

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: Dr. Tom Kouroukis

Name of drug and indication under review: inotuzumab/ALL

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.

Click here to enter text.

Sec	ction A:	: Payment Received				
1.	_	you received any payments over the prization that may have direct or indirect ⊠No		•		
	If no, p	lease 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)		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	r text.			
3.		e provide the names of companies and box below.	organi	zations and the amounts of the payments		



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.

Click here to enter text.

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.

Click here to enter text.

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:

Name:

Click here to enter text. MAY 18, 2017

Click here to enter text. C. TOM KOUROUK(S, MD Tules

Signature:

Click here to enter text.



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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Jordan Herst

Name of drug and indication under review: inotuzumab/ALL

Conflict of Interest Declarations

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

1.		you received any payments over the prization that may have direct or indirect in the prize of th			
	If no, p	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		Program or Operating Funding (e.g., website) Research/educational grants	
	`_	Royalties		Travel grants	
		Gifts		Sponsorship of Events	
		Honoraria			
		Other, please specify: Click here to ente	r text		
3.		e provide the names of companies and box below.	organi	zations and the amounts of the payments	

Click here to enter text.



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Section B: Holdings or Other Interests

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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.

louden A Herst

Date:

June 16, 2017

Name:

Jordan Herst

Signature:



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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Click here to enter t	ext.	
Name of drug and indication under review: Click	here to	enter text-inotuzumab/ALL
Conflict of Interest Declarations To maintain the objectivity and credibility of the pCC process must disclose any conflicts of interest. A re of interest that may influence or have the appearant interest declaration is requested for transparency—input.	gistered ce of infl	clinician must declare any potential conflicts uencing the information submitted. Conflict of
Examples of conflicts of interest include, but are no financial support from the pharmaceutical indust honoraria, gifts, and salary; affiliations or personal or commercial relationship	ry or oth	er entities e.g., educational or research grants,
Section A: Payment Received 1. Have you received any payments over the porganization that may have direct or indirect or indi		
If no, please go to Section B.		
2. What form of payment did you receive? (Ch	eck all ti	hat apply.)
 □ Advisory role (e.g., advisory boards, HTA submission advice) □ Conference attendance □ Royalties □ Gifts □ Honoraria 	0	Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events
Other, please specify: Click here to ente	r text.	
Please provide the names of companies and in the box below. Click here to enter text.	ł organi	zations and the amounts of the payments



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Section B: Holdings or Other Interests

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Click here to enter text.

Amendment(July 6, 2017): personal holding of **Novartis stocks**

Section C: Affiliations, personal or commercial relationships

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Click here to enter text.

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:

Click here to enter text.

Name:

Click here to enter text.

Signature:

Click here to enter text.

Amended: July 6, 2017

aret Mac Eachern

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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. Brian Leber
Name of drug and indication under review:	Inotuzomab for relapsed/refractory acute lymphoblastic leukemia

Conflict of Interest Declarations

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

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groups.				
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?				
o, please go to Section	В			
Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts		receive? (Check all that apply.) Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events Other, please specify:		
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	Please provide the names of companies and organizations and the amounts of the payments in the box below.
	Pfizer Canada: honorarium for Advisory Board on the treatment of relapsed /refractory acute lymphoblastic leukemia and critical appraisal of Inovate phase III clinical trial published NEJM
	Amount: \$
Sect	ion B: Holdings or Other Interests
muti	e you received or is it in possession of stocks or options of more than \$10,000 (excluding ual funds) for organizations that may have a direct or indirect interest in the drug under ew? If yes, please list in the table below.
nc	one
Sect	ion C: Affiliations, personal or commercial relationships
man asso	ou have personal or commercial relationships either with a drug or health technology ufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and ciated corporations) or other interest groups? If yes, please provide the names of the panies and organizations and outline the nature of these relationships in the table below.
No	one
I	
	reby certify that I have disclosed all relevant information with respect to any matter involving rty that may place me in a real, potential or perceived conflict of interest situation.
Dat 201	le: 20 November Name: Dr. Brian Leber 7
	Signature:

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:	Mary Lynn Savoie		
Name of drug and indication under review:	Inotuzumab (Besponsa) for Acute Lymphoblastic Leukemia		

Conflict of Interest Declarations

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

ction 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,	, please go to Section	В		
What	form of payment did	you	receive? (Check all that apply.)	
Χ	(e.g., advisory boards, HTA		Program or Operating Funding (e.g., website)	
	Conference attendance		Research/educational grants	
	Royalties		Travel grants	
	Gifts Honoraria		Sponsorship of Events Other, please specify:	
	Have organ X If no.	Have you received any pay organization that may have X Yes No No If no, please go to Section What form of payment did X Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts	organization that may have dir X Yes No If no, please go to Section B What form of payment did you X Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts	

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

Pfizer \$
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: Nov 26 th 2017 Name: Mary Lynn Savoie Signature: