

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. Geoffrey Gotto

Apalutamide in non-metastatic castration-

Name of drug and indication under review: resistant prostate cancer

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.

- 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 aroune

	٤	groups.		
Sec	tion	A: Payment Received		
1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?				
	X □	Yes No		
	If no	o, please go to Section	В	
2.	Wha	t form of payment did	you	receive? (Check all that apply.)
	X	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
	X D X	Conference attendance Royalties Gifts Honoraria	X X	Research/educational grants Travel grants Sponsorship of Events Other, please specify:



3.	Please provide the names of companies and organizations and the amounts of the payments in the box below.							
	Janssen - \$							
Sec	ction B: Holdings or Other Interests							
mu	ve you received or is it in possession of stocks or options of more than \$10,000 (excluding study) for organizations that may have a direct or indirect interest in the drug under riew? If yes, please list in the table below.							
Sec	ction C: Affiliations, personal or commercial relationships							
ma ass	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.							
Dət	te: Mar 15 2018 Name: Dr. Geoffrey Gotto Signature:							
- u								



pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Nayyer Iqbal

Name of drug and indication under review: Apalutamide

Conflict of Interest Declarations

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- 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.

Sec	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	o, please go to Section	В		
2.	Wha	t form of payment did	you	receive? (Check all that apply.)	
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)	
	V	Conference attendance		Research/educational	
		Royalties		grants Travel grants	
		Gifts		Sponsorship of Events	
	10	Honoraria		Other, please specify:	



3.	Please provide the names of companies and organizations and the amounts of the payments in the box below.							
	Roche, Astella, Pfizer, Merck, BMS, Astra Zeneca, Janseen							
Sec	tion B: Holdings or Other Interests							
mu	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								
Sec	tion C: Affiliations, personal or commercial relationships							
mai	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 he	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.							
Dat	e: April 29, 2018 Name: Nayyer Iqbal Signature:							



pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Troy Sitland

Name of drug and indication under review: apalutamide

Conflict of Interest Declarations

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- 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.

	Have y organiz ⊠ Yes	Payment Received ou received any payments over the pr zation that may have direct or indirect No ease go to Section B.		
2		_	المالمال	
۷.	wnat to	orm of payment did you receive? (Che	eck all ti	пат арргу.)
		Advisory role (e.g., advisory boards, HTA 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: Click here to enter	er text.	
	in the k	provide the names of companies and box below. ss than \$	organi	zations and the amounts of the payments



Before completing this template, be sure to <u>register</u> 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.

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: Apr 25 2018

Name: Troy sitland

Signature: Troy Sitland



pCODR Clinician Conflict of Interest Declarations

	onflict of Interest Declara					
N	lame of registered clinicia	n:		Holl	264	Spooled
N	lame of drug and indicatio	n un	der review:	Alai	MA	mpe
Co	onflict of Interest D	ecla	rations			
rev po inf	o maintain the objectivity a view process must disclose otential conflicts of interest formation submitted. Confli egate or preclude the use of	any of that ict of	conflicts of inte may influence interest declar	rest. A registered or have the appe	d clinicia earance (an must declare any of influencing the
Ex	camples of conflicts of inter	est ir	nclude, but are	not limited to:		
	 financial support from research grants, hono affiliations or persona groups. 	raria	, gifts, and sala	ry;		es e.g., educational or ufacturers or other interest
Se	ection A: Payment Received	d				
1.	Have you received any particle organization that may have					
	Yes No					
	If no, please go to Section	n B				
2.	What form of payment did	i you	receive? (Chec	k all that apply.)	
	Advisory role (e.g., advisory boards, HTA submission advice)	0	Program or Op Funding (e.g.,			
	Conference		Research/educ	ational		
	attendance Royalties		grants Travel grants			
	□ Gifts	_	Sponsorship of	Events		
	1 5 Honoraria		Other, please	specify:		



