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

CDA-AMC REIMBURSEMENT REVIEW

Patient, Clinician and Industry Input

regorafenib

(non-sponsored review)

Indication: for the treatment of metastatic osteosarcoma in patients who received at least 1 prior line of therapy.

Dec 13, 2024

This document compiles the input submitted by patient groups, clinician groups, and industry 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 Pharmaceuticals@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.

By filing with CDA-AMC, the submitting organization or individual agrees to the full disclosure of the information. CDA-AMC does not edit the content of the submissions received.

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

CADTH

CADTH Reimbursement Review
Patient Input Template

Patient Input Template for CADTH Reimbursement Reviews

Name of Drug: regorafenib
Indication: osteosarcoma
Name of Patient Group: Ac2orn, Advocacy for Canadian Childhood Oncology Research Network
Author of Submission: Antonia Palmer

1. About Your Patient Group

Advocacy for Canadian Childhood Oncology Research Network (Ac2orn)
Ac2orn is committed to advocating for translational research and effective treatments to realize the goal of curing childhood, adolescent, and young adult cancers.
http://www.curesforourkids.com/

2. Information Gathering

We have had limited success with conducting surveys with small patient populations to collect information for the patient input response as part of the pCODR process. It is also very challenging to collect information from families who are in the relapsed/refractory setting or who may be bereaved. Because of this, it was decided that we would only conduct short one-on-one interviews with families to collect first-hand experiences with regorafenib. We contacted clinicians across the country and asked them to share information about the process and ask the families to connect with a member of Ac2orn if they were willing to share their story.

We had 2 families connect with Ac2orn. One family was recently bereaved and the other family is currently receiving regorafenib for relapsed osteosarcoma. Both families live in Canada, one in Ontario and one in British Columbia.

These conversations are exceptionally difficult for families. They share their stories for many reasons – to honour their child, to help future patients, and to give back in some way to make things better. The meetings are approached with an abundance of care and empathy – often reminding families that it is okay to take a moment or stop the discussion if needed. We always end the conversation by reminding the family to be gentle with themselves, especially for the rest of that day, because the act of telling your child's story can be trauma-inducing.

For this submission, we felt that breaking-up the information collected into the questions below did not properly represent the stories shared by the two families. We felt it was important to respect their experiences so the summary of each interview is provided in full.

3. Disease Experience

See Below

4. Experiences With Currently Available Treatments

See Below

5. Improved Outcomes

See Below

6. Experience With Drug Under Review

Interview One:

In 2022, at the age of 15 and a half, she was diagnosed with osteosarcoma, just as the COVID-19 pandemic was winding down. She had been experiencing pain in her right knee but attributed it to her involvement in competitive basketball. Unsure whether the pain was sports-related or something else, she noted what appeared to be a growth and visited her family doctor. Initial imaging, including an ultrasound and X-ray, led to further investigation.

It took about a month to receive a formal diagnosis, during which she underwent additional imaging and a biopsy. However, the biopsy results were lost, and her family discovered the diagnosis through the MyChart patient portal—an impersonal and distressing way to learn of her cancer.

Treatment began with a combination of three chemotherapy drugs: methotrexate, cisplatin, and doxorubicin. During this time, she suffered neutropenic fevers and spent long stretches in the hospital. After completing two cycles over 12 weeks, pre-surgical scans revealed the cancer appeared to have grown. The initial surgical plan to remove only her fibula was abruptly changed to amputation due to the cancer spreading to her femur and compromising the nerves in her knee. The family was given just two days' notice of this significant change.

Post-surgery complications delayed her return to chemotherapy. Scans suggested the cancer had spread further, necessitating an additional 10 months of treatment with different chemotherapy drugs, including ifosfamide and etoposide. During this phase, she developed typhlitis, a serious bowel infection, twice. The severity of her condition forced a pause in treatment. At 16, she returned to school, despite the challenges of adjusting to life with a prosthetic leg and the visible effects of her treatment. Her mother described her determination: "She went back to school with no leg, no eyebrows, no nothing."

Scans remained inconclusive, but targeted therapies were explored, including tyrosine kinase inhibitors (TKIs) like pazopanib and regorafenib. She started pazopanib under her care team’s recommendation. Around this time, she received a prosthetic leg and underwent rehabilitation, which involved inpatient therapy, requiring her to miss school.

Pazopanib presented significant challenges. It caused her lungs to collapse three times, requiring painful hospitalizations and drainage procedures over several months. In July 2023, imaging revealed lung nodules, confirmed as osteosarcoma. This surgery allowed her to join the PROFYLE clinical trial, providing new information and hope. Despite this, she stopped pazopanib temporarily to work as a

camp counsellor-in-training, as she did not want to risk a lung collapse during camp. Being at camp was very important to her.

