CADTH REIMBURSEMENT REVIEW

Patient and Clinician Group Input

secukinumab (Cosentyx)

(Novartis Pharmaceuticals Canada Inc.)

Indication: Cosentyx is indicated for the treatment of adult patients with moderate to severe hidradenitis suppurativa (acne inversa) who have responded inadequately to conventional systemic hidradenitis suppurativa therapy.

May 23, 2023

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CADTH 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.

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Patient Input

Patient Input Template for CADTH Reimbursement Reviews

Name of Drug: Cosentyx (secukinumab)

Indication: Hidradenitis suppurativa

Name of Patient Group: Canadian Skin Patient Alliance (CSPA), HS Heroes, Hidradenitis and Me Support Group

Author of Submission: Rachael Manion (CSPA), Mike Wiens (HS Heroes), Latoya Palmer (Hidradenitis and Me Support Group)

1. About Your Patient Group

This submission is supported through a collaboration between The Canadian Skin Patient Alliance (CSPA), HS Heroes, and Hidradenitis and Me Support Group. CSPA is a national, not-for-profit organization that improves the health and well-being of people across Canada affected by skin, hair, and nail conditions through collaboration, advocacy, and education. HS Heroes is a community for people living with hidradenitis suppurativa (HS) that works towards increasing awareness, educating and advocating for patients with HS as well as family members, friends, caregivers, and health care professionals. Hidradenitis and Me Support Group fosters self-care and a safe space for people with HS to connect with other individuals with HS, express their struggles, and gain knowledge about this skin condition.

2. Information Gathering

2.1 Data gathering

Information for this submission was compiled from the survey results from the 2020 National Report of Patients' Experiences Living with HS, and a patient survey hosted on CSPA's, HS Heroes', and HS & Me Support Group's communications channels from March 28 to May 23, 2023 in both English and in French. In this submission we report on combined English and French survey responses. A total of 15 survey responses were received, all in English.

2.2 Regional data

The 2020 National Report of Patient's Experiences Living with HS was based on an HS Patient Experience Survey that had the goal of providing a baseline measure for the state of care for individuals with HS. This survey was completed by 537 individuals with HS, of which 73 (14%) were from Canada, 267 (50%) were from the United States, and 67 (12%) were from the United Kingdom. The greatest proportion of Canadian participants were from Ontario (41%), followed by Alberta (18%).

The 2023 patient survey contained respondents were from Canada, with the majority being from Ontario (47%, n=7). A smaller proportion of respondents also came from Alberta (27%, n=4), Manitoba (13%, n=2), Northwest Territories (7%, n=1), and British Columbia (7%, n=1). There were no survey respondents from Yukon, Nunavut, Saskatchewan, Quebec, Nova Scotia, New Brunswick, Prince Edward Island, or Newfoundland and Labrador.

2.3 Survey Demographics

The average age of individuals completing the 2020 survey was 38 years (range: 14-73) with 85% being under the age of 50 years. Of all patients 93% identified as biologically female. Of all the participants, 68% did not have private insurance coverage.

All respondents in the 2023 patient survey were between 25 and 44 years of age, with 50% (n=5) being 25-34 years old and 50% (n=5) being 35-44 years old. There were no individuals under 25 years or over 44 years old. Thirty three per cent (n=5) of respondents lived with HS for 10-15 years, 27% (n=4) for 15-20 years, 20% (n=3) for longer than 20 years, and 7% (n=1) for less than 5 years. Majority of respondents have moderate HS (53%, n=8), with 33% (n=5) rating HS as severe, and 13% (n=2) as mild. The most common comorbidities were mental health conditions (e.g., depression, anxiety) in 43% (n=3) of respondents. Inflammatory arthritis, a different inflammatory condition, and gastrointestinal disease were reported by 1 respondent each (14%).

