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

| Na | ame o | of registered clinician | : | | Dr. Antonio Finelli | |
|------------------|---|---|-----------------------|---|---|--|
| Na | ame d | of drug and indication | und | der review: | Pembrolizumab | |
| Со | nfli | ct of Interest De | cla | rations | | |
| ev oot nfo | iew p entia ormat | process must disclose a all conflicts of interest | ny c that ct of | onflicts of into may influence interest decla | e pCODR process, all participants in the pCODR erest. A registered clinician must declare any e or have the appearance of influencing the tration is requested for transparency — it does not . | |
| Exa | mple | s of conflicts of intere | st ir | clude, but are | e not limited to: | |
| 5 | • a | research grants, honor affiliations or personal groups. | aria, or c | gifts, and sal | al industry or other entities e.g., educational or ary; ationships with drug manufacturers or other interest | |
| | | 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 | o, 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 C Funding (e.g. | | |
| | | Conference attendance | | Research/edgrants | ucational | |
| | | Royalties | | Travel grants | | |
| | | Gifts | | Sponsorship of | | |
| | | Honoraria | | Other, please | e specify: | |

| 3. | Please provide the names of companies and organizations and the amounts of the payments in the box below. | | |
|--|--|--|--|
| Se | ction 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. | | | |
| | | | |
| 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. | | |
| | | | |
| | | | |
| | 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: _Aug 3 2017_ Name: Antonio Finelli Signature: | | |



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. Chris Morash

Name of drug and indication under review: pembrolizumab/metastatic urothelia carcinoma

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.

| Sed 1. | ection 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? ☐ 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 Royalties Gifts Honoraria | | Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events | | |
| 3. | | Other, please specify: Click here to enter e provide the names of companies and box below. | | zations and the amounts of the payments | | |

Click here to enter text.



Before completing this template, be sure to <u>register</u> with the pCODR program.

Please visit https://www.cadth.ca/pcodr/registration for information about the registration process.

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: August 8, 2017

Name: Chris Morash

Signature: 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.

Name of registered clinician: Sebastien Hotte

Name of drug and indication under review: pembrolizumab, urothelial cancer

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.

| Sec | ction A: | : Payment Received | | | | | |
|-----|--|--|-------------|------------------------------|--|--|--|
| 1. | 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.) | | | | | | |
| | \boxtimes | Advisory role (e.g., advisory boards, | | Program or Operating Funding | | | |
| | | HTA submission advice) | | (e.g., website) | | | |
| | | Conference attendance | \boxtimes | Research/educational grants | | | |
| | | Royalties | | Travel grants | | | |
| | | Gifts | | Sponsorship of Events | | | |
| | | Honoraria | | | | | |
| | | Other, please specify: Click here to enter | text. | | | | |
| 3. | 3. Please provide the names of companies and organizations and the amounts of the payments in the box below. | | | | | | |
| Ме | Merck – under | | | | | | |

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: August 2, 2017-08-02

Name: Sebastien J Hotte, MD, FRCPC

The second secon

Signature:



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: Click here to enter text.

Name of drug and indication under review: Click here to enter text.

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.

| Sec | ction A: | Payment Received | | | |
|---|---|--|--|--|--|
| 1. | organiz ⊠ Yes | ou received any payments over the presention that may have direct or indirect in the last one in the last of the l | | | |
| 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 | |
| | \boxtimes | Honoraria | | | |
| | Other, please specify: Click here to enter text. | | | | |
| Please provide the names of companies and organizations and the amounts of the payments in the box below. Bristol Myers Squibb - | | | | | |



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 stential or perceived conflict of interest situation.

Date:

August 7, 2017

Name:

Tom McFarlane, PharmD

Signature:

Click here to enter text.