

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. Quincy Chu

Name of drug and indication under review: alectinib

#### **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?

 $\boxtimes$  Yes  $\Box$  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 Royalties Travel grants  $\square$ Gifts Sponsorship of Events
- 🛛 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.

Astra Zeneca: CAD; Merck: CAD; BMS: CAD; Boehringer Ingelheim: CAD; Novartis: CAD.

### Section B: Holdings or Other Interests

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

No

### Section C: Affiliations, personal or commercial relationships

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

No

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: 1 Sep 2017

Name: Dr. Quincy Chu

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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. Jeff Rothenstein

Name of drug and indication under review: alectinib

#### Conflict of Interest Declarations

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

#### **Section A: Payment Received**

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 

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, Program or Operating Funding  $\boxtimes$  $\square$ HTA submission advice) (e.g., website) Conference attendance
  - Royalties

- Research/educational grants
- Travel grants
- Gifts Sponsorship of Events  $\square$
- Honoraria

 $\square$ 

 $\square$ 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.

BMS, BI, Novartis, Lilly - ad hoc advisory and speaking engagements

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.

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 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. N/A

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:** 1 Sep 2017

Name: Jeff Rothenstein



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: Rosalyn Juergens, MD PhD

Name of drug and indication under review: alectinib

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

#### Section A: Payment Received

4. 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.

- 5. What form of payment did you receive? (Check all that apply.)
  - Advisory role (e.g., advisory boards,  $\boxtimes$ HTA submission advice)
  - Conference attendance

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

Gifts  $\boxtimes$ Honoraria

 $\square$ 

Royalties

- Other, please specify: Click here to enter text.  $\square$
- 6. Please provide the names of companies and organizations and the amounts of the payments in the box below.

AstraZeneca - \$ Boehringer Ingelheim \$ Novartis - \$ Pfizer- \$ Roche - \$

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.

None

#### 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. None

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:	1 Sep 2017

Name: Rosalyn Juergens

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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. Paul Weatley-Price

Name of drug and indication under review: alectinib

#### **Conflict of Interest Declarations**

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

#### Section A: Payment Received

7. 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.

- 8. What form of payment did you receive? (Check all that apply.)
  - Advisory role (e.g., advisory boards,  $\boxtimes$ HTA submission advice)
  - Conference attendance

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

Gifts  $\square$ Honoraria

 $\square$ 

Royalties

- Other, please specify: Click here to enter text.  $\square$
- 9. Please provide the names of companies and organizations and the amounts of the payments in the box below.

 $\square$ 

Lilly Oncology: Les than \$ Boehringer Ingelheim: Less than \$ Astra Zeneca: Less than \$ Novartis: Less than \$ Merck Ad Board Less than \$

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.

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 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. N/A

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:** 1 Sep 2017

Name: Dr. Paul Wheatley-Price

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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: David Dawe

Name of drug and indication under review: Alectinib

#### **Conflict of Interest Declarations**

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

#### Section A: Payment Received

10. 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.

- 11. What form of payment did you receive? (Check all that apply.)
  - Advisory role (e.g., advisory boards,  $\boxtimes$ HTA submission advice)
  - Conference attendance

- Program or Operating Funding (e.g., website)
- $\square$ Research/educational grants

Sponsorship of Events

- Travel grants
- $\square$
- Gifts  $\square$ Honoraria

Royalties

Other, please specify: Click here to enter text.  $\square$ 

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

Merck

AstraZeneca

 $\square$ 

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

No

#### Section C: Affiliations, personal or commercial relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below. No

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: September 1, 2017

Name: David Dawe

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Program or Operating Funding

Research/educational grants

Sponsorship of Events

(e.g., website)

Travel grants

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## 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: Parneet Cheema

Name of drug and indication under review: Click here to enter text.

#### **Conflict of Interest Declarations**

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

#### **Section A: Payment Received**

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

If no, please go to Section B.