3. Disease Experience

HS is a chronic inflammatory skin condition with physically and emotionally debilitating symptoms, such as painful boils and abscesses in skin folds (i.e., armpits, groin, under breasts, between buttocks). During a flare, these lesions produce purulent and malodorous discharge followed by healing of lesions with significant scarring and formation of fistulas. Fistulas are are abnormal connections between two surfaces, with a common example being a connection between the anal canal and perianal skin leading to uncontrollable leakage of stool. Consequently, more than 80% of respondents to the 2020 National Report of Patient's Experiences Living with HS survey reported that HS negatively impacted their work performance (81%), social interactions, and intimacy with their partner. Fifty-nine percent of respondents missed at least 2 days of work every month and spent a median of 14 hours per month on HS-related tasks, such as wound care. Patients constantly worry about the odor, staining of clothes, and the unpredictable onset of disease flares, which are often very painful. These anxieties make social life challenging, with symptoms also impacting physical activity levels. For 68% of survey respondents, family life is also affected, and intimacy in 87%. As a result of a wide variety of stressors, nearly 70% of respondents reported feelings of depression. Moreover, one of the major manifestations of HS is debilitating pain associated with the lesions in the skin folds that persist for many years on daily basis. Nearly all patients experience some degree of pain daily that is moderate on average (5.3 out of 10) as per the 2020 National Report. Pain is difficult to control in patients with HS making physical activity and wearing comfortable clothing very challenging. Most patients still do not have report not having a successful pain management regimen, with only 11% of all respondents considering pain well-controlled and 46% reporting poorly controlled pain. It is also troubling that 51% of patients report self-managing with difficulty accessing prescriptions. There is therefore, much room for improvement for pain control.

Respondents to the 2023 patient survey identified severe impact of HS on day-to-day life with drainage, severe pain, lesions that make it challenging to walk, challenges to find clothes. The costs of wound care and treatments are high, anxiety and irritation from living with HS are high. All patients report that HS lesions are chronic with majority of patients constantly having active HS lesions. New lesions persist for months.

Patients with HS often remain undiagnosed and not correctly managed for a prolonged period. Canadian respondents reported a median of 7 years from symptom onset to HS diagnosis, with an average age of diagnosis being 30 years. During these 7 years, 97% of respondents have visited a family physician or a walk-in clinic for their symptoms, and 59% visited the Emergency Department at least once for HS symptoms (e.g., pain management). Eleven per cent visited ER more than 10 times and were treated by more than 10 different ER physicians. Unfortunately, 83% of individuals received at least 1 misdiagnosis prior to identification of HS, with an average of 3 misdiagnoses per person. Delayed diagnoses often translate into worse symptoms and more advanced disease when patients reach the moment of being offered a treatment plan. There were HS-related hospitalizations reported in several provinces, either as HS as a pre-admission comorbidity or as a most responsible diagnosis. The greatest number of hospitalizations were reported in Ontario, with over 60 hospitalizations for over 1200 days in 2018 for HS as a pre-admit comorbidity and over 70 hospitalizations with over 300 days with HS as the most responsible diagnosis. For HS as a pre-admission comorbidity, the length of stay was highly dependent on the severity of the main indication for admission.

The HS community in Canada faces many unmet needs, as indicated by survey respondents. As one respondent told us, improving treatments for HS "would be a miracle! This condition is so painful, so disgusting, and so life-altering. Talking with others, there is so much depression and pain associated with HS that it would be impossible not to show improvement with our well-being if all of our goals were met."

4. Experiences With Currently Available Treatments

HS is managed with a combination of medications, surgical procedures, wound care practices, and lifestyle modifications. In the 2020 National Report of Patient's Experiences Living with HS survey, respondents tried an average of 15 different medications, surgical procedures, home treatments, or lifestyle modifications to help manage symptoms, with only a few finding any significant improvement. The number of management strategies tried reflects the severity of the condition and the desire to decrease the burden of symptoms.

Respondents trialed numerous at-home therapies and lifestyle modifications that are more affordable (although there is no insurance coverage for these) and easier to access than some prescription medications and surgical treatments. However, overall, these offered either no or slight improvement in HS symptoms. Of all described non-drug therapies, stress management and diet modifications were the most successful treatment, reported by 20% of respondents for each. Avoiding tight-fitting clothing was also helpful with comfort and reducing exacerbation of lesions. Fifty-three percent of Canadian respondents had at least 1 corticosteroid

injection, while 18% had this performed more than 10 times. Additionally, 74% had at least 1 boil or cyst incised or drained, and 19% underwent this procedure more than 10 times.

The most commonly used treatment at the time was a long course of antibiotics (82% of survey participants). In dermatology, antibiotics are often used for their anti-inflammatory properties rather than their antimicrobial properties. However, only 11% reported improvement in symptoms. Other treatments reported were CO2 lasers (26% effective), radiotherapy (33%), incision and drainage (23%), and surgical therapies other than incision and drainage (39%). Only 27% of respondents used biologics, with 38% reporting symptomatic improvement. Overall, only 13% of respondents were satisfied with the current treatments being able to control HS symptoms, cure HS or enjoy social activities. Some contributing factors were side effects such as back pain, headache, intestinal problems, and fatigue. Additionally, procedures such as surgery have long wait times.

