Canada's Drug Agency
L'Agence des médicaments du Canada

CDA-AMC REIMBURSEMENT REVIEW

Patient and Clinician Group Input

durvalumab and tremelimumab (Imfinzi and Imjudo)

(AstraZeneca Canada Inc.)

Indication: Imfinzi in combination with tremelimumab and platinum-based chemotherapy is indicated for the first-line treatment of patients with metastatic NSCLC with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumour aberrations.

October 28, 2024

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CDA-AMC in all phases of the review, including the appraisal of evidence and interpretation of the results. The input submitted for each review is also included in the briefing materials that are sent to expert committee members prior to committee meetings. **If your group has submitted input that is not reflected within this document, please contact Formulary-Support@cda-amc.ca.**

Disclaimer: The views expressed in this submission are those of the submitting organization or individual. As such, they are independent of CDA-AMC and do not necessarily represent or reflect the views of CDA-AMC. No endorsement by CDA-AMC is intended or should be inferred.

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CDA-AMC does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no identifying personal information or personal health information is included in the submission. The name of the submitting group and all conflicts of interest information from individuals who contributed to the

Patient Input Template for CADTH Reimbursement Reviews

Name of Drug: Durvalumab, Tremelimumab
Indication: Imfinzi in combination with tremelimumab and platinum-based chemotherapy is indicated for the first-line treatment of patients with metastatic NSCLC with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumour aberrations.
Name of Patient Group: Joint submission by Canadian Cancer Survivor Network, Lung Cancer Canada, and Lung Health Foundation
Author of Submission: Lindsay Timm - Canadian Cancer Survivor Network, Winky Yau - Lung Cancer Canada, Riley Sanders - Lung Health Foundation

1. About Your Patient Group

This patient input submission is jointly submitted by the Canadian Cancer Survivor Network (CCSN), Lung Cancer Canada (LCC), and the Lung Health Foundation (LHF).

The Canadian Cancer Survivor Network (CCSN) is a national network of patients, families, survivors, friends, community partners, funders, and sponsors who have come together to take action to promote the very best standard of care, whether it be early diagnosis, timely treatment and follow-up care, support for cancer patients, or issues related to survivorship or quality of end-of-life care. https://survivornet.ca/

Lung Cancer Canada is a registered national charitable organization that serves as Canada's leading resource for lung cancer education, patient support, research and advocacy. Lung Cancer Canada is a member of the Global Lung Cancer Coalition and is the only national organization in Canada focused exclusively on lung cancer. Lung Cancer Canada is registered with CADTH. https://www.lungcancercanada.ca/

The Lung Health Foundation (previously named the Ontario Lung Association) is registered with the CADTH and pCODR. The Lung Health Foundation (Ontario Lung Association) is a registered charity that assists and empowers people living with or caring for others with lung disease. It is a recognized leader, voice and primary resource in the prevention and control of respiratory illness, tobacco cessation and prevention, and its effects on lung health. The Foundation provides programs and services to patients and health-care providers, invests in lung research and advocates for improved policies in lung health. It is run by a board of directors and has approximately 46 employees, supported by thousands of dedicated volunteers. www.lunghealth.ca

2. Information Gathering

Together, the Canadian Cancer Survivor Network (CCSN), Lung Cancer Canada (LCC), and Lung Health Foundation (LHF) all worked to produce a survey to be circulated amongst all three of their networks. The survey was disseminated through the three organizations' social media platforms, as well as CCSN's monthly newsletter. The survey was conducted from August 1, 2024, to the date of writing of this submission to obtain responses. LCC also conducted one interview on October 8th, 2024, with patient SF who was a part of the POSEIDON trial.

3. Disease Experience

SF began the interview by describing how they were diagnosed with lung cancer. Currently, SF would be considered "significantly obese" since she quit smoking and gained a lot of weight. She has gone on medication for weight loss,

so she goes to visit her doctor each month for a weight and blood pressure check. In October 2022, SF had pulled a muscle and was prescribed to go through eight weeks of physiotherapy but when it didn't feel better, her doctor ordered an MRI. Unfortunately, this came back showing that she had lung cancer that had metastasized to the C4 vertebrae in her neck. Since her diagnosis, SF has gone through one year of chemotherapy before starting Imfinzi. As of October 2024, she is now in her second year of Imfinzi.

SF's diagnosis in October 2022 took a while to get started on treatments. Her original oncologist didn't have Imfinzi on her treatment plan but had Keytruda instead. SF decided to seek out a second opinion with a different doctor. The second doctor agreed with the original plan except for the use of Keytruda. He saw that SF had the STK11 gene so he knew that the Keytruda wouldn't work and suggested the Imfinzi instead.

With the second opinion secured from the doctor, SF started first-line treatment with chemotherapy at the end of January 2023 until December 2023. They also started Imfinzi in January 2023 while she was on chemotherapy. SF is still on Imfinzi today but has since stopped the chemotherapy.

The diagnosis came as quite a shock and was also painful considering she originally thought she was going in to figure out what was going on with a pulled muscle. SF couldn't wash her hair or do the laundry and reaching into the washing machine were all painful tasks for her to complete.

The following are results from a previous survey and submission on durvalumab in combination with chemotherapy as neoadjuvant treatment, followed by durvalumab as monotherapy after surgery, is indicated for the treatment of patients with resectable (tumours ≥ 4 cm and/or node positive) non-small cell lung cancer (NSCLC) and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements. We will be referring to this submission as well as the interview with SF to provide feedback from patients about their experiences with lung cancer and durvalumab.

Respondents were asked to identify the stage of their lung cancer. All respondents answered with the following levels of disease:

- Stage 4a: 2
- Stage 4b: 1
- Other: 2 (1 stage 4 but only spread to brain, 1 stage 4 metastatic NSCLC)

Respondents were asked to identify the symptoms or problems that they experience with lung cancer that affect their quality of life. The following issues were highlighted by the individuals' responses:

- Pain in the chest, shoulder, back, or arms: 3
- Recurrent lung infection (pneumonia or bronchitis): 1
- Fatigue: 5
- Shortness of breath: 2
- Loss of quality of life: 1
- Other: 2 (1 more susceptible to infections, 1 loss of appetite, weight loss, hair loss, teeth loss)

Current treatments that were identified include:

- Radiation: 2
- Surgical Therapy: 1
- Targeted Therapy: 2
- Immunotherapy: 3
- Chemotherapy: 4
- Other: 1 (I was on a clinical trial)

When asked if there was an aspect of their disease that is most important to them to control, three of the respondents gave these responses:

- "I want to keep the tumours and nodules from growing."

- “Shortness of breath.”
- “Managing pain and side effects from current chemo.”
- “Tough question. All aspects are important, greater understanding and support would help.”

Respondents were asked if there were any needs in their current therapy that were not yet being met. One respondent shared that they felt that there was a need for better mental health support.

Respondents were asked if they had had any issues accessing any therapies. One respondent mentioned having issues in regard to being able to acquire counseling. Another respondent mentioned that the travel costs associated with accessing therapy/treatment were an issue for them.

When asked if there was anything that they would like to share about their cancer journey, the respondents shared these comments:

- “I would like to see immunotherapy on the market but would also like to see radiation controlled so that it can remove the tumour. I would like to see all people get CT or X-rays to see if they have lung cancer.”
- “Make sure more money is going into lung cancer research.”
- “I’ve had good care. I think it’s important to feel comfortable with your doctors. Patients need to advocate for themselves.”
- “My cancer journey and treatments have been tolerable except for the past two months. I am concerned that there will be no more options for me if the current chemo (Vinorelbine) does not work.”
- “Connecting with experts and organizations, like Lung Cancer Canada, and other lung cancer patients is key. Knowledge, understanding, and knowing where to go for support is key.
-

4. Experiences With Currently Available Treatments

SF was asked about the other treatments she experienced with treating her lung cancer. She said that chemotherapy at times was rough but nothing that couldn’t be managed. She never had nausea. She had been prescribed anti-nausea pills but had never needed to use them. She had a steroid each time she had chemotherapy, so she felt it counteracted the side effects. While on the chemotherapy, SF did feel really tired and was extremely tired the day of the chemotherapy infusion, then while on the steroids she would feel good for a couple of days. Other side effects that SF experienced included mild diarrhea, bone pain, and itching.

Respondents were asked to select what adverse effects they are currently dealing with while on their treatments. All respondents selected the following:

- Fatigue: 3
- Neuropathy: 2
- Anemia: 1
- Nausea: 1
- Diarrhea: 3
- Vomiting: 1
- Constipation: 1
- Weight loss: 2
- Joint and muscle pain: 4
- Other: 2 (1 I am not on a treatment at the moment, 1 Migraines, change in vision and hearing, forgetfulness)

When asked if their adverse effects were tolerated, three said no, and two said yes with these responses on how they did:

- “Taking acetaminophen daily.”

We asked respondents to describe how they are managing their current treatment as if they were talking to a friend and what they would tell them. One respondent commented on how they recovered well with surgery but needed time and support for a eft upper lobectomy. In regard to radiation therapy, one respondent said that they have had hair loss but no other symptoms. For chemotherapy, one individual said that she had some nausea but that she does

generally well. Another respondent said that they managed ok until the CT scan showed that the tumours were getting bigger. One respondent shared that while they were on immunotherapy (Keytruda), they managed well with the treatment. Another respondent on immunotherapy also stated that the body responded well with minimal side effects.

When asked if their needs were being met while on their current treatment, one respondent replied that they wished they could have stayed on the immunotherapy longer than one year and that it was available longer. Another respondent commented that there is a need for mental health support.

5. Improved Outcomes

When asked about the following issues that they would hope to see a new drug address to manage their disease, the respondents rated the issues on a scale of 1 to 7 with 1 being the most important and 7 being the least important:

- **Maintain quality of life:** Rated 1 by 4 respondents, rated 7 by 1 respondent → **Average ranking 2.2 out of 7**
- **Delay onset of symptoms:** Rated 1 by 2 respondents, rated 2 by 1 respondent, rated 3 by 1 respondent, rated 7 by 1 respondent → **Average ranking 2.8/7**
- **Access to a new option for treatment:** Rated 1 by 2 respondents, rated 2 by 1 respondent, rated 7 by 2 respondents → **Average Ranking 3.6/7**
- **Reduce side effects from current medications or treatments:** Rated 1 by 2 respondents, rated 3 by 1 respondent, rated 5 by 1 respondent, rated 7 by 1 respondent → **average ranking 3.4/7**
- **Ease of use:** Rated 1 by 3 respondents, rated 5 by 1 respondent, rated 7 by 1 respondent → **Average ranking 3/7**
- Prolong life: Rated 1 by 4 respondents, rated 7 by 1 respondent → **Average ranking 2.2/7**
- **Provide a cure:** Rated 1 by 4 respondents, rated 7 by 1 respondent → **Average ranking 2.2/7**

Respondents were asked to rate what level of side effects they would be willing to tolerate to extend their survival by two months after being told there was no other available treatment. The side effects would be things such as nausea, fatigue, vomiting and diarrhea. The scale would represent 1 being no side effects and 10 being significant effects. One respondent was willing to accept a level two on the scale, two respondents were willing to accept a level three, and one respondent was willing to accept a level seven.

Respondents were asked to rate what level of side effects they would be willing to tolerate to extend their survival by six months after being told there was no other available treatment. The side effects would be things such as nausea, fatigue, vomiting and diarrhea. The scale would represent 1 being no side effects and 10 being significant effects. One respondent would accept a level two on the scale, one respondent would accept a level three on the scale, another would accept a level six on the scale, and the last respondent would accept a level ten on the scale to extend survival by six months.

Respondents were asked to rate what level of side effects they would be willing to tolerate to extend their survival by one year after being told there was no other available treatment. The side effects would be things such as nausea, fatigue, vomiting and diarrhea. The scale would represent 1 being no side effects and 10 being significant effects. Two of the respondents were willing to accept a level two on the scale, one respondent was willing to accept a level seven, and another was willing to accept a level ten on the scale to extend survival by one year.

We asked what considerations patients make when it comes to balancing the advantages and disadvantages of a treatment. Two respondents shared these thoughts:

- “How much I want to live and if it will possibly help others.”
- “To allow me to be comfortable and not in too much pain. Hopefully, keep the tumours stable with no new growth.”
- “Quality of life and time with family is key. However, will consider side effects to extend life for family and self. Also recognizing each day alive there may be new treatments/opportunities.”

6. Experience With Drug Under Review

SF let us know that she is currently getting Imfinzi covered by private insurance but has a $75 co-pay, which she feels is fine. She didn't start her treatment other than radiation under the old doctor as her current oncologist was over an hour away. However, she now has a local doctor a couple miles away, so she attends those appointments every month.

SF started durvalumab at the end of January 2023 and is still on it today (it has been over 1 year and 8 months). Including today's treatment (October 8) she only has 3 more left. Right now, she is NED, so they're not sure what to do afterward. SF was told she can stay on Imfinzi if she wants to, but the initial 2-year prescription is fulfilled, so she's thinking about what she wants to do.

The side effects of durvalumab that SF has encountered include occasional diarrhea, itching, and hot flashes but it all goes away. SF feels that considering the diagnosis, it is well worth the side effects.

SF says that her husband is her rock and that her friends and family are a very good support system. She says that she has no issues with house chores but has some issues stirring with her arm when cooking, so her husband has to do that when needed. SF says the pain is from the bone damage from the cancer itself. She is still able to drive herself, go grocery shopping, run errands, hang out with friends, and walk quite a bit at work, but otherwise not too active as she is also overweight.

Comparing her quality of life now to before her diagnosis, she says it is comparable, but the diagnosis of stage IV lung cancer has definitely had an impact and changed her outlook on life. It's a huge blow to what she thought was going to be her retirement year. In that time, her sister, who had been diagnosed with NSCLC 11 years earlier and had beaten it for 10 years, had suffered a relapse and died.

SF is still working full-time. Some days are harder than others, but her tasks and the social aspect help keep her mind off other things. She works for the local school board, so it's just an office job, nothing strenuous. It also keeps her out of the house, which she likes.

SF ranked her experience with durvalumab a 10 on a scale of 1-10 since it has fewer side effects. She feels that the Imfinzi is probably what kept her going and actually treated the cancer more than the chemotherapy since she is NED now. She just feels lucky that she had access to them both together. She felt the difference after stopping chemotherapy. She feels she is a lot less tired now. SF feels it is absolutely worth accessing durvalumab.

SF feels that other than the initial blow of the diagnosis, her treatment hasn't really stopped her from doing anything that she wants to do. She's also a little older too and doesn't get around as much as she could compared to two years ago.

SF really believes that Imfinzi is what has brought her to where she is today. She feels that if she had stayed with the initial treatment plan she may not be here today.

The main adverse effect reported by the respondents was fatigue. One of the respondents stated that they developed hives during the third year.

When asked to describe the advantages and disadvantages of Durvalumab and how it made an impact on their life, the respondents replied:

- "I felt normal on durvalumab and it kept my tumour quiet. Have to remember I was on chemo and on other immunotherapy at first. I was taken off chemo as I was ending up in emergency too often. The durvalumab helped my body notice the cancerous growths."
- "Tumour shrinking a little."
- "I am currently stable and am healthy."

We asked respondents to rate on a scale of 1-5 with 1 being ‘absolutely not’ and 5 being ‘yes, immediately' how likely they would be to recommend that Durvalumab be available to all patients who qualify for it. One respondent rated their recommendation as level four and two respondents rated their recommendation as level five.

When asked how their treatment experience with Durvalumab compared to other therapies for treating their lung cancer, the respondents rated the following areas on a scale of much better, little or no difference, and much worse:

- Symptom management: 2 Much better, 1 Little or no difference
- Side effects: 3 Little or no difference
- Ease of use: 2 Little or no difference
- Disease progression: 1 Much better, 2 Little or no difference

7. Companion Diagnostic Test

N/A

8. Anything Else?

During the interview with SF, it was unclear to the interviewer whether she had received the full protocol of durvalumab and tremelimumab and chemotherapy. Clarification was sought with the clinician who oversaw SF’s treatment, and she did, in fact, receive the full treatment protocol. We ask that the reviewers please keep that in mind when considering the information provided through the interview with SF.

