

## pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician: Dr. Parneet Cheema

Name of drug and indication under review: osimertinib, for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC)

### Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

#### ***Section A: Payment Received***

1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?

- Yes  
 No

If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input checked="" type="checkbox"/> Conference attendance  | <input checked="" type="checkbox"/> Research/educational grants       |
| <input type="checkbox"/> Royalties   | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Sponsorship of Events                        |

X Honoraria       Other, please specify: \_\_\_\_\_

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

Boehringer Ingelheim <\$█████ advisory, \$█████ research grant, travel grant for conference \$█████; Astrazeneca advisory <\$█████, travel grant for conference \$█████; Roche advisory <\$█████, travel grant for conference \$█████; Pfizer advisory <\$█████, travel grant for conference <\$█████

**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

NO

**Section C: Affiliations, personal or commercial relationships**

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer’s parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

NO

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: August 14, 2018    Name: Parneet Cheema    Signature: \_\_\_\_\_

## pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician:

Dr. David Dawe

Name of drug and indication under review:

osimertinib, for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC)

## Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

### *Section A: Payment Received*

1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?

- Yes  
 No

If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance   | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties   | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Sponsorship of Events                        |

- Honoraria       Other, please specify: \_\_\_\_\_

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

Merck AstraZeneca
----------------------

**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

N/A
-----

**Section C: Affiliations, personal or commercial relationships**

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer’s parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

N/A
-----

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: August 14, 2018      Name: David Dawe

Signature: 

## pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician:

Dr. Paul Wheatley-Price

Name of drug and indication under review:

osimertinib, for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC)

### Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

#### Section A: Payment Received

1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?

- Yes  
 No

If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance   | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties   | <input checked="" type="checkbox"/> Travel grants                     |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Sponsorship of Events                        |

Honoraria       Other, please specify: \_\_\_\_\_

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

	Astra Zeneca	-	<	\$	██████
	Merck	-	<	\$	██████
	Novartis	-	<	\$	██████
	Bristol Myers Squibb	-	<	\$	██████
	Boehringer Ingelheim	-	<	\$	██████
<del>Takeda</del>			<	\$	██████
<del>BMS</del>			<	\$	██████

**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

N/A
-----

**Section C: Affiliations, personal or commercial relationships**

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

N/A
-----

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: August 14, 2018      Name: Paul Wheatley-Price

Signature: 

## pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician:

Dr. Rosalyn Juergens, MD PhD

Name of drug and indication under review:

osimertinib, for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC)

### Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

#### **Section A: Payment Received**

1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?

- Yes  
 No

If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance   | <input checked="" type="checkbox"/> Research/educational grants       |
| <input type="checkbox"/> Royalties   | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Sponsorship of Events                        |

Honoraria       Other, please specify: \_\_\_\_\_

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

AstraZeneca - \$ [REDACTED] Boehringer Ingelheim - \$ [REDACTED] Novartis - \$ [REDACTED] Pfizer - \$ [REDACTED] Roche - \$ [REDACTED]
--

**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

N/A
-----

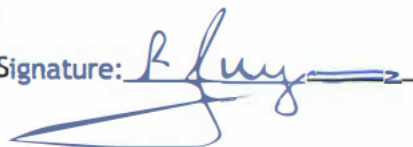
**Section C: Affiliations, personal or commercial relationships**

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

N/A
-----

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: August 14, 2018      Name: Rosalyn Juergens

Signature: 



## pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician: Dr. Cheryl Ho

Name of drug and indication under review: osimertinib, for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC)

## Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

### *Section A: Payment Received*

1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?

- Yes  
 No

If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance   | <input checked="" type="checkbox"/> Research/educational grants       |
| <input type="checkbox"/> Royalties   | <input checked="" type="checkbox"/> Travel grants                     |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Sponsorship of Events                        |
| <input type="checkbox"/> Honoraria   | <input type="checkbox"/> Other, please specify: _____                 |

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

AZ honoraria [redacted] research grant [redacted]  
BI honoraria [redacted] travel grant [redacted]  
BMS honoraria [redacted]  
Merck honoraria [redacted]  
Pfizer honoraria [redacted] travel grant [redacted]  
Roche travel grant [redacted]

**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

N/A

**Section C: Affiliations, personal or commercial relationships**

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

N/A

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: August 14, 2018 Name: Cheryl Ho

Signature: Cheryl Ho

## Appendix A: pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician:    Mark D Vincent MD FRCPC   

Name of drug and indication under review:    osimertinib (Tagrisso) in first line nonsmall cell lung cancer with common EGFR mutations   

### Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

#### *Section A: Payment Received*

1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?

