

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: Dr Jeffrey Rothenstein

Name of drug and indication under review: Crizotinib (Xalkori), As a single agent as first-line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC).

Conflict of Interest Declaration

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. A 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 a 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, health technology assessment 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: _____ |

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

Pfizer – presentation to Health Canada for loratinib in ALK positive NSCLC

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

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 the 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 following box.

- 1) Medical Advisory Committee for Lung Cancer Canada
- 2) Ad hoc advisory work and education for Roche, BMS, Merck, AZ, BI.

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Part potential, or perceived conflict of interest situation. I,

November 12, 2018
Date

Jeffrey Rothenstein
Name


Signature

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Name of registered clinician:	Dr Quincy Chu
	<hr/>
	Crizotinib (Xalkori)
	First Line ROS Positive Advanced NSCLC
Name of drug and indication under review:	As a single agent as first-line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC).
	<hr/>

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Section A: Payment Receive

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- Yes
 No

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

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| <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 following box.

Advisory and honorarium: Astra Zeneca, Boehringer Ingelheim, BMS, Eisai, Eli Lilly, Merck, Novartis, Pfizer, Roche, Takeda,
DSMB: PMH and Merck KgAa
Research Funding: Astra Zeneca.

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

Nil.

Section C: Affiliations, Personal or Commercial Relationships

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Nil

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.

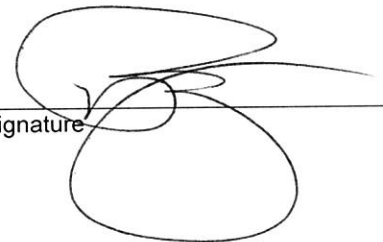
Date

13/09/2018

Name

Dwight Chen

Signature



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Name of registered clinician:

Dr Kevin Jao

Crizotinib (Xalkori)

First Line ROS Positive Advanced NSCLC

Name of drug and indication under review:

As a single agent as first-line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC).

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|--|---|
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Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:	Dr Geoffrey Liu
Name of drug and indication under review:	Crizotinib (Xalkori) First Line ROS Positive Advanced NSCLC As a single agent as first-line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC).

Conflict of Interest Declaration

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|--|--------------------------|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> |

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

Pfizer \$ [REDACTED]; Takeda \$ [REDACTED]; Roche \$ [REDACTED]

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

None

Section C: Affiliations, Personal or Commercial Relationships

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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.

Nov 9, 2018

Geoffrey Liu



Date

Name

Signature