CCSN, LCC, and LHF are aware of the limitations of this submission given the small number of respondents. It is important to consider that the POSEIDON clinical trial did not have any trial sites in Canada, so we connected with a small number of clinicians in the United States for potential patient input, and ultimately only one patient agreed to be interviewed. As you have seen through this submission, from the responses of the participants, there is a real fear of not having another choice available to them should the line of treatment they are on stop working. There is also frustration of some treatments only being available as an option for a short period of time depending on how they gain access to the treatment. Patients are willing to endure a considerable level of side effects should they gain a significant amount of time in return (six months or greater). From the information that we gathered, patients experienced fewer adverse effects on Durvalumab and felt better versus their previous lines of care. With lung cancer still being the cancer with the highest mortality rate and patients looking to have options, we believe it would be beneficial to have this treatment available to the lung cancer community.

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH reimbursement review process, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

   No

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   No

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures

Check Appropriate Dollar Range With an X. Add additional rows if necessary.

Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
AstraZeneca - 2023 (CCSN)				X
AstraZeneca - 2024 (CCSN)				X
AstraZeneca - 2023 (LCC)			X	
AstraZeneca - 2024 (LCC)				X
AstraZeneca - 2023 (LHF)				X
AstraZeneca - 2024 (LHF)				X

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Lindsay Timm
Position: Community Engagement Manager
Patient Group: Canadian Cancer Survivor Network
Date: **Nov 4, 2024**

CADTH

CADTH Reimbursement Review

Clinician Group Input

CADTH Project Number: PC0390-000
Generic Drug Name (Brand Name): Durvalumab, tremelimumab (Imfinzi, Imjudo)
Indication: Imfinzi in combination with tremelimumab and platinum-based chemotherapy is indicated for the first-line treatment of patients with metastatic NSCLC with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumour aberrations.
Name of Clinician Group: OH (CCO) Lung Cancer Drug Advisory Committee
Author of Submission: Dr. Donna Maziak, Dr. Natasha Leighl, Dr. Sara Kuruvilla, Dr. Andrew Robinson, Dr. Peter Ellis

1. About Your Clinician Group

OH-CCO's Drug Advisory Committees provide timely evidence-based clinical and health system guidance on drug-related issues in support of CCO's mandate, including the Provincial Drug Reimbursement Programs (PDRP) and the Systemic Treatment Program.

2. Information Gathering

Information collected via teleconference meeting and emails.

3. Current Treatments and Treatment Goals

The current treatments that are available include: chemotherapy with pembrolizumab, chemotherapy with ipilimumab and nivolumab, or pembrolizumab alone (in patients with a PDL1 status >50%). Another option can be platinum-based chemotherapy in patients who have contraindications to immunotherapy.

The treatment goals include tumor shrinkage, improvement of symptoms and quality of life, and prolongation of survival.

4. Treatment Gaps (unmet needs)

4.1. Considering the treatment goals in Section 3, please describe goals (needs) that are not being met by currently available treatments.

- Not all patients respond to available treatments
- Patients become refractory to current treatment options
- Treatments are needed that are better tolerated
- Treatments are needed to improve compliance
- Formulations are needed to improve convenience

5. Place in Therapy

5.1. How would the drug under review fit into the current treatment paradigm?

This would be used as a first line treatment and meets all the same criteria as all the other combaination studies. It is not expected to cause a shift in the current treatment paradigm given the modest PFS and OS difference. However, it is nice to have another option available.

5.2. Which patients would be best suited for treatment with the drug under review? Which patients would be least suitable for treatment with the drug under review?

Patients with stage 4 or incurable NSCLC considering 1st line therapy would be best suited for treatment. Patients according to their eligibility criteria were not to have sensitizing EGFR or ALK mutations.

5.3 What outcomes are used to determine whether a patient is responding to treatment in clinical practice? How often should treatment response be assessed?

Clinical assessment of symptoms and imaging such as CT scans and/or chest x-rays are used to determine response. Treatment response should be assessed every 6 weeks initially, then less often.

5.4 What factors should be considered when deciding to discontinue treatment with the drug under review?

Disease progression, intolerable side effects, and patient withdrawal are factors to consider when deciding to discontinue treatment.

5.5 What settings are appropriate for treatment with [drug under review]? Is a specialist required to diagnose, treat, and monitor patients who might receive [drug under review]?

This should be administered in an outpatient cancer clinic with experience in managing systemic cancer treatments.

6. Additional Information

N/A

7. Conflict of Interest Declarations

To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the clinician group input. CADTH may contact your group with further questions, as needed. Please see the *Procedures for CADTH Drug Reimbursement Reviews* (section 6.3) for further details.

1. Did you receive help from outside your clinician group to complete this submission? If yes, please detail the help and who provided it.

   OH (CCO) provided a secretariat function to the group.

2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission? If yes, please detail the help and who provided it.

   No.