3. Please provide the names of companies and organizations and the amounts of the payments in the box below. Joursey - #
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: Name: 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 o	of registered clinician	:		Padraic O'Malley	
Name o	of drug and indication	und	der review:	Apalutamide 240mg PO QDM0 CRPC (non-metastatic, castration resistant prostate cancer)	
Confli	ct of Interest De	cla	rations		
review p potentia informat	rocess must disclose a l conflicts of interest t	ny c hat t of	onflicts of into may influence interest decla	e pCODR process, all participants in the pCODR erest. A registered clinician must declare any e or have the appearance of influencing the aration is requested for transparency — it does not it.	
Example	s of conflicts of intere	st in	clude, but are	e not limited to:	
r • a	 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 interes groups. 				
Section	A: Payment Received				
				revious two years from any company or tinterest in the drug under review?	
<i>J</i>	Yes No				
If no	o, please go to Section	В			
2. What	t form of payment did	you	receive? (Che	eck all that apply.)	
J	Advisory role (e.g., advisory boards, HTA submission advice)		Program or C Funding (e.g.		
J	Conference attendance		Research/edgrants		
	Royalties Gifts		Travel grants		
$_{\it J}$	Honoraria		Sponsorship of Other, please		

3.	Please provide the names of companies and organizations and the amounts of the payments in the box below.
	No interests in maker of apalutamide. Other payments from other Prostate cancer medication producers. Ferring Pharmaceuticals - \$ Same, Sanofi - \$ Same, Pfizer - \$ Same, Janssen - \$ Same, Astellas - \$ Same, Sanofi - \$ Sanofi
Se	ction B: Holdings or Other Interests
mι	ve you received or is it in possession of stocks or options of more than \$10,000 (excluding Itual funds) for organizations that may have a direct or indirect interest in the drug under view? If yes, please list in the table below.
N	one
Se	ction C: Affiliations, personal or commercial relationships
ma ass	you have personal or commercial relationships either with a drug or health technology inufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and sociated corporations) or other interest groups? If yes, please provide the names of the mpanies and organizations and outline the nature of these relationships in the table below.
N	one
_	
	ereby certify that I have disclosed all relevant information with respect to any matter involving Party that may place me in a real, potential or perceived conflict of interest situation.
	The state of the s
Da	te: _23/04/2018_ Name: _Padraic O'Malley Signature:
_	

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

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 clinic	cian:	Michael Kolinsky	
Name of drug and indica	tion under review:	Apalutamide, non-metastatic, ca resistant prostate cancer	stration
Conflict of Interest	Declarations		
review process must disclopotential conflicts of inter-	se any conflicts of in est that may influenc nflict of interest dec	ne pCODR process, all participants in terest. A registered clinician must de ce or have the appearance of influen laration is requested for transparence ot.	eclare any cing the
Examples of conflicts of in	terest include, but ar	re not limited to:	
research grants, ho	noraria, gifts, and sa	cal industry or other entities e.g., ed lary; elationships with drug manufacturers	
Section A: Payment Recei	ved		
		revious two years from any company ct interest in the drug under review?	
√ Yes □ No			
If no, please go to Sec	tion B		
5. What form of payment	did you receive? (Ch	neck all that apply.)	
 □ Advisory role (e.g boards, HTA subn □ Conference atten □ Royalties □ Gifts √ Honoraria 	nission advice)	Travel grants Sponsorship of Events	Consulting Services

6.	Please provide the names of companies and organizations and the amounts of the payments in the box below.							
	Janssen - \$ honararium for speaking engagement consultation fees for Research Consortium planning.							
Se	ction B: Holdings or Other Interests							
mι	ve you received or is it in possession of stocks or options of more than \$10,000 (excluding utual funds) for organizations that may have a direct or indirect interest in the drug under view? If yes, please list in the table below.							
N	0							
Se	ction C: Affiliations, personal or commercial relationships							
ma ass	you have personal or commercial relationships either with a drug or health technology anufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and sociated corporations) or other interest groups? If yes, please provide the names of the mpanies and organizations and outline the nature of these relationships in the table below.							
N	0							
	ereby certify that I have disclosed all relevant information with respect to any matter involving Party that may place me in a real, potential or perceived conflict of interest situation.							
Da	te: _23 Apr 2018_ Name: _Michael Kolinksy Signature:							
	2							
F	Before completing this template, be sure to register with the pCODR program. Please visit https://lwww.cadth.ca/pcodr/registration for information about the egistration process.							

