polatuzumab Vedotin (Polivy) + Bendamustine + Rituximab for rrDLBCL

# **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 technology assessment submission advice)	<ul> <li>Program or Operating Funding (e.g., website)</li> </ul>
□ Conference attendance	□ Research/educational grants
□ Royalties	Travel grants
□ Gifts	☐ Sponsorship of events
□ Honoraria	☐ 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
Roche	Adboard *2				

### 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.

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.

n/a

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

Date

Name

Mary-Margaret Keating

# 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:	Maude Landry
Name of drug and indication under review:	Polatuzumas Vendotin
Conflict of Interest Declaration	Non Hodgkin Lymphona

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 technology assessment submission advice)	<ul> <li>Program or Operating Funding (e.g., website)</li> </ul>	
Conference attendance	Research/educational grants	
Royalties	Travel grants	
Gifts	Sponsorship of events	
🗆 Honoraria	Other, please specify:	
		-

Company	y Nature or description of activities or interests	Check Appropriate Dollar Range			
interests	\$0 to 5,000	\$5,001 to 10,000		In Excess of \$50,000	

Roche	Aluisory Board	2		
	. )			

# 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.

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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.



2520/12/04

Date

Na

# 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.

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Name of registered clinician:

Name of drug and indication under review:

Conflict of In	terest D	eclaration
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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

 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?



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)

Research/educational grants

- Conference attendance
- Travel grants

- □ Royalties □ Gifts
- 🗆 Honoraria

- Sponsorship of events
- 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	in of activities or interests	0	heck Appropr	iate Dollar F	lange
			\$0 to 5,000	\$5,001 to 10,000	\$10.001 to 50.000	In Excess of \$50.000

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

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#### 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.

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#### Section C: Affiliations, Personal or Commercial Relationships

Na

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 V accurate and complete to the best of my kni 63. 10120

Date

# 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:	Alina Gerrie
Name of drug and indication under review:	Polatuzumab vedotin

# **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?
  - $\boxtimes$  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)	<ul> <li>Program or Operating Funding (e.g., website)</li> </ul>
□ Conference attendance	
□ Royalties	□ Travel grants
□ Gifts	□ Sponsorship of events
🖂 Honoraria	□ Other, please specify:

Company		Check Appropriate Dollar Range				
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000	
Celgene	Advisory Board	$\boxtimes$				
Roche	Institutional research funding		$\boxtimes$			

Astrazeneca	Institutional research funding, advisory board	$\boxtimes$	
AbbVie	Institutional research funding, advisory board, honoraria	$\boxtimes$	
Janssen	Institutional research funding, 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.

# 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

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.

 $\boxtimes$ 

October 13, 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:

Douglas Stewart

Name of drug and indication under review:

Polivy (polatuzumab vedotin)

# **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 technology assessment submission advice)
- Program or Operating Funding (e.g., website)

Research/educational grants

- □ Conference attendance
- Royalties
   Travel grants
- □ Gifts
- Honoraria

- Sponsorship of events
- 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
Roche	ad hoc ad boards	×			

# 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.

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

10/7/2020

Douglas Stewart

Date

no

Name

# 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:
 John McPhaden

 Name of drug and indication under review:
 Polivy (polatuzumab vedotin)

# **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?

  - 🖌 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)

Research/educational grants

- □ Conference attendance
- Royalties
- □ Gifts
- Honoraria

Sponsorship of events

Travel grants

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

# 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.

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

10/4/2020

John McPhaden

Date

NO

Name

# 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: Kai Luecke

Name of drug and indication under review: Polivy (polatuzumab vedotin)

# **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 technology assessment submission advice)
- Program or Operating Funding (e.g., website)

Research/educational grants

- □ Conference attendance
- Royalties
- □ Gifts
- 🗆 Honoraria

Sponsorship of events

Travel grants

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
Roche	advisory board	×			
Janssen	advisory board	×			
Abbvie	advisory board	¥			

# 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.

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.

 $\mathbf{x}$ 

10/7/2020

Kai Luecke

Date

no

Name

# 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:

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# **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?



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)	<ul> <li>Program or Operating Funding (e.g., website)</li> </ul>
Conference attendance	Research/educational grants
Royalties	□ Travel grants

- Gifts
- Honoraria

- Sponsorship of events
- □ Other, please specify:

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
Adavie	Ð			
TACCIA	2			
astaZeneca				

# 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.

# 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.



Dec. 1/20

Date

# 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:	Nicol Macquerson
Name of drug and indication under review:	Polatuzumeb

# **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 technology assessment submission advice)	Program or Operating Funding (e.g., website)
Conference attendance	Research/educational grants
□ Royalties	□ Trave[ 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.

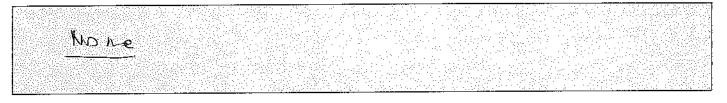
Company	Nature or description of activities or	G	heck Appropriate	Dollar Range
	interests	\$0 to	\$5,001 to \$1	0,001 In Excess
		5,000	10,000 to	50,000 of \$50,000

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

Roche Ad board	X	

#### 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.



# 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.

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

<u> Dev ( 2020</u> Date Nam

# 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:	Armela Dicu
Name of drug and indication under review:	Polatuzumab

# **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
  - χ 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:

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



#### 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.

#### 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.

Х

Dec 2, 2020

Date

Name

Armela Dicu



# 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:

Ilana Kopolovic

Name of drug and indication under review:

Polatuzumab Vedotin (Polivy) + Bendamustine + Rituximab for rrDLBCL

# **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 technology assessment submission advice)	<ul> <li>Program or Operating Funding (e.g., website)</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	
Rocho.	advisory board participation					
	δ					

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

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# 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.

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.

6120

none.



# 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:	Kuljit Grewal
Name of drug and indication under review:	Polatuzamab

# **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?
  - X Yes
  - 🗆 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

- Research/educational grants
- Travel grants
  - Sponsorship of events
    - $\Box$  Other, please specify:

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



Roche	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 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.

N	lo		

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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November 27, 2020	Kuljit Grewal
Date	Name

# 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:	Carolyn Owen	
Name of drug and indication under review:	polatuzumab	

# **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?
  - X Yes
  - 🗆 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)

Research/educational grants

- Conference attendance
- Royalties
- □ Gifts
- X Honoraria

- Travel grants
- Sponsorship of events
  - □ Other, please specify:

Company	Nature or description of activities or	Check Appropriate Dollar Range			
	interests	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000

Roche	X		

### 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.

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.

n/a			
By checking this box, I here accurate and complete to th	by certify that the information that I have pre e best of my knowledge.	sented here s	X
2020-nov-26 Date	<u>Carolyn J Owen</u> Name		
Clinician Input Template for CADTH p	oan-Canadian Oncology Drug Review Program		PAGE

# 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:

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Pa	Jaturu	mab	-60	reladed	PIBLL

# **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?



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

Honoraria

- Program or Operating
   Funding (e.g., website)
- Research/educational grants
- Travel grants
- Sponsorship of events
  - □ Other, please specify:

Nature or description of activities or		Check Approp	riate Dollar F	lange
interests	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000

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ASSVIL. Henerava	, Ald bound.	B		
Protion D. Heldinge or Other Interests				

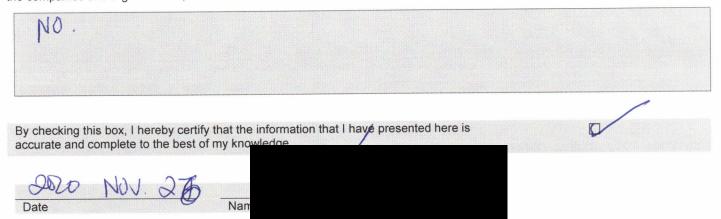
# Section B: Holdings or Other Interests

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.

ro/NIA.	

# 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.



# 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:	Mohamed Elemary
Name of drug and indication under review:	Polatuzumab for DLBCL

# **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	Program or Operating
technology assessment submission advice)	Funding (e.g., website)

- Conference attendance
- Royalties
- □ Gifts

L

Honoraria

Sponsorship of events

□ Travel grants

□ Other, please specify:

Research/educational grants

Company	Nature or description of activities or	Check Appropriate Dollar Range				
Abbvie Pfizer	interests	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000	
Abbvie	Advisory board	V				
Pfizer	Advisory board	Ø				
BMS	Advisory board	R				
Jazz	Advisory board	~				
Roche	Advisory board	-				
Novartis	Advisory board	1				
Janssen	Advisory board	-				

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

### 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.

None	
and the set of the set of the set of the	

# 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 cert accurate and complete to the best	tify that the information that I have presented here is of my knowledge.	V
November 26, 2020	Mohamed Elemary	
Date	Name	



# 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. Laurie Sehn

 Name of drug and indication under review:
 Polatuzumab vedotin (Polivy)

# **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 technology assessment submission advice)

 Program or Operating Funding (e.g., website)

Research/educational grants

- Conference attendance
- Royalties
- Gifts

🛛 Honoraria

- Sponsorship of events
- Other, please specify:

Travel grants

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Company	Nature or description of activities or interests		Check Appropriate Dollar Range				
		\$0 to 5,000	\$5,001 to 10,000		In Excess of \$50,000		

Roche	International speaker; advisory board participant		

# **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.

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 bo	x, I hereby ca	ertify that the info	rmation that I have		$\boxtimes$	
presented here is a	ccurate and o	complete to the b	est of my knowledg	18.		
October 14, 202	0	Dr. Laurie Se	ehn			
Date		Name				