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review. **Please note that this is required for <u>each clinician</u> who contributed to the input — please add more tables as needed (copy and paste). It is preferred for all declarations to be included in a single document.**

Declaration for Clinician 1

Name: Dr. Donna Maziak
Position: Lead, OH (CCO) Lung Cancer Drug Advisory Committee
Date: 24-09-2024

☒ **I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 1: Conflict of Interest Declaration for Clinician 1

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 2

Name: Dr. Natasha Leighl
Position: Member, OH (CCO) Lung Cancer Drug Advisory Committee
Date: 24-09-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 2: Conflict of Interest Declaration for Clinician 2

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 3

Name: Dr. Sara Kuruvilla
Position: Member, OH (CCO) Lung Cancer Drug Advisory Committee
Date: 24-09-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 3: Conflict of Interest Declaration for Clinician 3

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 4

Name: Dr. Andrew Robinson
Position: Member, OH (CCO) Lung Cancer Drug Advisory Committee
Date: 24-09-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 4: Conflict of Interest Declaration for Clinician 4

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
AstraZeneca	X			
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 5

Name: Dr. Peter Ellis

Position: Member, OH (CCO) Lung Cancer Drug Advisory Committee
Date: 30-09-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 5: Conflict of Interest Declaration for Clinician 5

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
AstraZeneca		X		
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

CADTH

CADTH Reimbursement Review

Clinician Group Input

CADTH Project Number: PC0390-000
Generic Drug Name (Brand Name): durvalumab, tremelimumab (Imfinzi, Imjudo)
Indication: Imfinzi in combination with tremelimumab and platinum-based chemotherapy is indicated for the first-line treatment of patients with metastatic NSCLC with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumour aberrations.
Name of Clinician Group: Lung Cancer Canada – Medical Advisory Committee
Author of Submission: Dr. Rosalyn Juergens (lead), Dr. Michela Febbraro, Dr. Catherine Labbé, Dr. Barbara Melosky, Dr. Alison Wallace, Dr. Geoffrey Liu, Dr. Quincy Chu, Dr. Silvana Spadafora, Dr. Randeep Sangha, Dr. Nicole Bouchard, Dr. Ron Burkes, Dr. Jeffrey Rothenstein, Dr. Sunil Yadav, Dr. Shaqil Kassam, Dr. Paul Wheatley-Price, Dr. Kevin Jao, Dr. Biniam Kidane, Dr. Normand Blais, Dr. Vishal Navani

1. About Your Clinician Group

Lung Cancer Canada (LCC) is a national charity with the purpose of increasing awareness about lung cancer, providing support and education to lung cancer patients and their families, to support research and to advocate for access to the best care for all lung cancer patients in all provinces and territories.

Through the LCC Medical Advisory Committee (MAC), we provide clinician input for submissions of new lung cancer drugs to the HTA process for many years. The LCC MAC consists of clinicians and key opinion leaders in the field of lung cancer across the countries.

www.lungcancercanada.ca

2. Information Gathering

The information provided in this submission is from publicly available sources, primarily published manuscripts and conference presentations, together with clinical experience of members from the MAC. This Submission is entirely independent of the manufacturer (AstraZeneca).

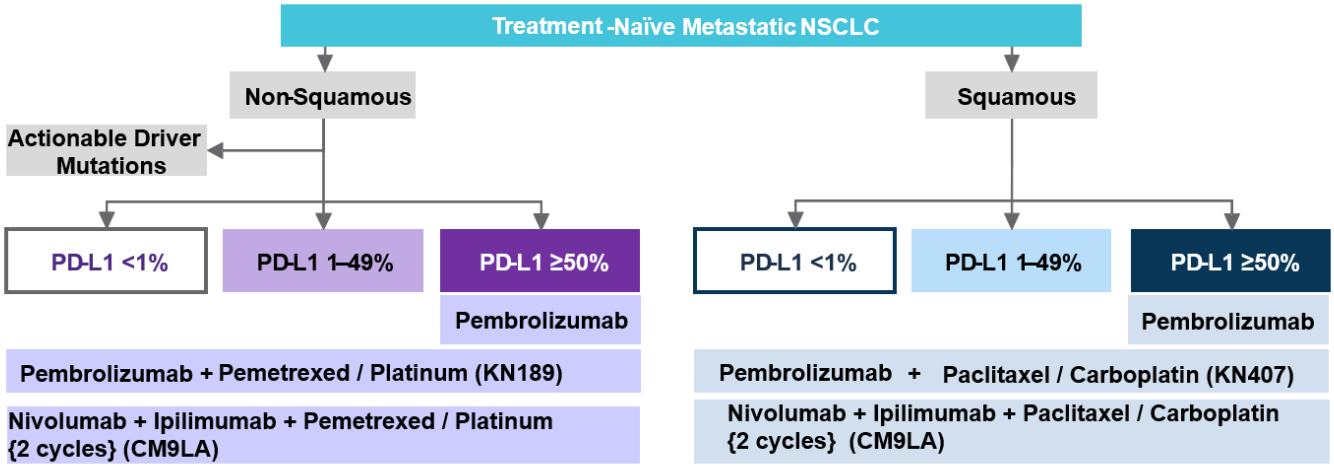
3. Current Treatments and Treatment Goals

This is a treatment combination aimed at patients with metastatic non-small cell lung cancer without actionable driver mutations (for example, EGFR mutations or ALK translocations). Patients with actionable driver mutations generally start their treatment journey with targeted therapy when available / funded. For patients without actionable driver mutations, there are multiple treatment options (see diagram below for the most commonly used options in Canada).

For patients with tumours with PD-L1 expression of any level or PD-L1 unknown the most common treatments are:

Non-squamous: Platinum doublet (cisplatin or carboplatin with pemetrexed) plus pembrolizumab
Squamous: Platinum doublet (carboplatin and paclitaxel) plus pembrolizumab.