- 2. What form of payment did you receive? (Check all that apply.)
  - Advisory role (e.g., advisory boards, HTA submission advice)
  - ⊠ Conference attendance
  - □ Royalties
  - □ Gifts
  - ⊠ Honoraria
  - Other, please specify: Click here to enter text.
- 3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

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Boehringer Ingelheim <	,	Novartis «	, Merck <	BMS	, Astrazeneca ·	<	Hofmann
La Roche < , Pfize	r			-			



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

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

NO

#### Section C: Affiliations, personal or commercial relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below. NO

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** Sept 15, 17

Name: Parneet Cheema

Signature: P Cheema signature

### CADTH **PAN-GANADIAN** ONCOLOGY DRUG RE VIEW

Before completing this template, be sure to <u>register</u> with the pCODR program. Please visit <u>https://www.cadth.ca/pcodr/registration</u> for information about the registration process.

## pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: OK MOR himexed Abde Isalam

Name of drug and indication under review: CATH rece To prite Diext.

### **Conflict of Interest Declarations**

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

### Section A: Payment Received

If no, please go to Section B.

These represent all payments received over the last 2 2. What form of payment did you receive? (Check all that apply.) years. See page attached X Program or Operating Funding Advisory role (e.g., advisory boards, I marked the Z that are Related HTA submission advice) (e.g., website) Research/educational grants X Conference attendance R Royalties X Travel grants to Alection b Gifts X Sponsorship of Events (Both Consultancy Meeting R Honoraria Other, please specify: ClickChansid Interney, Round Table, Train the Trainer BI. Voice, Speaker, Moderating, Moch Consultant 3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

Click here to enter text.

Dee attached

#### CADTH DR PAN-CANADIAN ONCOLOCY DRUC REVIEW **pCC**

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.

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. NA Click here to enter text.

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.

Click here to enter text.

NO

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date:

Name:

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Sept6-9, 2015 October 13, 2015 October 15, 2015 October 29, 2015 October30, 2015 November 13, 2015 November 19, 2015 November 23, 2015 November 24, 2015 January 16, 2016 February 11, 2016 February 13, 2016 March 11,2016 March 19, 2016 April 8, 2016 April 12, 2016 April 13, 2016 April 14, 2016 May 11, 2016 May 11, 2016 May 13, 2016 May 20, 2016 May 25, 2016 May 27, 2016 June 3-7, 2016 June 6, 2016 June 16-18, 2016 July 18, 2016 October 28, 2016 November 8, 2016 November 18, 2016 November 22,2016 November 25, 2016 December 6, 2016 January 12, 2017 January 17, 2017 January 23, 2017 April 21, 2017

May 1, 2017

May 5, 2017

BI \$ Sponsorship to attend World Conference on Lung Cancer Sanofi Consultancy Meeting Merck Consultancy Meeting S Astellas Roundtable \$ Novartis Advisory Board S Astellas Roundtable Ś Novartis **Consultancy Meeting** \$ **Consultancy Meeting** Novartis Ś BI \$ Advisory Board Novartis Ś Train the Trainer Program BI **Consultancy Meeting** \$ Novartis **Consultancy Meeting** S BI \$ Advisory Board Novartis \$ **Advisory Board** Pfizer **Consultancy Meeting** Ş BI Ś **BI Voice** Novartis \$ Speaker Merck \$ Train the Trainer Program Amgen \$ Speaker Astellas \$ Speaker \$ Amgen **Consultancy Meeting** Astra Zene \$ Advisory Board Roche \$ Speaker Novartis \$ Speaker Roche Ś Sponsorship to attend ASCO Roundtable Merck \$ Novartis Ś Speaker Training Pfizer \$ Roundtable Pfizer \$ Advisory Board Genomic H \$ **Advisory Board** Merck Ś Advisory Board Pfizer \$ Roundtable Relater To Alectimits. Roche \$ Consultancy Meeting -Pfizer Ś Presentation Pfizer \$ Roundtable Pfizer Roundtable Ş Merck Advisory Board \$ Pfizer **Consultancy Meeting** Canadian L \$ Speaker in Training Pfizer Ś **Consultancy Meeting** 

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April 23, 2015	Celgene	\$	Advisory Board			
April 24, 2015	Merck	\$	Train the Speaker Program			
April 27, 2015	Eli Lilly	\$	Moderating			
April 29, 2015	Janssen	\$	Advisory Board			
May 31, 2015	Novartis	\$	Advisory Board			
May 29-June 2, 2015	Novartis	\$	Sponsorship to attend ASCO			
August 27, 2015	BI	\$	Consultancy Meeting			
Sept6-9, 2015	BI	\$	Sponsorship to attend World Conference on Lung Cancer			
October 13, 2015	Sanofi	\$	Consultancy Meeting			
October 15, 2015	Merck	\$	Consultancy Meeting			
October 29, 2015	Astellas	\$	Roundtable			
October30, 2015	Novartis	\$	Advisory Board			
November 13, 2015	Astellas	\$	Roundtable			
November 19, 2015	Novartis	\$	Consultancy Meeting			
November 23, 2015	Novartis	\$	Consultancy Meeting			
November 24, 2015	ві	\$	Advisory Board			
January 16, 2016	Novartis	\$	Train the Trainer Program			
February 11, 2016	BI	\$	Consultancy Meeting			
February 13, 2016	Novartis	\$	Consultancy Meeting			
March 11,2016	BI	\$	Advisory Board			
March 19, 2016	Novartis	\$	Advisory Board			
April 8, 2016	Pfizer	\$	Consultancy Meeting			
April 12, 2016	BI	\$	BI Voice			
April 13, 2016	Novartis	\$	Speaker			
April 14, 2016	Merck	\$	Train the Trainer Program			
May 11, 2016	Amgen	\$	Speaker			
May 11, 2016	Astellas	\$	Speaker			
May 13, 2016	Amgen	\$	Consultancy Meeting			
May 20, 2016	Astra Zene	\$	Advisory Board			
May 25, 2016	Roche	\$	Speaker			
May 27, 2016	Novartis	\$	Speaker			
29-39-30-36	Roche	\$	Sponsorship to attend ASCO			
June 3-7, 2016		R. 20	Roundtable			
June 6, 2016	Merck	\$	Control Provide Co			
June 16-18, 2016	Novartis	\$	Speaker Training			
July 18, 2016	Pfizer	\$	Roundtable			
October 28, 2016	Pfizer	\$	Advisory Board			
November 8, 2016	Genomic H	\$	Advisory Board			
November 18, 2016	Merck	\$	Advisory Board			
November 22,2016	Pfizer	\$	Roundtable			
November 25, 2016	Roche	\$	Consultancy Meeting Related To Ale CT: with			
December 6, 2016	Pfizer	\$	Presentation			
January 12, 2017	Pfizer	\$	Roundtable			
January 17, 2017	Pfizer	\$	Roundtable			
January 23, 2017	Merck	\$	Advisory Board			
April 21, 2017	Pfizer	\$	Consultancy Meeting			
May 1, 2017	Canadian L	\$	Speaker in Training			
May 5, 2017	Pfizer	\$	Consultancy Meeting			

June 2-6, 2017	Amgen	\$ Sponsorship to attend ASCO
June 11, 2017	Astra Zene	\$ Speaking
June 16, 2017	Novartis	\$ Advisory Board
June 22, 2017	Vitalie	\$ Speaking
June 24, 2017	Astra Zene	\$ Advisory Board
June 28, 2017	Astellas	\$ Post ASCO Presentation
July 5, 2017	Johnson an	\$ MOCA Consultant
July 7, 2017	Roche	\$ Consultancy Meeting
July 28, 2017	Pfizer	\$ Consultancy Meeting



Program or Operating Funding

Research/educational grants

Sponsorship of Events

(e.g., website)

Travel grants

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## pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Gail Darling

Name of drug and indication under review: Alectinib- 2L NSCLC

#### **Conflict of Interest Declarations**

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

#### **Section A: Payment Received**

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

If no, please go to Section B.

- 2. What form of payment did you receive? (Check all that apply.)
  - Advisory role (e.g., advisory boards, HTA submission advice)
  - □ Conference attendance
  - □ Royalties
  - □ Gifts
  - Honoraria
  - Other, please specify: Click here to enter text.
- 3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

 $\square$ 

Click here to enter text.



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

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

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 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: September 1st 2017

Name: Gail Darling

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