- Yes  
 No

If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance   | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties   | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Sponsorship of Events                        |
| <input checked="" type="checkbox"/> Honoraria  | <input type="checkbox"/> Other, please specify: _____                 |

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

Astra Zeneca Canada Inc (manufacturer of osimertinib); probably around \$[REDACTED] for speaking and advisory honoraria.

**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

No

**Section C: Affiliations, personal or commercial relationships**

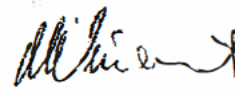
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

No

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date 17 May 2018\_ Mark D Vincent MD FRCPC

Signature:\_\_\_\_\_



## pCODR Clinician Conflict of Interest Declarations

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

**Name of registered clinician:** Gail Darling

**Name of drug and indication under review:** Osimertinib/NSCLC

### Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

**1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?**

- Yes                       No

If no, please go to Section B.

**2. What form of payment did you receive? (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice)     | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of Events                        |
| <input type="checkbox"/> Honoraria  |   |
| <input type="checkbox"/> Other, please specify: <a href="#">Click here to enter text.</a> |   |

**3. Please provide the names of companies and organizations and the amounts of the payments in the box below.**

[Click here to enter text.](#)

---

**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

n/a

**Section C: Affiliations, personal or commercial relationships**

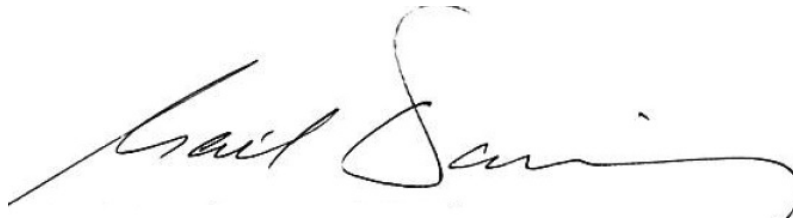
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

no

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** September 1st 2017

**Name:** Gail Darling



**Signature:**

---

## pCODR Clinician Conflict of Interest Declarations

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

**Name of registered clinician:** STACEY HUBAY

**Name of drug and indication under review:** osimertinib/1L NSCLC

### Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

**1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?**

- Yes       No


If no, please go to Section B.

**2. What form of payment did you receive? (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice)     | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of Events                        |
| <input type="checkbox"/> Honoraria  |   |
| <input type="checkbox"/> Other, please specify: <a href="#">Click here to enter text.</a> |   |

**3. Please provide the names of companies and organizations and the amounts of the payments in the box below.**

[Click here to enter text.](#)



**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

[Click here to enter text.](#)

No .

**Section C: Affiliations, personal or commercial relationships**

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

[Click here to enter text.](#)

No .

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** Sept 3, 2017

**Name:** Stacey Hubay

**Signature:**  [Click here to enter text.](#)



## pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician: Dr. Geoffrey Liu

Name of drug and indication under review: osimertinib, for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC)

## Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities e.g., educational or research grants, honoraria, gifts, and salary;
- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

### *Section A: Payment Received*

1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?

- Yes  
 No

If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance   | <input checked="" type="checkbox"/> Research/educational grants       |
| <input type="checkbox"/> Royalties   | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts   | <input checked="" type="checkbox"/> Sponsorship of Events             |
| <input checked="" type="checkbox"/> Honoraria  | <input type="checkbox"/> Other, please specify: _____                 |

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

AstraZeneca \$ [REDACTED] total research grants and honoraria, attendance at advisory boards

**Section B: Holdings or Other Interests**

Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

None

**Section C: Affiliations, personal or commercial relationships**

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer’s parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

None

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date: August 14, 2018 Name: Geoffrey Liu

Signature: 