# 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.

N	ame of	registered clinician:			Ralf Paschke
N	ame of	f drug and indication	und	ler review:	Lenvatinib
Cc	onflic	t of Interest De	cla	rations	
ev ool inf	riew pr tential ormati	ocess must disclose ar conflicts of interest t	ny co hat t of	onflicts of inte may influence interest decla	pCODR process, all participants in the pCODR erest. A registered clinician must declare any or have the appearance of influencing the ration is requested for transparency — it does not
Exa	amples	of conflicts of interes	t in	clude, but are	not limited to:
	re • af	search grants, honora	ria,	gifts, and sala	al industry or other entities e.g., educational or arry; ary; ationships with drug manufacturers or other interest
Sec	ction A	: Payment Received			
	Have	you received any payr	nent dire	ts over the pre	evious two years from any company or interest in the drug under review?
	□ <b>X</b>	Yes No			
	If no,	please go to Section	В		
2.	What	form of payment did y	you i	receive? (Che	ck all that apply.)
	□Х	Advisory role (e.g., advisory boards, HTA submission advice)		Program or O Funding (e.g.	
		Conference attendance		Research/edgrants	ucational
		Royalties		Travel grants	
		Gifts		Sponsorship o	
		Honoraria		Other, please	e specity:

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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:  Name of drug and indication under review:			:		_Shereen Ezzat,
			und	ler review:	Lenvatinib
Co	onflic	t of Interest De	cla	rations	
rev po inf	view pr tential ormati	ocess must disclose a conflicts of interest t	ny co hat t of	onflicts of inte may influence interest decla	e pCODR process, all participants in the pCODR erest. A registered clinician must declare any or have the appearance of influencing the ration is requested for transparency — it does not
Ex	amples	of conflicts of interes	st in	clude, but are	not limited to:
_	re • af gr	search grants, honora filiations or personal oups.	ıria,	gifts, and sala	al industry or other entities e.g., educational or ary; ary; ationships with drug manufacturers or other interest
Se	ction A	: Payment Received			
1.					evious two years from any company or interest in the drug under review?
		Yes No			
	If no	, please go to Section	В		
2.	What	form of payment did	you	receive? (Che	ck all that apply.)
	X□	Advisory role (e.g., advisory boards, HTA submission advice)		Program or C Funding (e.g.	
		Conference		Research/ed	ucational
		attendance Royalties Gifts		grants Travel grants Sponsorship of	

Other, please specify:

Honoraria

3.	Please provide the names of companies and organizations and the amounts of the payments in the box below.					
	Eisai					
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 Itual funds) for organizations that may have a direct or indirect interest in the drug under riew? If yes, please list in the table below.					
N	ONE					
Sec	ction C: Affiliations, personal or commercial relationships					
ma ass	you have personal or commercial relationships either with a drug or health technology nufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and ociated corporations) or other interest groups? If yes, please provide the names of the npanies 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 earty that may place me in a real, potential or perceived conflict of interest situation.					
Da	te: May 2, 2016_ Name: Shereen Ezzat, MD Signature:_Shereen Ezzat					

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N	lame	of registered clinician	•	Murali Rajaraman
Name of drug and indication under review:			under review:	lenvatinib
C	onfli	ct of Interest De	clarations	
re po inf	view p tentia forma	process must disclose a al conflicts of interest (	ny conflicts of int that may influence t of interest declar	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
Ex	ample	es of conflicts of intere	st include, but ar	e not limited to:
	• ;	research grants, honor	aria, gifts, and sal	al industry or other entities e.g., educational or ary; ationships with drug manufacturers or other interes
Se	ction	A: Payment Received		
1.				evious two years from any company or t interest in the drug under review?
	<b>X</b>	Yes No		
	lf n	o, please go to Section	В	
2.	Wha	t form of payment did	you receive? (Ch	eck all that apply.)
	X	Advisory role (e.g., advisory boards, HTA submission advice)	<ul><li>Program or 0</li><li>Funding (e.g</li></ul>	
		Conference attendance Royalties	X Research/ed grants  □ Travel grants	;
	X	Gifts Honoraria	X Sponsorship  Other, pleas	

3.	Please provide the names of companies and organizations and the amounts of the payments in the box below.					
	Eisai: \$ (Honoraria for consultant and Ad board), \$ (Educational Grant for Nova Scotia Thyroid Cancer Meeting), \$ (Sponsorship of Thyroid Cancer Care Fundraiser Event)					
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	one					
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	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.					
Da	te: _May 6, 2016_ Name: _M. Rajaraman  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 of registered clinician:	Dr Nathan Lamand			
Traine of register or comments				
Name of drug and indication under review:	Lenvathib - DTC			

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

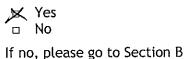
To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. 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?



- 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

Honoraria

Sponsorship of Events Other, please specify:

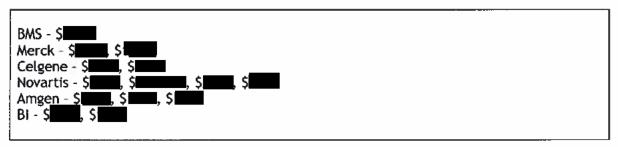
Please provide the names of companies and organizations and the amounts of the payments in the box below.						
Erser - d						
Section B: Holdings or Other Interests						
Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that 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						
Date: 16/6/13 Name: Name: Signature:						

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Name	of registered clinician:	:	Stephanie Snow
Name	of drug and indication	under review:	Lenvatinib, Thyroid Cancer
Confli	ict of Interest De	clarations	
review potentia informa	process must disclose a al conflicts of interest t	ny conflicts of in hat may influend t of interest dec	he pCODR process, all participants in the pCODR sterest. A registered clinician must declare any see or have the appearance of influencing the laration is requested for transparency — it does not ut.
Example	es of conflicts of intere	st include, but a	re not limited to:
• ;	research grants, honora	iria, gifts, and s	cal industry or other entities e.g., educational or alary; elationships with drug manufacturers or other interest
Section	A: Payment Received		
			orevious two years from any company or ct interest in the drug under review?
<b>2</b>	Yes No		
lf n	o, please go to Section	В	
2. Wha	at form of payment did	you receive? (C	heck all that apply.)
Ø	Advisory role (e.g., advisory boards, HTA submission advice)		Operating g., website)
0	Conference attendance	<ul><li>Research/e grants</li></ul>	
	Royalties	□ Travel gran	
<u>□</u>	Gifts Honoraria	<ul><li>Sponsorship</li><li>Other, plea</li></ul>	

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.

l 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: May 17/16 Name: Stephanic Snow Signature: S. Snow

3.	Please provide the names of companies and organizations and the amounts of the payments in the box below.						
	Bayer, Eisai, Novartis						
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 tual funds) for organizations that may have a direct or indirect interest in the drug under iew? If yes, please list in the table below.						
Sec	tion C: Affiliations, personal or commercial relationships						
ma ass	you have personal or commercial relationships either with a drug or health technology nufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and ociated corporations) or other interest groups? If yes, please provide the names of the npanies and organizations and outline the nature of these relationships in the table below.						
l he a P	ereby certify that I have disclosed all relevant information with respect to any matter involving arty that may place me in a real, potential or perceived conflict of interest situation.						
Dat	te: May 2 <sup>nd</sup> 2016 Name: Paschke Signature:						