By November 2023, she switched to regorafenib. While this drug caused severe fatigue and cumulative side effects, it provided flexibility in dosing, which was crucial for managing her symptoms. The medication's strict dietary requirements and side effects, such as painful sores around and inside her mouth, taste changes, and gastrointestinal issues, further complicated her life and caused significant weight loss. Despite these challenges, she appreciated the sense of control and purpose the medication provided – she felt like she was "doing something." This was immensely important for her personal mental health.

She faced debilitating side effects, including pancreatitis (possibly unrelated to regorafenib), hair thinning, painful blisters on her feet, fingers, and other pressure points. These symptoms often kept her from attending school, but her determination never wavered. Even in hospice care, she valued the act of taking regorafenib, viewing it as a way to fight against the cancer.

The financial burden of her treatment added stress for her family, as regorafenib cost $4,000–$6,000 per month in Ontario. Securing insurance coverage was a difficult battle. As an important side-note – this is not something that all families would be able to access in its current state and if approved, it would be critical to have drug price negotiations completed as soon as possible to reduce the economic and/or administrative burdens on families.

Despite everything, she achieved milestones that were deeply meaningful to her. She graduated high school, attended prom, and was accepted to Queen's University for engineering, following in her parents' footsteps and earning scholarships along the way. These accomplishments made the extra time she gained through treatment invaluable. They also highlight her resilience and determination.

Her Mom shared that it was unclear if regorafenib extended her life; however, it gave her the opportunity to pursue dreams and moments that mattered most to her. Her Mom shared that "it was really hard overall, but she did a lot of things that were hard over the course of her treatment. Taking regorafenib was just one item in a list of hard things."

Interview Two:

In 2020, during his high school years, he was diagnosed with osteosarcoma in his left humerus bone. Treatment started, beginning with 18 intensive cycles of chemotherapy. Following the chemotherapy, he underwent major surgery to reconstruct his left arm using a bone graft from his left leg.

After he completed treatment, he was off therapy for a year and a half. Unfortunately, a three-month check-up revealed that the osteosarcoma had metastasized to his lungs. His care team recommended regorafenib, a targeted therapy they believed offered the best chance to fight the lung metastases.

Accessing this medication required special approval from BC Cancer, and they have been covering the cost of treatment ($6,100/month). Thankfully, the family is not burdened with the expense of this treatment; however, it does require their oncologist to request re-approval every couple of months.

Now on his seventh cycle of regorafenib, his treatment schedule consists of three weeks on the drug followed by a one-week break. While the side effects are challenging, they are less invasive compared to his previous chemotherapy experiences. He has experienced thinning hair, reduced energy levels, hand and foot sores, a full-body rash during the initial cycle, stomach and digestive issues, and blisters at pressure points. Early cycles also brought mouth sores, though these have since improved.

Managing these side effects has required adjustments. He remains on the full dose but has undergone a temporary dose reduction when symptoms were severe. Digestive issues, particularly nausea and diarrhea, typically worsen in the second and third weeks of each cycle, impacting eating and contributing to weight loss. Despite these hurdles, he has found a way to take the medication in a way that works for him.

The family finds regorafenib significantly less disruptive to their lives compared to previous treatments. Unlike chemotherapy, which required extended hospital stays and frequent admissions for complications like neutropenic fever and mucositis, regorafenib has allowed him to remain at home. This stability is a relief for the entire family, especially with siblings at home. His mother notes that the difference between regorafenib and traditional chemotherapy is "night and day," describing it as much easier on his body and far less invasive overall.

Although the cancer's progress is still being evaluated, early scans suggest that regorafenib may be slowing the disease's growth. The family remains hopeful but acknowledges the difficulty in accessing the medication. His mother expressed a wish for targeted therapies like regorafenib to become more readily available for cancer patients, sharing the impact it has had on their family's quality of life. She reflected on the uncertainty they faced before receiving approval, stating, "It's scary to think about a time when BC Cancer wouldn't approve it and what that would mean for our family."

Despite the challenges, his journey exemplifies strength, adaptability, and the importance of accessible treatments that prioritize quality of life for both patients and their families.

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, Ac2orn is a volunteer organization. We do not accept donations and this work is done without support. There are no paid positions in Ac2orn.

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, this work was done by Ac2orn.

