

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name	of registered pati	ent advocacy group:	_Advocacy for Canadian Childhood Oncology Research Network (Ac2orn
Name	of drug and indica	ation under review:	_Blinatumomab (Blincyto) for Philadelphia Chromosome-Negative Relapsed or Refractory B Precursor Acute Lymphoblastic Leukemia (ALL) (pediatric)
Confl	ict of Interest	Declarations	
review potenti informa	process must disclosial conflicts of interaction submitted. Co	ose any conflicts of intrest that may influence	e pCODR process, all participants in the pCODR rerest. Patient advocacy groups must declare any e or have the appearance of influencing the aration is requested for transparency — it does not acy group input.
Exampl	les of conflicts of ir	nterest include, but ar	e not limited to:
	honoraria, gifts, a	nd salary;	al industry e.g., educational or research grants, lationships with drug manufacturers or other interes
Sectio	n A: Payment Rece	eived	
			y payments over the previous two years from any ct or indirect interest in the drug under review?
X			
lf i	no, please go to Se	ction B	
2. Wh	at form of navmen	t did this natient advo	cacy group receive? (Check all that apply.)
	Funds	Program Funding website)	(c.y.,
	- J	□ Research/educat	
		Sponsorship of EvOther, please spe	
	i ionioi ai ia	u other, prease spe	Ciry

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

None
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.
Date: March 8, 17 Name: _Antonia Palmer
Signature:

pCODR Patient Advocacy Group Conflict of Interest Declarations

Blinatumomab (Blincyto) for Philadelphia Chromosome-Negative Relapsed or Refractory B Precursor Acute Lymphoblastic Leukemia (ALL) (pediatric)	N	ame of registered patient advocacy group:	_ Leukemia and Lymphoma Society of Canada (LLSC)
To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. Patient advocacy groups 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 patient advocacy group input. Examples of conflicts of interest include, but are not limited to: • financial support from the pharmaceutical industry 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 4. Has this patient advocacy group 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, please go to Section B 5. What form of payment did this patient advocacy group receive? (Check all that apply.) Operating Program Funding (e.g., website) Royalties Royalties X Sponsorship of Events	N	ame of drug and indication under review:	Chromosome-Negative Relapsed or Refractory B Precursor Acute Lymphoblastic Leukemia
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□ Honoraria □ Other, please specify:			
		□ Honoraria □ Other, please sp	ecny:

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

Amgen - Sponsorship of Light The Night (Toronto) 2016 - \$ Patient Education Session Atlantic \$ Patient Education Sessions (National): \$				
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Date: March 8, 17 Name: _Nadine Prevost Signature:				

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:			_Ontario Parents Advocating for Children with Cancer (OPACC)	
Name	of drug and indica	tion under review:	_Blinatumomab (Blincyto) for Philadelphia Chromosome-Negative Relapsed or Refractory B Precursor Acute Lymphoblastic Leukemia (ALL) (pediatric)	
Conf	lict of Interest	Declarations		
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Section	n A: Payment Recei	ived		
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X				
lf	no, please go to Sec	tion B		
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	Funds Royalties Gifts	 Program Funding (website) Research/education Sponsorship of Even Other, please specified 	onal grants ents	

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Date: March 8, 17 Name: Sarai Porretta Signature: Signature:						