# 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. Mona Shafey
Name of drug and indication under review:	Venetoclax + Rituximab for relapsed/refractory CLL.
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must declare :	process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance terest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not limit	ited to:
<ul> <li>financial support from the pharmaceutical industry of gifts, and salary)</li> <li>affiliations, or personal or commercial relationships of personal or commercial relationships of personal or commercial relationships or or commercial</li></ul>	r other entities (e.g., educational or research grants, honoraria,
	with drog mandraottaers of other afterest groups.
Section A: Payment Received	
<ol> <li>Have you received any payments over the previous indirect interest in the drug under review?</li> </ol>	s two years from any company or organization that may have a direct or
⊠ Yes □ No	
If no, please go to Section 8.	
2. What form of payment did you receive? (Check all t	hat apply.)
Advisory role (e.g., advisory boards, health technology assessment submission advice)	□ Program or Operating Funding (e.g., website)
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
>☑ Honoraria	☐ Other, please specify:
Please provide the names of companies and organi	zations, and the amounts of the payments, in the following box.
Abbrie - # (a. Jonssen - # (a. Giliead Sciences - #	duxy board, hancound duxy board, hancound (hancound) (hancound)

#### 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.

NO.

### 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.

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.

2016 NOV.5 26

Mona Sharky

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: Click here to enter text.

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### 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.

3e 1.	Have	A: Payment Received you received any payments over the p nization that may have direct or indirect  S   No		
	If no,	please go to Section B.		
2.	What	form of payment did you receive? (Ch	neck all t	hat apply.)
	<b>U</b> /	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
		Conference attendance		Research/educational grants
		Royalties		Travel grants
	П	Gifts		Sponsorship of Events

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

Click here to enter text.



Honoraria



Other, please specify: 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.

nlA

### 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.

nIA

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:

Click here to enter text.

2018 PUTTI

Name:

Click here to enter text.

Andrew And

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: Alina Gerrie

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### **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.

Sec	ction 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	S 🗀 No				
	If no, p	please go to Section B.		•		
2.	What t	form of payment did you receive? (Che	eck all t	hat apply.)		
	×	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)		
		Conference attendance	$\boxtimes$	Research/educational grants		
		Royalties		Travel grants		
		Gifts		Sponsorship of Events		
	$\boxtimes$	Honoraria				
		Other, please specify: Click here to enter	r text.			
	Please provide the names of companies and organizations and the amounts of the payments in the box below.					
		Honoraria (\$ and Advisory Board (\$				
		Advisory Board (\$)				
Sea	ittie Ge	netics – Advisory Board (\$ 1888)				



Institutional research funding from (shared between multiple investigators): Janssen, Roche and Lundbeck (each approx. \$50,000)

#### 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:

Nov. 2, 2018

Name:

Alina Gerrie

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: Carolyn Owen

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### 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.

Se	ction A	: Payment Received			
1.		you received any payments over the p ization that may have direct or Indirects  □ No			
	If no, p	olease go to Section B.			
2.	What form of payment did you receive? (Check all that apply.)				
	×	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)	
		Conference attendance		Research/educational grants	
		Royalties		Travel grants	
		Gifts		Sponsorship of Events	
	$\boxtimes$	Honoraria			
		Other, please specify: Click here to enter	r text.		
3.		e provide the names of companies and box below.	l organi	izations and the amounts of the payments	
Ab	oVie – p	paid for advisory role in PCODR submissi	on –	\$	
Pai	d for we	ebinar (train the trainer) participation -	\$		



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:

2018-October-25

Name:

Carolyn Owen

Signature:



Before completing this template, be sure to register with the pCODR program. Please visit https://www.cadth.ca/pcodr/registration for information about the registration process.

# 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: Dr. Anthea Peters

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

# **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;

• ;	nonorar affiliatio	ia, gifts, and salary; ns or personal or commercial relationship	s with d	rug manufacturers or other interest groups.
Sec 1.		: Payment Received you received any payments over the pr ization that may have direct or indirect ; □ No	revious i interes	two years from any company or st in the drug under review?
	if no, p	olease go to Section B.		
2.	What	form of payment did you receive? (Ch	eck all t	hat apply.)
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria Other, please specify: Click here to enter	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events
Ab Ja Ro	in the	e provide the names of companies and box below.  CAD  CAD  CAD  CAD  CAD  CAD  CAD  CA	i organ	izations and the amounts of the payments



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.