In non-squamous histology, patients continue with pemetrexed and pembrolizumab maintenance after 4-6 cycles of platinum doublet.
In squamous histology, patients continue with pembrolizumab maintenance after 4-6 cycles of platinum doublet.
Recently cemiplimab was approved as an alternative to pembrolizumab for these same indications. Provincial funding is still under negotiation so this is not yet used routinely in Canada.
Another alternative is chemotherapy sparing combination of 2 cycles of platinum doublet with doublet immunotherapy, nivolumab and ipilimumab. This regimen is most used in patients who are PD-L1 negative or have squamous histology.
For patients with tumours with PD-L1 expression of ≥ 50%, single agent pembrolizumab is an alternative treatment option.
The most appropriate comparator for this submission is the chemotherapy and immunotherapy combinations.
The goal of each of these treatments is a combination of symptom improvement as evidenced by improvements in quality of life, tumour shrinkage through objective response as well as improvements in progression free and overall survival. One important aspect we look at in addition with immunotherapy combinations is landmark survival with the goal of improving the number of patients with durable benefits of treatment as manifested in increases in PFS and OS at 5 years.



4. Treatment Gaps (unmet needs)

4.1. Considering the treatment goals in Section 3, please describe goals (needs) that are not being met by currently available treatments.

When reviewing the data from the POSEIDON trial, the overall study looks quite similar to what we have seen from the combination of chemotherapy and immunotherapy. When trying to assess unmet needs, we note there are overall survival benefits in both PD-L1 positive but also PD-L1 negative patients, with PD-L1 negative patients having historically less long-term benefit from the combination of chemotherapy with single agent immunotherapy from the Keynote 189 and 407 trials of pembrolizumab. The combination of durvalumab, tremelimumab and platinum doublet chemotherapy is also specifically impressive in those with non-squamous histology with a 5-year overall survival rate of over 20%. This is similar to what was seen in the CheckMate 9-LA trial but with only 5 doses of the CTLA-4 inhibitor – minimizing toxicity. Some of the most notable data which speaks to unmet need are the benefits in poor risk patient populations such as patients with KRAS mutations. By adding the CTLA-4 inhibitor, tremelimumab, to the durvalumab and chemotherapy, KRAS mutated patients had identical 5-year overall survival rates to those patients without KRAS mutations. There are also signals of benefit in patients with KEAP1 and STK11 mutations who generally experience lower rates of response and less durability of response to immunotherapy.

The other unmet need is tolerability. One of the key considerations of the POSEIDON regimen is not only the long-term survival benefits, but also the manageable toxicity profile. Those of us who use the currently approved combination of a PD-1 (nivolumab)

and CTLA-4 inhibitor (ipilimumab) with limited chemotherapy are quite accustomed to managing autoimmune toxicities that arise from this treatment. We know that when we combine nivolumab and ipilimumab, we increase the rate of Grade 3 and 4 toxicity by nearly three-fold. Patients and physicians tolerate this toxicity because of the long-term benefit of the regimen. When you review the toxicity of the POSEIDON regimen which included arms with platinum doublet, platinum doublet with PD-L1 (durvalumab) and the quadruple combination of durvalumab, tremelimumab (5 doses) and platinum doublet chemotherapy, it should be noted that the rates of Grade 3 and 4 toxicities are nearly identical across all 3 arms (51.7- 54.8%). The addition of the 5 doses of tremelimumab only increased the treatment discontinuation rate by less than 2% (20.4 – 22.1%).

5. Place in Therapy

5.1. How would the drug under review fit into the current treatment paradigm?

This regimen would provide another option for physicians and their patients. This regimen was originally designed in Canada. The Canadian Cancer Clinical Trials Group performed the initial safety studies of this combination in the CCTG IND.226 clinical trial (Juergens, R et al. Lung Cancer. 2020 May:143:1-11.). This is a regimen that most thoracic oncologists across Canada have experience with through participation in the IND.226 and BR.34 trials. This would not replace other regimens that are already approved or funded, but rather provide an additional alternative. This would be an appropriate choice for patients without an actionable driver mutation with any PD-L1 status.

5.2. Which patients would be best suited for treatment with the drug under review? Which patients would be least suitable for treatment with the drug under review?

This is a treatment for patients who do not have actionable driver mutations. The POSEIDON trial excluded patients with EGFR and ALK alterations. Clinicians would normally also exclude patients with ROS1 and RET fusions as there are funded tyrosine kinase inhibitors for these indications. As is evidenced in this trial, patients with mutations such as KRAS, STK11 and KEAP, which are not currently actionable in the 1st line setting, seem to benefit from this combination. We routinely have access to KRAS status across the country. STK11 and KEAP mutation status is not routinely resulted and are not required for treatment decisions but may be of interest in the future. There is no specific companion diagnostic. We already have access to PD-L1 status and next generation sequencing for results of EGFR, ALK, ROS1, RET, etc. as part of standard of care.

5.3 What outcomes are used to determine whether a patient is responding to treatment in clinical practice? How often should treatment response be assessed?

CT scans of the chest, abdomen and pelvis are the imaging study of choice for monitoring benefit from treatment. Generally these scans are done on an every 3 month basis although access to imaging can be a challenge in some regions of the country. Symptom assessments are done alongside treatment evaluations which are every 3 or 4 weeks depending on if patients are receiving chemotherapy or single agent immunotherapy during the maintenance phase. Clinicians look for improvement in symptom burden, disease stabilization or shrinkage through imaging assessments as well as improved overall survival.

