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:	Walter Gotlieb
Name of drug and indication under review:	Lynparza for Ovarian Cancer (2nd line)

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 groups.

Sec	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?			
		Yes No		
	If no,	please go to Section	В	
2.	What f	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	\boxtimes	Research/educational grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
		Honoraria		Other, please specify:

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.
AstraZeneca: Advisory Role \$ (including to cover expenses) Research Grant for Lady Davis Research Institute \$
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 involvin a Party that may place me in a real, potential or perceived conflict of interest situation.
Date:2016-04-15 Name: _Walter H. Gotlieb Signature:



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:	Alon Altman
Name of drug and indication under review:	Lynparza for Ovarian Cancer (2nd line)

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 groups.

Section A: Payment Received					
3	 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? 				
If no, please go to Section	В				
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	\boxtimes	Research/educational grants			
☐ Royalties		Travel grants			
☐ Gifts	\boxtimes	Sponsorship of Events			
☐ Honoraria		Other, please specify:			

	Please provide the names of companies and or the box below.	ganizations and the amounts of the payments in
	Astra Zeneca advisory board \$ 500; Sponsorsh Review Program \$ 500 (2015); potential stud	
Sec	tion B: Holdings or Other Interests	
mut	e you received or is it in possession of stocks oual funds) for organizations that may have a diew? If yes, please list in the table below.	
N	0	
Sec	tion C: Affiliations, personal or commercial	relationships
man asso	you have personal or commercial relationships of the following such manufacturer's pare ociated corporations) or other interest groups? panies and organizations and outline the nature.	nt corporation, subsidiaries, affiliates and If yes, please provide the names of the
N	0	
	reby certify that I have disclosed all relevant in arty that may place me in a real, potential or p	nformation with respect to any matter involving erceived conflict of interest situation.
Da	te:28/03/2016 Name: Alon Altman	Signature:

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	:		James Bentley
Name of	drug and indication	und	ler review:	Lynparza for Ovarian Cancer (2nd line)
Conflic	t of Interest De	cla	rations	
review pro potential information	ocess must disclose a conflicts of interest t	ny c that ct of	onflicts of interest may influence or l interest declaration	ODR process, all participants in the pCODR t. A registered clinician must declare any have the appearance of influencing the on is requested for transparency — it does not
Examples	of conflicts of intere	st in	clude, but are not	limited to:
re: • af	search grants, honora	aria,	gifts, and salary;	dustry or other entities e.g., educational or nships with drug manufacturers or other interest
Section A	: Payment Received	1		
	3		•	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? (Check a	ill that apply.)
	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Opera Funding (e.g., we	
	Conference attendance		Research/educat grants	ional
	Royalties		Travel grants	vente
	Gifts Honoraria		Sponsorship of Ev Other, please spe	
			St. Oi / Piodoo ope	··· 1 ·

3. Please provide the the box below.	names of companies and orga	nizations and the amounts of the payments in
AstraZeneca \$		
Section B: Holdings o	r Other Interests	
mutual funds) for orga		options of more than \$10,000 (excluding ect or indirect interest in the drug under
NO		
Section C: Affiliation	s, personal or commercial re	lationships
manufacturer (including associated corporation	ng such manufacturer's parent ns) or other interest groups? If	ther with a drug or health technology corporation, subsidiaries, affiliates and yes, please provide the names of the of these relationships in the table below.
NO		
		ormation with respect to any matter involving recived conflict of interest situation.
Date:15 April 2016	Name: James Bentley	Signature:



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	:		Katia Tonkin		
Name of	drug and indication	und	er review:	Lynparza for Ovarian Cancer (2nd line)		
Conflic	t of Interest De	clar	rations			
review pro potential of information	ocess must disclose a conflicts of interest t	iny co that i ct of i	onflicts of interest may influence or h interest declaration	DDR process, all participants in the pCODR . A registered clinician must declare any have the appearance of influencing the on is requested for transparency — it does not		
Examples	of conflicts of intere	st ind	clude, but are not	limited to:		
res affilia	search grants, honora	aria,	gifts, and salary;	try or other entities e.g., educational or ips with drug manufacturers or other interest		
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 No					
If no,	please go to Section	В				
2. What f	form of payment did	you ı	receive? (Check a	II that apply.)		
	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Opera Funding (e.g., we			
	Conference attendance Royalties	_	Research/educat grants Travel grants	ional		
	Gifts	_	Sponsorship of Ev			
\boxtimes	Honoraria		Other, please spe	ecify:		

3. Please provide the names of companies and organizations and the a the box below.	amounts of the payments in
Astra Zeneca for giving a talk discussing role of new treatments in	n ovarian cancer
Section B: Holdings or Other Interests	
Have you received or is it in possession of stocks or options of more that mutual funds) for organizations that may have a direct or indirect interreview? If yes, please list in the table below.	
None	
Section C: Affiliations, personal or commercial relationships	
Do you have personal or commercial relationships either with a drug or manufacturer (including such manufacturer's parent corporation, subsi associated corporations) or other interest groups? If yes, please provid companies and organizations and outline the nature of these relationships.	diaries, affiliates and e the names of the
None	
I hereby certify that I have disclosed all relevant information with resp a Party that may place me in a real, potential or perceived conflict of	
Date:16 April 2016 Name: Katia Tonkin Signature	e: L'Inli



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:	Michael Fung Kee Fung
Name of drug and indication under review:	Lynparza for Ovarian Cancer (2nd line)

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 groups.

1. Ha		payı	ments over the previous two years from any company or edirect or indirect interest in the drug under review?	
		•	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	



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 r	egistered clinician:		Shaundra Popowich		
Name of o	drug and indication	under review:	Lynparza for Ovarian Cancer (2nd line)		
Conflict	of Interest De	clarations			
review prod potential co information	cess must disclose a conflicts of interest t	ny conflicts of interest hat may influence or l t of interest declaration	ODR process, all participants in the pCODR t. A registered clinician must declare any have the appearance of influencing the on is requested for transparency — it does not		
Examples o	f conflicts of interes	st include, but are not	limited to:		
rese	earch grants, honora liations or personal	ria, gifts, and salary;	dustry or other entities e.g., educational or nships with drug manufacturers or other interest		
Section A:	Payment Received				
4. 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, p	olease go to Section	В			
5. What fo	orm of payment did	you receive? (Check a	ıll that apply.)		
	Advisory role (e.g., advisory boards, HTA submission advice)	☐ Program or Opera Funding (e.g., we			
	Conference attendance	□ Research/educat grants	ional		

Travel grants

Sponsorship of Events

Other, please specify:

Royalties

Honoraria

Gifts

6. Please provide the names of companies and organizations and the amounts of the payments in the box below.
Away Bio Pharma Inc. \$ for research study MILO; Enrolled patients locally as co-PI
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: April 15, 2016 Name: Shaundra Popowich Signature: Signature:



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:	Susie Lau
Name of drug and indication under review:	Lynparza for Ovarian Cancer (2nd line)

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 groups.

	gro	oups.				
Sec	ction A:	Payment Received				
7.	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					
8.	. 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:		

	Please provide the names of companies and organizations and the amounts of the payments in the box below.						
Section	n B: Holdings o	Other Interests					
mutual	funds) for orga	s it in possession of stoonizations that may have ist in the table below.					
No							
Section	n C: Affiliation	s, personal or commer	cial relationship	os			
manufa associat	cturer (includir ted corporation	or commercial relations og such manufacturer's s) or other interest grow ations and outline the i	parent corporation parent corporation parent corporation parent p	on, subsidiaries, affili se provide the names	iates and of the		
No							
		nave disclosed all releva me in a real, potential					
Date:	April 7, 2016	Name: Susie Lau		Signature:			