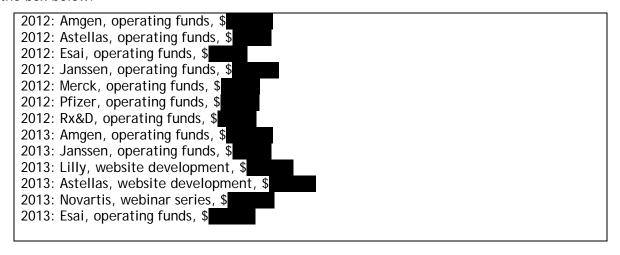


pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:		Canadian Cancer Survivor Network			
Name of drug and indication under review:			Zytiga		
Conflict	of Interest I	Declaration	S		
review pro potential informatio	ocess must disclo conflicts of inter on submitted. Co	se any conflict est that may in nflict of intere	ts of interest. Patient affluence or have the a	ess, all participants in the pCODR advocacy groups must declare any appearance of influencing the ested for transparency — it does not it.	
Examples	of conflicts of in	terest include,	but are not limited t	0:	
• 8	honoraria, gifts, affiliations or per interest groups.	and salary; sonal or comm	Ž	.g., educational or research grants, ith drug manufacturers or other	
Section A	: Payment Recei	ived			
				er the previous two years from any interest in the drug under review?	
XX □	Yes No				
If no,	please go to Sec	ction B			
2. What	form of payment	did this patier	nt advocacy group rec	eive? (Check all that apply.)	
XX	Operating Funds Royalties	website)	Funding (e.g., /educational grants	XX	
	Gifts Honoraria	Sponsorsh	nip of Events ease specify:	XX	

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.



Section B: Holdings or Other Interests

Has this patient advocacy group 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

Does this patient advocacy group have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

No			

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

April 12, 2013 Name: Jackie Manthorne Signature:

Jonacethouse