Pain is an important hallmark of HS (just as itching is for atopic dermatitis or psoriasis). Despite currently available treatments, only 11% of respondents consider their pain well controlled, with 46% reporting poor pain control.

Although some of the treatments may be effective for some proportion of users, less than 35% of respondents used any of them, suggesting access and affordability challenges. For those who do not have any insurance, monthly HS-related expenses were $158 for prescription drugs (excluding biologics) and non-prescription items (e.g., soaps, bath products, creams, wound care, nonprescription treatments/therapies, etc.). Those with private insurance that did not cover any HS treatments spent an average of $262 monthly (85% on non-prescription items and 15% on non-biologic prescription drugs). Those with private insurance that covered at least some HS-related expenses spent an average of $65 monthly, with approximately $48 on non-prescription items—the drug manufacturer's financial aid program sponsored patients using biologic therapy. One respondent without any private insurance reported that they spend $1,200 out-of-pocket every month on biologics. In contrast, two respondents with some private coverage reported paying $17 to $150 monthly for biologics.

There is much room for improvement in HS treatment with a strong need for safe, effective and accessible treatments to help manage this condition physically and emotionally.

One survey respondent noted in 2020 that "although we have come a long way from even 10 years ago to help manage HS, more needs to be done via research and making more biologics available (especially to us in Canada as adalimumab is the only one currently). Antibiotics are not the answer unless there is actual infection; we need to find why our bodies are doing this to us so we can tackle it and if not cure it, at least make HS way more manageable."

5. Improved Outcomes

The main treatment goals of participants in the 2020 National Report of Patient's Experiences Living with HS survey were to control HS symptoms (90%), cure HS completely (71%), and be able to enjoy personal relationships (69%). The majority of respondents (61%) were dissatisfied with the ability of currently available treatments and therapies for HS. The main reasons for the dissatisfaction included side-effects, such as back pain, headache, intestinal problems, and fatigue. For the surgical options, respondents found the long waiting time and a challenging recovery process made it impossible to work and care for family. Respondents reported that satisfaction with the therapy would significantly improve depression and anxiety, allow to live a happy life, not feel judged when people stare, return hope and energy, and make them thrilled to participate in family life again. With effective therapy, participants felt they would derive emotional, physical and daily life benefits. Emotionally, they would have less worry and anxiety, would feel normal, not worried about shame during sexual activities, and would feel attractive. Physically, effective therapy would allow patients to be more active parents to their children, able to exercise, hike and walk more, wear clothing without worry, and have full range of motion. This would all translate to improvement in daily life, allowing patients more time to manage other people's challenges instead of being focused on self, be less dependent on others, able to have children, and return ability to eat without worrying about triggers for a flare.

6. Experience With Drug Under Review

Of the 10 respondents to the 2023 patient questionnaire, 40% (n=4) have used secukinumab previously, 1 of whom (10%) stopped using it during treatment due to ineffectiveness. Of the 4 patients noted to have previously used secukinumab, 3 had access to medication by participating in a clinical trial and 1 by compassionate use. None of the 4 patients treated with secukinumab noted that the experienced any side effects. Two of the four patients found secukinumab to be effective to reduce the HS lesions, the pain and

decreased need for wound care. One of the four patients reported complete resolution of lesions and remission of HS: secukinumab was “the best thing that ever happened to me. For 20 years I have suffered with wounds in many areas including very sensitive intimate body parts. This affected my employment from missing working days due to pain, or going to the hospital for cutting open and draining, or needing time off daily to go to the local nursing care centre for my wound care appointments. This affected my relationship with my partner for not being able to have sex from pain in the area from wounds or stitches from opened wounds or bandages - to not even wanting anyone to see my body from the large gaping painful lesions. I wanted to crawl under a rock and hide forever. Some days I could hardly walk from pain. After using this drug I have completely healed with no active wounds. I consider myself in remission. I can’t imagine taking this away from me. I can’t go back to that life of pain mental and physical and time consuming wound care and the mental anguish I survived. All that’s left behind now are scars that serve as a reminder of how horrific HS really is and how lucky I am to be on this drug. To not approve this would be a crime against common decency, and having people suffer needlessly with this awful disease. It’s changed my life. I’m actually living my life now.”

Unfortunately, all patients taking secukinumab reported concerns with the cost of treatment and inability to afford it.

7. Companion Diagnostic Test

Not applicable.

8. Anything Else?

Given such significant impact of HS on the lives of individuals living with the condition, it is important to explore effective and safe treatment options to alleviate the suffering and improve health outcomes. There remains a need for additional treatment options. Access to new and promising treatment is critical to helping patients gain a sense of control over their disease and begin to regain their quality of life. In the words of one respondent in the 2020 HS Report, “It took 15 years of suffering to finally get told what it is. Then I got told there’s nothing you can do about it. You can only treat the symptoms.”

Individuals with HS have often attempted numerous treatments and therapies to manage the debilitating symptoms of their condition. In particular, very few HS patients are treated by a pain management specialist. When their HS is well-treated, it becomes more manageable, and the pain they experience because of this disease is reduced.

The nature of this disease requires ongoing care and a constellation of different approaches. Individuals with HS incur considerable expenses on HS-related items, including those required for daily wound care.

For more information about the challenges of living with HS, please see the following resources:

- CSPA information page for HS

- HS Heroes information page

- Hidradenitis and Me Support Group information page

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. CSPA, HS Heroes and Hidradenitis & Me Support Group worked with staff and volunteers to complete this report. No funding was received to complete this submission.

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.

As mentioned above, this submission draws on evidence in CSPA's 2020 HS Report, for which funding was received from a pharmaceutical company. That company did not see any data or drafts prior to its publication by the CSPA. For that report, data was purchased by CSPA from the Canadian Institute for Health Information.

The three organizations preparing this submission requested contact information for the principal investigators of clinical trials in Canada from Novartis, which was provided. CSPA then reached out to those principal investigators with an invitation for their clinical trial participants to complete a survey (detailed in Information Gathering above) about their experiences.

No funding or other support was received to complete this submission.

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**
Novartis			X	
Abbvie				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: Rachael Manion

Position: Executive Director

Patient Group: Canadian Skin Patient Alliance

Date: May 9, 2023

Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Abbvie			X	
Amgen			X	
Hidramed Solutions	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: Michael Wiens

Position: Director

Patient Group: HS Heroes

Date: May 22, 2023

Company	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Novartis			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: Latoya Palmer

Position: Founder

Patient Group: Hidradenitis & Me Support Group

Date: May 23rd, 2023

Clinician Input

CADTH Project Number: SR0781-000

Generic Drug Name (Brand Name): Secukinumab (Cosentyx)

Indication: Hidradenitis suppurativa

Name of Clinician Group: Canadian Hidradenitis Suppurativa Foundation

Author of Submission: Se Mang Wong, MD FRCPC

1. About Your Clinician Group

The mission statement for the not-for-profit Canadian HS Foundation is to help the Canadian dermatologist better manage hidradenitis suppurativa. We communicate the latest HS management techniques. We create research opportunities and education for training dermatologists and mentorship for residents. Our role is to also establish cross-specialty dialogue to improve our patient outcomes. Finally, we also collaborate with other international HS foundations. The link to our website is hsfoundation.ca.

2. Information Gathering

3. Current Treatments and Treatment Goals

Hidradenitis suppurativa (HS) is a chronic illness where patients develop recurrent painful boils and draining sinuses. These are often located in the armpits, groin, and perianal regions. The breasts are also affected in female patients. When these lesions clustered together, scarring may form. This serves as a basis for staging of this condition. Our understanding of this condition has improved significantly in the past decade. We now understand this is a systemic, immune mediated condition. Unfortunately, diagnosis is often delayed and patients suffering needlessly. As a result, many patients feel helpless and ashamed. Due to ineffective treatment options, many patients have stopped seeking medical attention.

The management of hidradenitis suppurativa is currently based on staging. For all patients, management involves lifestyle changes including weight management, smoking cessation, hair removal, etc. There is evidence supporting minimizing certain foods such as dairy. Minimizing friction is also beneficial. Pain, odour and drainage management are also important. Based on the North American Hidradenitis Suppurativa management guidelines published recently, of which many Canadian dermatologists provided input, aside from the above lifestyle changes, a multimodality approach has been recommended. For mild disease (Hurley stage I), gentle cleaning with cleansers are recommended. Often, the application of topical clindamycin once to twice daily to the entire affected area is recommended to minimize recurrence of boils. Targeted therapy with intralesional triamcinolone injections are also part of the management options. Additional adjunct of therapy at this stage may include the use of topical resorcinol, oral zinc supplementation, laser hair removal, or antiandrogens for female patients. As the condition worsens or with more severe disease (Hurley stage II), the addition of an oral antibiotic, usually tetracycline based, for up to 12 to 16 weeks is part of the standard of care. For recurrent episodes and/or Hurley stage III where patients develop complex tunnels, multiple courses of antibiotics are often necessary. In Canada, the addition of adalimumab is the only approved biologic option. Based on 2 RCTs, after 12 weeks of treatment, about half of the patients had at least a 50% reduction in inflammatory nodules and abscesses compared to about 26% in the placebo group. Although this has been helpful for patients, this still leaves many patients requiring an alternative management option. For patients failing or not responding to adalimumab, there are no additional Health Canada approved options. Off label, patients are offered alternative biologics depending on extended benefits coverage or compassionate programs. These have included: Infliximab, ustekinumab, IL-17 inhibitors, and IL-1 inhibitors, etc.

Currently, the above management guidelines allow for some targeting of the underlying disease mechanism. However, as new research is released, there are clearly more cytokines involved. As well, the current management is not effective in inducing remission in patients.

Ideally, treatments should minimize flares, and induce remission so that patients no longer have to struggle with pain, odor, and drainage. As well, as these issues are addressed, the patient will be able to return to work and resume intimate relations should they desire.

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.

As noted above, currently, management options, although better than previous, still leave many patients without control of the disease. As well, for patients with severe disease, despite initiation of adalimumab, higher doses are sometimes required to maintain efficacy. Unfortunately, some patients also lose the benefits. Currently, none of our treatment options appear to reverse hidradenitis suppurativa. The frequency of weekly injections with the current biologic is also challenging. As well, blockade of TNF still have issues relating to infections and malignancy risks.

5. Place in Therapy

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

Recent research indicates the role of IL-17 in the pathogenesis of hidradenitis suppurativa. Secukinumab is the first in class agent to have RCT data demonstrating efficacy. Currently, this will address a different mechanism of action, providing clinicians with an alternative treatment option. Based on the current RCT data, secukinumab should be considered as an alternative first-line treatment option in the management of hidradenitis suppurativa. This agent has less potential side effects based on our experience in its use in other inflammatory conditions. As well, the frequency of treatment should allow for better adherence compared to the current approved biologic.

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?

Based on the results provided by the RCTs, secukinumab is anticipated to be useful for any patients with moderate to severe hidradenitis suppurativa (Hurley stage II-III). In a patient who fails systemic antibiotics for 12 weeks should be offered this as a biologic alternative. Given the mechanism of action of interleukin-17 blockade, caution should be exercised for patients with underlying inflammatory bowel disease based on the proposed mechanism of action. However, experience with other inflammatory conditions, indicate that this may still be an alternative for patients who would have otherwise not demonstrated efficacy to the current 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?

Much like adalimumab, demonstration of efficacy based on the RCTs which suggests achievement of a 50% reduction in abscesses and sinuses with no new lesions after initiation of therapy with secukinumab. However, our clinical experience have suggested that alternative measures should also be considered, especially in the forms of patient reported outcomes such as pain, odour, and drainage management. Similarly, less days off work and resumption of intermittent lesions are likely more important outcomes to consider.

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

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]?

Much like treatment with adalimumab, decision to initiate secukinumab in the management of hidradenitis suppurativa should be decided by a dermatologist. As this agent has been used successfully by patients and other inflammatory conditions, the same setting would be appropriate.

6. Additional Information

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 each clinician 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: Se Mang Wong, MD FRCPC

Position: Dermatologist

Date: 22-05-2023

☒ **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

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			
Bausch		X		
Boehringer Ingelheim	x			
Bristol Meyers Squibb	x			
Eli-Lilly	x			

Galderma	x			
Janssen	x			
Johnson & Johnson	x			
Leo Pharma	x			
Novartis		X		
Pfizer	x			
Sun Pharma	x			
UCB Pharma	x			

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

Declaration for Clinician 2

Name: Susan Poelman, MSc, MD, FRCPC

Position: Dermatologist and CHSF President

Date: 22-05-2023

☒ 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**
Novartis			X	
AbbVie			X	
Pfizer	X			
Amgen	X			
Sandoz	X			

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