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
NA				

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: Antonia Palmer
Position: Co-Founder
Patient Group: Advocacy for Canadian Childhood Oncology Research Network, Ac2orn
Date: December 12, 2024

CADTH

CADTH Reimbursement Review
Patient Input Template

Patient Input Template for CADTH Reimbursement Reviews

Name of Drug: regorafenib
Indication: metastatic osteosarcoma following at least one prior line of therapy
Name of Patient Group: Sarcoma Cancer Foundation of Canada
Author of Submission: Diana Arajs, Founder and Chair

1. About Your Patient Group

Our website can be found at www.sarcomacancer.ca

SCFC was founded in 2010 and remains the only national sarcoma-specific cancer charity in Canada. We provide patient support and education services, actively engage in patient advocacy initiatives, raise disease awareness across Canada and support critical Canadians sarcoma research projects. Our national Board of Directors includes patients currently in treatment for sarcoma cancer, as well as sarcoma survivors and caregivers. Our national sarcoma community is supported by regional champions, physicians and community organizations all working together to support patients and advance treatment solutions.

2. Information Gathering

Our process was focused on gathering information from our network within Canada. We shared an e-survey to a targeted group followed by one-on-one discussions and interviews with interested participants. Our response with respect to general disease experience, etc. is also informed by the firsthand experience of our Board members, volunteers and community members who share their stories and contribute to these feedback processes on an ongoing basis.

3. Disease Experience

The experience with sarcoma cancer differs from patient to patient based on the numerous subtypes of disease. Osteosarcoma patients are often candidates for surgery and survival rates are higher in osteosarcoma patients. For soft tissue sarcoma patients suffering from any of over 70 subtypes of soft tissue sarcoma, the outlook is often much more dire. Sarcoma is often a debilitating cancer with extreme pain, immobility, headaches, nausea, respiratory difficulties, diarrhea and other symptoms. The severe symptoms often cause patients to become unable to work and participate in day to day activities, unable to sleep and ultimately unable to support themselves and maintain independence. The disease is most often associated with pain and as it can occur anywhere in the body, surgery can lead to loss of limbs or other long term effects. In our interviews we spoke with patients and caregivers who have lost their jobs, their homes, been unable to care for children and other life altering effects.

4. Experiences With Currently Available Treatments

Again it is important to differentiate between osteosarcoma and soft tissue. For soft tissue sarcomas, treatments remain severely lacking, survival rates are very low, and some treatments must be paired with other medications that cause severe side effects and reduced quality of life. It is critical that soft tissue sarcoma patients gain access to an increased number of treatments so that they can be treated effectively in a way that does not forever negatively impact their quality of life. Existing treatments often work for a period of time and then become ineffective, so longer term efficacy is also desired by this community and the treating physicians.

It is critically important in our community, where treatments are not meeting the need, to keep hopes high in our patient community. A new tool in the arsenal, a new indication for physicians to have access to in their treatment plan, can create not only results for those in whom it is effective, but raise the level of hope across the community. This is critically important and soft tissue sarcoma patients badly need increased access to treatments, especially given the varied nature of sarcoma subtypes.

5. Improved Outcomes

One key consideration for patients is improved quality of life. Regorafenib is not associated with the same level of side effects as many other soft tissue treatment options, so is a wonderful alternative for patients in who is is effective. Patients are not necessarily looking for a quick cure for sarcoma, as we know that is not around the corner, but what is desired is something that will prolong life and maintain it at a higher quality so that patients can participate in their families and communities and continue their lives while in treatment and beyond.

6. Experience With Drug Under Review

One significant benefit of regorafenib is that its delivery system is quick and easy for patients. Patients noted that with some other treatments they had to be hospitalized for a day or up to a week for treatment to be administered. Caregivers and patients alike noted the cost to themselves as well as the overall healthcare system. General experience has been positive, though this indication would allow more patients to receive the treatment at an early state of disease progression. As patients will only have received one line of therapy prior, their bodies will not be ravaged by the side effects of chemotherapy, which we repeatedly heard can make sarcoma difficult to treat through progression. The drug is viewed as a positive addition to the available treatments and patients would benefit from access. Sarcoma is a difficult to treat disease that requires an expanded arsenal of treatments. Access to regorafenib, which patients and physicians have had a positive experience with, early in the treatment journey, is expected to improve the length and quality of patient lives.

7. Companion Diagnostic Test

Our conversations did not cover diagnostic testing, but rather disease burden, experience with other treatments and experience with this particular treatment.

8. Anything Else?

Thank you for your attention to sarcoma cancer patients and this important perspective. There are not many available treatments for soft tissue sarcoma and new treatments are badly needed to support patients. Sarcoma patients would very much like to continue to thrive and be productive members of their communities, support their families and follow their passions. We urge you to consider this application in order to give physicians and patients another badly needed tool in the fight against sarcoma.

Appendix: Patient Group Conflict of Interest Declaration

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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
Bayer	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: Diana Arajs
Position: Chair
Patient Group: Sarcoma Cancer Foundation of Canada
Date: Dec. 13, 2024

CADTH

CADTH Reimbursement Review

Clinician Group Input

CADTH Project Number: PX0374-000
Generic Drug Name (Brand Name): regorafenib
Indication: Indicated for the treatment of metastatic osteosarcoma in patients who received at least 1 prior line of therapy.
Name of Clinician Group: Pediatric Oncology Group of Ontario
Author of Submission: Dr. Paul Gibson

1. About Your Clinician Group

POGO is a collaboration of Ontario's 5 specialized childhood cancer centres and the official advisor to the Ministry of Health and Long-Term Care on pediatric cancer care and control. This submission represents a collaboration of pediatric cancer clinicians from across the province with membership informed by POGO's Therapeutic and Technology Advisory Committee (TAC). For more information on POGO, please visit www.pogo.ca

2. Information Gathering

This submission was prepared in a consultative manner. Dr. Gibson discussed the indication with members of the submission panel and sought input from the POGO's Technology and Therapeutic Advisory Committee (TAC). Furthermore, input was sought from pediatric sarcoma experts in the province as. This was discussed among every pediatric oncology division in the province and reps from each of those divisions are represented by the consultants solicited..

3. Current Treatments and Treatment Goals

Osteosarcoma is one of the most common solid cancers especially affecting adolescents and young adults. Treatment typically includes cytotoxic neoadjuvant and adjuvant chemotherapy in combination with surgical resection of the primary tumor. Despite multiple clinical trials aimed at improving survival, the current standard of care remains MAP chemotherapy (methotrexate, doxorubicin, and cisplatin) – the same drug combination that has been used for the last 30 years. Patients presenting with localized osteosarcoma have an expected overall survival approaching 80%. However, patients who present with metastatic disease at diagnosis or develop metastases during or after therapy have very poor outcomes with any chance of cure remote, averaging less than 20% at 5 years. While metastatectomy may be feasible and curative for some (particularly those with limited pulmonary metastases presenting after a long disease-free interval), the majority of patients are left with only second-line systemic therapy with a goal of prolonging life. Regorafenib achieves the following goals: to prolong life, delay disease progression, reduce symptom severity, minimize adverse effects, improve health-related quality of life, increase the ability to maintain employment, maintain independence, and reduce burden on caregivers.

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.

Second-line therapies use a variety of cytotoxic agents, include ifosfamide and etoposide, gemcitabine and docetaxel, and cyclophosphamide and topotecan. All these regimens are known to have modest efficacy and require multiple intravenous infusions, either in clinics or as inpatients with multiple and/or prolonged hospital visits and subsequent burden on the health care system.

Furthermore, they carry significant risks of infection and the need for blood product support, requiring additional clinic visits and potentially hospitalizations. Standard second-line therapies cause significant negative impact on quality of life due to hair loss, nausea/vomiting, fatigue, immunosuppression, and need for intensive supportive care associated with cytotoxic chemotherapy (including blood transfusions, empiric antibiotic treatment, and anti-emetic regimens). Regorafenib has several benefits that help address the large unmet need for effective and well-tolerated therapies for relapsed/progressive advanced osteosarcoma. It is an oral agent with documented benefit at prolonging life (PFS), requires no planned hospital visits/admissions, carries little to no risk of infection or need for blood transfusions related to cytopenias. Importantly, it enhances the quality of life for patients with otherwise poor prognosis through improved disease control, minimization of adverse effects from therapy, and convenient oral administration. Regorafenib represents a treatment that is better tolerated than available second-line therapies, will be associated with improved compliance (especially in adolescents), and is far more convenient than intravenous therapy administered in hospital.

5. Place in Therapy

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

Due to the convenience of taking an oral medication, favorable safety and toxicity profile (compared with cytotoxic chemotherapy), and efficacy in prolonging PFS, clinicians treating patients with osteosarcoma consider regorafenib as a first-line therapy option following first relapse or progression. Furthermore, regorafenib can be offered as maintenance therapy for high-risk patients completing first-line upfront therapy who are not eligible for clinical trials evaluating maintenance therapy in osteosarcoma. Both scenarios have only proven possible to date in Canada when compassionate supply is made 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 unresectable metastatic osteosarcoma (upfront or at relapse) would be eligible and most likely to benefit from therapy with regorafenib. Since these young patients are otherwise going to die from their disease, they all deserve some form of therapy to help prolong life with good quality. Patients would be identified through routine oncology clinic visits, with baseline investigations including bloodwork and chest imaging (chest xray and CT scan). Patients are young and there is rarely, if ever, misdiagnosis of lung nodules in those with a recent history of osteosarcoma. Once patients are started on therapy, they would be closely monitored with serial CT scans of the chest to confirm lack of disease progression.

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?

Outcome measures used in clinical trials mirror those employed in clinical practice, including serial CT scan surveillance of lung metastases (ie. every 12 weeks). The lack of progression on imaging (ie. by RECIST) and patient reported symptoms (ie. pain, respiratory distress, hemoptysis) would warrant ongoing therapy. This criterion is standard and consistent across hospitals and oncology physicians.

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

There is opportunity for dose modification in the setting of toxicity that exceeds grade 3/4 without any documented impact on efficacy. Most patients who develop toxicity can continue treatment with modification of their dose. Certainly, drug will be discontinued if a) there is documented progression on CT scan (or other relevant imaging), b) patient or physician preference, or c) recurrent, intolerable toxicity. The most common reason for discontinuation of drug will be progressive disease as noted on imaging or clinical symptoms.

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]?

Regorafenib will only be initiated under the direction of an oncology team with experience in caring for osteosarcoma and managing adverse side effects. The drug is orally administered at home, and adverse events, including laboratory monitoring, can often be managed with community labs and resources.

6. Additional Information

In contrast to the vast majority of other cancers, there is NO available alternative to IV cytotoxic chemotherapy for patients with relapsed/advanced osteosarcoma. Most cancers have options including oral therapies, immune therapies, vaccines, and even radiation. There are no effective therapies in these classes that are already approved in Canada for osteosarcoma. Moreover, Canadian patients and physicians have had experience in offering regorafenib to their patients when it was available through compassionate programs. During this time, we gained real-world knowledge and experience about dosing, side effects and efficacy. The cessation of this support has resulted in a huge gap for patients and their families. The drug is not covered by most private insurance companies, which itself is only available for a minority of patients, thereby exacerbating disparities in care and outcomes for the most vulnerable and equity-deserving populations.

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: Dr. Paul Gibson
Position: Associate Medical Director, POGO; Pediatric Oncologist, McMaster Children's Hospital
Date: 10-DEC-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**
N/A				

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

Declaration for Clinician 2

Name: Abha A. Gupta
Position: Pediatric Oncologist (sarcoma expert), Hospital for Sick Children
Date: 10-DEC-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. Marija Kacar
Position: Pediatric Oncologist, McMaster Children's Hospital
Date: 12-12-2024

☒ 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				

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

Declaration for Clinician 4

Name: Anita Villani
Position: Pediatric Oncologist, The Hospital for Sick Children
Date: <12-12-2024>

☒ 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**
n/a				

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

Declaration for Clinician 5

Name: Dr. Paul Nathan
Position: Pediatric Oncologist, Section Head, Solid Tumour Team, The Hospital for Sick Children
Date: 12-12-2024

☒ 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**
Add company name				

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

Declaration for Clinician 6

Name: Dr. Raveen Ramphal
Position: Solid Tumour Pediatric Oncologist, Children's Hospital of Eastern Ontario
Date: 11-12-2024

☒ 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

	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 7

Name: Ms. Paula MacDonald
Position: Pediatric Oncology Pharmacist, McMaster Children's Hospital
Date: 13-12-2024

☒ 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

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

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

Declaration for Clinician 8

Name: Mr. Brendan Sudbury
Position: Pediatric Oncology Pharmacist, Children's Hospital, London Health Sciences Centre
Date: 13-12-2024

☒ 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 8: Conflict of Interest Declaration for Clinician 8

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

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

Declaration for Clinician 9

Name: Dr. Alexandra Zorzi
Position: Division Head, Pediatric Hematology and Oncology, Children's Hospital, London Health Sciences
Date: 13-12-2024

☒ 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 9: Conflict of Interest Declaration for Clinician 9

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

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

Declaration for Clinician 10

Name: Dr. Laura Wheaton
Position: Division Head, Pediatric Hematology and Oncology, Kingston Health Sciences
Date: 13-12-2024

☒ 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

	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				

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

Declaration for Clinician 11

Name: Ms. Tejinder Bains
Position: Pediatric Oncology Pharmacist, Children's Hospital of Eastern Ontario
Date: 13-12-2024

☒ 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 8: Conflict of Interest Declaration for Clinician 8

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

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