Appendix: Patient Group Conflict of Interest Declaration

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 two years AND who may have direct or indirect interest in the drug under review.

Company
Abbvie Corp
AMGEN Canada Inc
Astrazeneca Canada
Bayer Inc.
BioCanRX
Boehringer Ingelheim Ltd.
Bristol Myers Squibb Canada
Cdn Partnership Against Cancer Corp
Coalition Priorite Cancer au Quebec
Eli Lilly Canada Inc
E-Z em Canada Inc.
Ferring Pharma
GlaxoSmithKline
Hoffmann-La Roche
Innovative Medicines Canada
Janssen Inc
Merck Canada Inc
Novartis Pharma Canada
Pfizer Canada Inc.
Taiho Pharma Canada

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:	Barry D. Stein
Position:	President
Patient Group:	Colorectal Cancer Canada
Date:	March 22, 2019

CADTH

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.

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 two years AND who may have direct or indirect interest in the drug under review.

Company
Bayer Inc.

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: March 11, 2019

CADTH

Patient Input Template for CADTH CDR and pCODR

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.

Note that this same information can be used for our submissions for:

Abiraterone (Zytiga) for prostate cancer

Lenvatinib (Lenvima) for Hepatocellular Carcinoma

Larotrectinib

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

We contracted an independent contractor to interview patients who were taking Lenvatinib for hepatocellular carcinoma for a qualitative 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.

The consultant collected and analyzed the interviews with patients in order to prepare the quantitative submission for hepatocellular carcinoma.

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
Eisai
Bayer
Janssen

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: Jackie Manthorne
Position: President & CEO
Patient Group: Canadian Cancer Survivor Network
Date: March 29, 2019

CADTH

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

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 two years AND who may have direct or indirect interest in the drug under review.

Company
Bayer

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: Christina Sit
Position: Program Manager
Patient Group: Lung Cancer Canada
Date: March 11, 2019

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.

CCSN was responsible for submitting the larotrectinib patient input to pCODR. I was one member of a large group involved. I reviewed the questionnaire and conducted one patient interview. I do not have knowledge outside of that involvement.

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.

Please see above

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
none

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: Neuroblastoma Canada

Date: May 30, 2019

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

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 two years AND who may have direct or indirect interest in the drug under review.

Company
N/A

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: Sarai Porretta

Position: Administrator

Patient Group: Ontario Parents Advocating for Children with Cancer (OPACC)

Date: May 17, 2019