5.4 What factors should be considered when deciding to discontinue treatment with the drug under review?

Thoracic medical oncologists have been using the combination of chemotherapy and immunotherapy now for nearly a decade. Treatment discontinuation is most commonly from disease progression although we recognize that use of immunotherapy can cause some initial pseudo-progression on imaging before subsequent response which requires clinical judgement. Immunotherapy may be interrupted or discontinued due to immune related adverse events. As the POSEIDON trial had three arms, it is particularly

informative with respect to the contribution of the second immunotherapy agent, tremelimumab, with respect to toxicity. The rate of treatment discontinuation with chemotherapy and durvalumab was 14.1% in comparison to 15.5% when tremelimumab was added. Part of this is due to the fact that the tremelimumab is of fixed duration – only 5 doses which was part of the schedule optimized in the initial CCTG studies. Guidelines to aid in managing immune related adverse events are available through the American Society of Clinical Oncology (ASCO) and the European Society of Medical Oncology (ESMO) as well as through most provincial health authorities. When caught at low grade, most toxicities can be managed with symptom management, topical or oral steroids and potentially treatment interruption. Even with higher grade toxicities, we have learned the scenarios when re-challenge with immunotherapy is possible.

5.5 What settings are appropriate for treatment with [drug under review]? Is a specialist required to diagnose, treat, and monitor patients who might receive [drug under review]?

Treatment with chemotherapy and immunotherapy is commonplace in Canada. The initial patient assessment should be done by a medical oncologist (or respirologist with medical oncology expertise as is seen in Quebec). Given the size of Canada and high rate of lung cancer, we have an established network of experts including family physicians and general practitioners in oncology (GPOs) who assist in the assessment of these patients on treatment especially in remote areas of the country. These treatments are administered in facilities with expertise in delivering cytotoxic anticancer therapies.

6. Additional Information

None

7. Conflict of Interest Declarations

To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the clinician group input. CADTH may contact your group with further questions, as needed. Please see the *Procedures for CADTH Drug Reimbursement Reviews* (section 6.3) for further details.

1. Did you receive help from outside your clinician group to complete this submission? If yes, please detail the help and who provided it.

   No

2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission? If yes, please detail the help and who provided it.

   No

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review. **Please note that this is required for <u>each clinician</u> who contributed to the input — please add more tables as needed (copy and paste). It is preferred for all declarations to be included in a single document.**

Declaration for Clinician 1

Name: Dr. Rosalyn Juergens
Position: Chair, LCC Medical Advisory Committee; Medical Oncologist, Juravinski Cancer Center
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 1: Conflict of Interest Declaration for Clinician 1

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Bristol Myers Squibb	x			
Astra Zeneca		x		
Merck Sharp and Dohme	x			
Roche	x			

Declaration for Clinician 2

Name: Dr. Paul Wheatley-Price
Position: Medical Oncologist, The Ottawa Hospital. Associate Professor, Department of Medicine, University of Ottawa
Date October 28, 2024

☒ **I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 2: Conflict of Interest Declaration for Clinician 2

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Sanofi	X			
Astra Zeneca	X			
Jazz Pharmaceuticals	X			
Amgen	X			
Janssen	X			
Novartis	X			
Merck	X			
BMS	X			
Roche	X			
EMD Serono	X			
Pfizer	X			
Bayer	X			
Novartis	X			

* Place an X in the appropriate dollar range cells for each company.

New or Updated Declaration for Clinician 3	
Name	*Vishal Navani*
Position	*Medical Oncologist, University of Calgary*
Date	October 28, 2024
☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Janssen	☐	☐	☒	☐
Consulting - Novotech Pty, Pfizer, Sanofi, Astra Zeneca, EMD Serono, Oncology Education, Sanofi, Janssen, Roche, MSD, Bristol Meyers Squibb, Takeda	☐	☐	☒	☐
Speaking – Ipsen, Astra Zeneca, MSD, Bristol Meyers Squibb	☐	☐	☒	☐
Research – Astra Zeneca (Inst), Janssen (Inst)			X	
Travel – EMD Serono, Pfizer, Sanofi			X	

Declaration for Clinician 4

Name: Normand Blais
Position: Medical Oncologist, CHUM Cancer Center, Montreal
Date: October 28, 2024

☒ **I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 1: Conflict of Interest Declaration for Clinician 4

Bristol-Myers Squibb	Nature or description of activities or interests	Check Appropriate Dollar Range			
		$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Abbvie	Advisory Board and Honoraria	☒	☐	☐	☐

Amgen	Advisory Board and Honoraria	☒	☐	☐	☐
Astra Zeneca	Advisory Board and Honoraria	☒	☐	☐	☐
Beigene	Advisory Board and Honoraria	☒	☐	☐	☐
Bristol-Myers Squibb	Advisory Board and Honoraria	☒	☐	☐	☐
EMD Serono	Advisory Board and Honoraria	☒	☐	☐	☐
Merck	Advisory Board and Honoraria	☒	☐	☐	☐
Novartis	Advisory Board and Honoraria	☒	☐	☐	☐
Pfizer	Advisory Board and Honoraria	☒	☐	☐	☐
Roche	Advisory Board and Honoraria	☒	☐	☐	☐
Sanofi	Advisory Board and Honoraria	☒	☐	☐	☐
Astra Zeneca	Research Funding to institution	☐	☐	☐	☒

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 5

Name: Dr Randeep Sangha
Position: Medical Oncologist, Cross Cancer Institute
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 5: Conflict of Interest Declaration for Clinician 5

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 6

Name: Dr Sunil Yadav
Position: Medical Oncologist, Saskatoon Cancer Centre
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 6: Conflict of Interest Declaration for Clinician 6

Bristol-Myers Squibb	Nature or description of activities or interests	Check Appropriate Dollar Range			
		$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	
Bristol-Myers Squibb	Advisory Board	☒	☐	☐	
Astra Zeneca	Advisory Board and Speaking	☒	☐	☐	☐
Merck	Advisory Board and Speaking	☐	☐	☒	☐
Roche	Advisory Board and Speaking	☐	☒	☐	☐
Takeda	Advisory Board and Speaking	☒	☐	☐	☐

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 7

Name: Dr. Barbara Melosky
Position: Medical Oncologist, BC Cancer
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 7: Conflict of Interest Declaration for Clinician 7

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Novartis	Advisory Board	☒	☐	☐	☐
Roche	Advisory Board	☒	☐	☐	☐
Merck	Advisory Board	☒	☐	☐	☐

New or Updated Declaration for Clinician 8	
Name	*Dr. Geoffrey Liu*
Position	*Medical Oncologist, Princess Margaret Cancer Center*
Date	October 28, 2024

☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Pfizer	☐	☒	☐	☐
Novartis	☒	☐	☐	☐
Anheart	☒	☐	☐	☐
Takeda	X			
AstraZeneca		X		
Jazz	X			
Roche	X			
Johnson & Johnson	X			
EMD Seron	X			
Merck	X			

New or Updated Declaration for Clinician 9

Name	*Ronald Burkes*
Position	*Medical Oncologist Mount Sinai Hospital*
Date	October 28, 2024
☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
AZ / Pfizer	☒	☐	☐	☐
Merck / Taiho / Takeda / Amgen	☒	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

Declaration for Clinician 10

Name: Silvana Spadafora
Position: Medical Oncologist, Algoma District Cancer Program
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 10: Conflict of Interest Declaration for Clinician 10

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Astra Zeneca		X		
Merck		X		
Novartis		X		

* Place an X in the appropriate dollar range cells for each company.

Conflict of Interest Declaration for Clinician 11

Name: Dr. Kevin Jao
Position: Medical Oncologist, Hôpital Sacré-Cœur, Montreal
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Bristol-Myers Squibb	Nature or description of activities or interests	Check Appropriate Dollar Range			
		$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Bristol-Myers Squibb	Advisory Role	☒	☐	☐	☐

Declaration for Clinician 12

Name: Dr Catherine Labbé
Position: Head of Respiratory Medicine Service, Université de Laval
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 12: Conflict of Interest Declaration for Clinician 12

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Amgen	X			
Astra Zeneca		X		
Brystol-Myers Squibb	X			
Jazz Pharmaceuticals	X			
LEO Pharma	X			
Merck	X			
Pfizer	X			
Roche	X			
Sanofi Genzyme	X			

* Place an X in the appropriate dollar range cells for each company.

New or Updated Declaration for Clinician 13	
Name	Michela Febbraro
Position	Medical Oncologist, Algoma District Cancer Program
Date	October 28, 2024
☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
AstraZeneca	☐	☒	☐	☐

New or Updated Declaration for Clinician 14	
Name	*Biniam Kidane*
Position	*Associate Professor, Dept of Surgery, University of Manitoba*
Date	October 28, 2024

☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
AstraZeneca	☐	☐	☒	☐
Merck	☒	☐	☐	☐
Roche	☐	☒	☐	☐
Bristol Myers Squibb	☒	☐	☐	☐
Medtronic	☒	☐	☐	☐

New or Updated Declaration for Clinician 15

Name	*Dr. Alison Wallace*
Position	*Assistant Professor Department of Surgery, Division of Thoracic Surgery and Department of Pathology, Dalhousie University. Thoracic Surgeon QEII HSC, Halifax. NS.*
Date	October 28, 2024
-☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Confli-ct of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Merck	☒	☐	☐	☐
Bristol Myers Squibb	☒	☐	☐	☐
AstraZeneca	☒	☐	☐	☐

Declaration for Clinician 16

Name: Quincy Chu
Position: Medical Oncologist, Cross Cancer Institute, Edmonton, AB
Date: October 28, 2024

☒ **I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 1: Conflict of Interest Declaration for Clinician 16

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Abbvie	X			
Amgen	X			
AnHeart	X			
Astellas	X			
Astra Zeneca		X		
Boehringer Ingelheim	X			
BMS	X			
Daichii Sankyo	X			
Eli Lilly	X			
GSK	X			
Janssen	X			
Meck	X			
Novartis	X			
Ocellaris	X			
Pfizer	X			
Roche		X		
Takeda	X			

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 17

Name: Dr Jeffrey Rothenstein
Position: Medical Oncologist, Lakeridge Health
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 5: Conflict of Interest Declaration for Clinician 22

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Roche	x			

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 18

Name: Dr. Shaqil Kassam
Position: Medical Oncologist, Southlake Regional Hospital
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 5: Conflict of Interest Declaration for Clinician 18

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Roche	x			
Merck	x			
BMS	x			
Takeda	x			
Novartis	x			
Ipsen	x			
Sanofi	x			
Pfizer	x			

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 19

Name: Dr Nicole Bouchard
Position: Respirologist, Sherbrooke University Hospital
Date: October 28, 2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 5: Conflict of Interest Declaration for Clinician 19

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Astra Zeneca	Advisory Role/Conference	☒	☐	☐	☐
Bristol-Myers Squibb	Advisory Role/Research	☒	☐	☐	☐
Merck	Advisory Role /Research/Conference	☒	☐	☐	☐
Bayer	Advisory Role	☒	☐	☐	☐
Pfizer	Conference/Research	☒	☐	☐	☐
Roche	Advisory Role	☒	☐	☐	☐