

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy	
group:	Multiple Myeloma Canada
Name of drug and indication under	
review:	ixazomib

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. 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:

honora • affiliat	ıria, gifts, and	m the pharmaceutical industry e.g., educational or research grants salary; nal or commercial relationships with drug manufacturers or other
Section A: Pa	yment Receiv	red
any compa review? X Yes □ No		cy group received any payments over the previous two years from ation that may have direct or indirect interest in the drug under ion B
□ Oper Fund □ Roya □ Gifts □ Hono	ating X s Ities X X raria	
the box below		f companies and organizations and the amounts of the payments in

For the last fiscal year 2016 revenue source have come from the following companies: Abbvie, Amgen, Bristol-Myers Squibb, Celgene, Gleave, Janssen, Karyopharm, Lundbeck, Merck, Novartis, Otsuka, Sanofi, Takeda and The Binding Site.

Some funding referred to below, as received by the corporation, is subject to confidentiality provisions in the agreements governing the funding.

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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: January 6th 2017

Name: Martine Elias Signature: