

# 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: pembrolizumab/cHL

### 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, 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.			
	in the	box below.	l organi	zations and the amounts of the payments		
(3/8)	ck nere	to enter text				



## 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 KOUROUKIS, MD

Click here to enter text.

Click here to enter text.

Signature: Click here to enter text.



## 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. Jordan Herst

Name of drug and indication under review: pembrolizumab/cHL

### **Conflict of Interest Declarations**

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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.

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

pCODR Clinician Input on a Drug Review © February 2016 CADTH-pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW



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## 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.

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.

Toedon A Herof

Date:

June 16, 2017

Name:

Jordan Herst



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Please visit <a href="https://www.cadth.ca/pcodr/registration">https://www.cadth.ca/pcodr/registration</a> for information about the registration process.

# pCODR Clinician Conflict of Interest Declarations

Name of registered clinician: Click here to enter text

Note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

The state of the s							
Name of drug and indication under review: Click here to enter text. pembrolizumab/cHL							
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.							
<ul> <li>Examples of conflicts of interest include, but are not</li> <li>financial support from the pharmaceutical industry honoraria, gifts, and salary;</li> <li>affiliations or personal or commercial relationships</li> </ul>	y or oth	er entities e.g., educational or research grants,					
Section A: Payment Received  1. Have you received any payments over the proorganization that may have direct or indirect  ☐ Yes  No							
If no, please go to Section B.							
2. What form of payment did you receive? (Che	ck all ti	hat apply )					
, ,	_						
<ul> <li>Advisory role (e.g., advisory boards, HTA submission advice)</li> </ul>		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	text.						
3. Please provide the names of companies and	organi	zations and the amounts of the payments					
in the box below.							
lick here to enter text.							



## 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.

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

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.

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



## 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. Anca Prica

Name of drug and indication under review: pembrolizumab/cHL

Conflict of Interest Declarations

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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

Janssen, Lundbeck

1.		you received any payments over the p nization that may have direct or indirects		
	If no,	please go to Section B.		
2.	What	form of payment did you receive? (Ch	eck all t	hat 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
	$\boxtimes$	Honoraria		
		Other, please specify:		
3.		se provide the names of companies and box below.	d 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.

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.

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:

July 20, 2017

Name:

A--- D-i--



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## 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. Pamela Skrabek

Name of drug and indication under review: pembrolizumab/Keytruda for patients with classical Hodgkin Lymphoma (cHL)

### Conflict of Interest Declarations

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- 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.

Se	ction A	: Payment Received				
	<ul> <li>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?</li> <li>☐ Yes</li> <li>☒ No</li> </ul>					
	If no, p	please go to Section B.				
2.	What	form of payment did you receive? (Chec	ck all th	at 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	text.			
3.			organiz	ations and the amounts of the payments		
	200 0000	box below.				
Clie	k here	to enter text				



## 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.

n/a

## 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. n/a

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:

July 17, 2017

Name:

Dr. P Skrabek



## 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: Joanne Hickey

Name of drug and indication under review: Pembrolizumab

## **Conflict of Interest Declarations**

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- financial support from the pharmaceutical industry or other entities e.g., educational or research grants,

honoraria, gifts, and salary;					
affiliati	ons or personal or commercial relationship	os with o	drug manufacturers or other interest groups.		
ction /	A: Payment Received				
<ul> <li>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?</li> <li>         □ Yes</li></ul>					
If no,	please go to Section B.				
What	form of payment did you receive? (Ch	eck all t	hat 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 ente	r text.			
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	affiliati ction / Have organ □ Ye If no, What □ □ □ □ □ □	affiliations or personal or commercial relationship ction A: Payment Received Have you received any payments over the p organization that may have direct or indirect  Yes No  If no, please go to Section B.  What form of payment did you receive? (Ch  Advisory role (e.g., advisory boards, HTA submission advice)  Conference attendance  Royalties  Gifts  Honoraria Other, please specify: Click here to enter  Please provide the names of companies and in the box below.	affiliations or personal or commercial relationships with oction A: Payment Received  Have you received any payments over the previous organization that may have direct or indirect interest Yes No  If no, please go to Section B.  What form of payment did you receive? (Check all to Advisory role (e.g., advisory boards, HTA submission advice)  Conference attendance Royalties Gifts Honoraria Other, please specify: Click here to enter text.  Please provide the names of companies and organi in the box below.		

Click here to enter text.



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.

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:

July 14, 2017

Name:

Joanne Hickey, MD FRCPC

Signature:

Click hard to onto taxt



## 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: John Kuruvilla

Name of drug and indication under review: pembrolizumab in RR - cHL

### Conflict of Interest Declarations

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		al support from the pharmaceutical indust ria, gifts, and salary;	ry or otl	ner entities e.g., educational or research grants,
•	affiliatio	ons or personal or commercial relationship	ps with	drug manufacturers or other interest groups.
Se	ction A	: Payment Received		
1.		you received any payments over the p ization that may have direct or indirec □ No		
	If no, p	please go to Section B.		
2.	What	form of payment did you receive? (Ch	eck all	that apply.)
	$\boxtimes$	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
	$\boxtimes$	Honoraria		
		Other, please specify: Click here to ent	er text.	
3.		e provide the names of companies and box below.	l organ	izations and the amounts of the payments
Se	attle Ge	enetics \$ BMS \$ Merck \$		



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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.

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:

July 15, 2017

Name:

John Kuruvilla



## 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. Kerry Savage

Name of drug and indication under review: Pembrolizumab

### **Conflict of Interest Declarations**

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

Sec 1.	Have y organiz ⊠ Yes	Payment Received fou received any payments over the prozation that may have direct or indirect  No lease go to Section B.		
2.	What fo	orm of payment did you receive? (Che	ck all th	nat apply.)
	$\boxtimes$	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
	$\boxtimes$	Honoraria		
		Other, please specify: Click here to enter	er text.	



### **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:** July 18, 2017

Name: Dr. Kerry Savage

Signature: Dr. Kerry Savage



## 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: Graeme Fraser

Name of drug and indication under review: pembrolizumab for classical hodkgin lymphoma

### **Conflict of Interest Declarations**

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- 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?  ☐ Yes ☑ No				
	If no, p	please go to Section B.		
2.	What	form of payment did you receive? (Ch	eck all t	hat 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 ent	er text.	
3.		e provide the names of companies and box below.	l organi	zations and the amounts of the payments
Cli	ck here	to enter text		



## **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:** July 18<sup>th</sup>, 2017

Name: Graeme Fraser

Signature: Graeme Fraser

## 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: Nathalie Johnson

Name of drug and indication under review: pembrolizumab

## Conflict of Interest Declarations

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• financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;

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?

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

## Section A: Payment Received

	_	•		<del>-</del>
	X	Yes No		
	If n	o, please go to Section	n B	
2.	Wha	t 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:

3.	Please provide the names of companies and organizations and the amounts of the payments in the box below.						
	Merck, < 5000\$ total						
	ction B: Holdings or Other Interests						
mι	ave 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	0						
Do	ction C: Affiliations, personal or commercial relationships  you have personal or commercial relationships either with a drug or health technology						
as	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	0						
	,						
l h a l	Party 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	ite: July 4, 2017 Name: Nathalie Johnson Signature:						