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:	:	Bobby Shayegan			
Name	of drug and indication	under review:	Apalutamide			
Confli	ct of Interest De	clarations				
review potentia informa	process must disclose a al conflicts of interest t	ny conflicts of int hat may influence t of interest decla	e pCODR process, all participants in the pCODR erest. A registered clinician must declare any e or have the appearance of influencing the tration is requested for transparency — it does not .			
Example	es of conflicts of interes	st include, but are	e 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 interes groups. 					
Section	A: Payment Received					
			evious two years from any company or interest in the drug under review?			
X	Yes No					
lf n	o, please go to Section	В				
2. Wha	t form of payment did	you receive? (Che	eck all that apply.)			
Х	Advisory role (e.g., advisory boards, HTA submission advice)	Program or C Funding (e.g	•			
X	Conference attendance Royalties	X Research/ed grants Travel grants				
□ X	Gifts Honoraria	□ Sponsorship o □ Other, please	of Events			

3.	Please provide the names of companies and organizations and the amounts of the payments in the box below.					
	Janssen- > Astellas- > Bayer- >					
Se	ction B: Holdings or Other Interests					
mι	ve you received or is it in possession of stocks or options of more than \$10,000 (excluding stual funds) for organizations that may have a direct or indirect interest in the drug under view? If yes, please list in the table below.					
N	0					
Se	ction C: Affiliations, personal or commercial relationships					
ma ass	you have personal or commercial relationships either with a drug or health technology inufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and sociated corporations) or other interest groups? If yes, please provide the names of the mpanies and organizations and outline the nature of these relationships in the table below.					
N	0					
	ereby certify that I have disclosed all relevant information with respect to any matter involving Party that may place me in a real, potential or perceived conflict of interest situation.					
Da	te: April 30, 2018 Name: Bobby Shayegan 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.

Na	me c	f registered clinician:			Dr. Anton	io Finelli	
Name of drug and indication under review:			er review:	Apalutam	ide/PC		
Со	nfli	ct of Interest De	cla	rations			
revi pote info	iew p entia irmat	rocess must disclose and conflicts of interest t	ny co hat t of	onflicts of int may influence interest decla	erest. A registe e or have the ap aration is reque	is, all participants in the pCODR red clinician must declare any opearance of influencing the sted for transparency — it does not	
Exa	mple	s of conflicts of interes	st in	clude, but are	e 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. 						
Sec	tion	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 X No						
	If no, please go to Section B						
2.	2. What form of payment did you receive? (Check all that apply.)						
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or (Funding (e.g			
		Conference attendance Royalties Gifts Honoraria		Research/ed grants Travel grants Sponsorship Other, pleas	s of Events		

process. 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 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. 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: _Aug 3 2017_ Name: Antonio Finelli Signature:



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: Christina Canil

Name of drug and indication under review: Apalutamide - Non-metastatic Castrate Resistant Prostate Cancer

Conflict of Interest Declarations

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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,

Section	A .	Payment	Do	raine	n

	affiliations or personal or commercial relationships with drug manufacturers or other interest groups.					
Sec	ction A:	Payment Received				
1.	organization that may have direct or indirect interest in the drug under review? ☑ Yes ☐ No					
	ii no, p	lease go to Section B.				
2.	2. What form of payment did you receive? (Check all that apply.)					
	\boxtimes	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)		
		Conference attendance		Research/educational grants		
		Royalties	\boxtimes	Travel grants		
		Gifts		Sponsorship of Events		
	\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.

Janssen - Genitourinary Research Council (GURC) - co-chair for the education working group and member of the steering committee. Also as part of the GURC, co-chair for the development, review, and implementation of an educational program for advanced prostate cancer (accredited and non-accredited portions) - Total payments \$



Bayer – speaker for local presentations on evolving trends in treatment of prostate cancer and multi-departmental review of RAD-223 - \$

Sanofi-Genzyme – Travel grant - Intercontinental Prostate Cancer Conference 3 – Berlin, Germany Amgen – Travel grant - Prostate Cancer Master Class – Institute Gustave Roussey – Villejuif, France

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:

April 30, 2018

Name:

Christina Canil

Signature:

Cliek here to enter text.



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: Sebastien Hotte

Name of drug and indication under review: apalutamide/PC

Conflict of Interest Declarations

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- 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 I. 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 f	orm of payment did you receive? (Che	ck all the	at apply.)		
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)		
		Conference attendance	\boxtimes	Research/educational grants		
		Royalties		Travel grants		
		Gifts		Sponsorship of Events		
		Honoraria				
	☐ Other, please specify: Click here to enter text.					
 Please provide the names of companies and organizations and the amounts of the payments in the box below. Merck – under						



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: August 2, 2017-08-02

Name: Sebastien J Hotte, MD, FRCPC

And the second s

Signature: