

## Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH CDR and pCODR programs, 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. None received.
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. None received.
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.

Company
Bristol Myers Squibb Canada (during 2 years)

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: Annette Cyr  
Position: Chair of the Board  
Patient Group: Melanoma Network of Canada  
Date: September 11, 2018

## Appendix A: pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:

Save Your Skin Foundation

Name of drug and indication under review: Opdivo - Melanoma Adjuvant Therapy

### 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. Patient advocacy groups 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 patient advocacy group input.

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

- financial support from the pharmaceutical industry 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. Has this patient advocacy group 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 this patient advocacy group receive? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Operating Funds | <input checked="" type="checkbox"/> Program Funding (e.g., website) |
| <input type="checkbox"/> Royalties       | <input type="checkbox"/> Research/educational grants                |
| <input type="checkbox"/> Gifts           | <input checked="" 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.

BMS	
Novartis	
Merck	
Roche	

**Section B: Holdings or Other Interests**

Has this patient advocacy group 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
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**Section C: Affiliations, personal or commercial relationships**

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

Date: Sept 9<sup>th</sup> 2018      Name: Kathy Barnard

Signature:

A yellow handprint logo is positioned above a handwritten signature in black ink that reads "Kathleen Barnard".