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:

October 30, 2018

Name:

Dr. Anthea Peters

Signature:

Click here to enter text.

arthea letes



## 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: Click here to enter text.  $D_r$  . JoAvne~HICKEY

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### **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 compaining organization that may have direct or indirect interest in the drug under review?  ☐ Yes   No					
	lf no,	please go to Section B.			
2.	What	t form of payment did you receive? (	Check all th	nat apply.)	
		Advisory role (e.g., advisory boards,		Program or Operating Funding	

HTA submission advice) (e.g., website) Conference attendance Research/educational grants Royalties Travel grants Gifts Sponsorship of Events Honoraria Other, please specify: Click here to enter text.

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

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.

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.

Oct 25/18

Date:

Click here to enter text.

Name:

Click here to enter text.

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: John Kuruvilla

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### 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.

Se 1.	Have	A: Payment Received  you received any payments over the p nization that may have direct or indirect  □ No		
	If no,	please go to Section B.		
2.	What	form of payment did you receive? (Ch	neck all t	that apply.)
	⋈	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
		Conference attendance		Research/educational grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
	$\boxtimes$	Honoraria ,		
		Other, please specify: Click here to enter	er text,	
,	Dlogo	o provide the names of companies and	l argani	trations and the amounts of the norm

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

Abbvie – approx. \$
Astra Zeneca – approx. \$
Gilead / Kite – approx. \$
Janssen – approx. \$
Roche – approx. \$



#### 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.

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:

4-Nov-2018

Name:

John Kuruvilla

Signature:

sortand



### 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: Mohamed Elemary

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### **Conflict of Interest Declarations**

Click here to enter text.

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 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.) Advisory role (e.g., advisory boards, Program or Operating Funding П HTA submission advice) (e.g., website) Conference attendance Research/educational grants Travel grants Royalties П Gifts Sponsorship of Events П Honoraria Other, please specify: Click here to enter text. 3. Please provide the names of companies and organizations and the amounts of the payments in the box below.



Before completing this template, be sure to <u>register</u> with the pCODR program.

Please visit https://www.cadth.ca/pcodr/registration for information about the registration process.

#### 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.

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:

October 26th, 2018

Name:

Mohamed Elemary, MD

Signature:



Before completing this template, be sure to <u>register</u> with the pCODR program. Please visit <u>https://www.cadth.ca/pcodr/registration</u> for information about the registration process.

### 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: Kerry Savage

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### **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.

Se	Have organ ⊠ Yes	a: Payment Received you received any payments over the prization that may have direct or indirect B □ No Dlease go to Section B.		
2.	What	form of payment did you receive? (Che	eck all t	hat apply.)
	×	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
		Conference attendance		Research/educational grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
		Honoraria		
		Other, please specify: Click here to ente	r text.	

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

Abbvie



Before completing this template, be sure to <u>register</u> with the pCODR program. Please visit <u>https://www.cadth.ca/pcodr/registration</u> for information about the registration process.

#### 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.

#### 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.

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:

October 31, 2018

Name:

Kerry Savage

Signature:

Kerry Savage



Before completing this template, be sure to <u>register</u> with the pCODR program. Please visit https://www.cadth.ca/pcodr/registration for information about the registration process.

## 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: Nanette Cox-Kennett

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### **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.

	Have	a: Payment Received you received any payments over the p ilization that may have direct or indirec s ⊠ No			
	If no, p	please go to Section B.			
2.	What	What form of payment did you receive? (Check all that apply.)			
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)	
		Conference attendance		Research/educational grants	
		Royalties		Travel grants	
		Gifts		Sponsorship of Events	
		Honoraria			
		Other, please specify: Click here to ente	er text.		

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



Before completing this template, be sure to <u>register</u> with the pCODR program. Please visit <u>https://www.cadth.ca/pcodr/registration</u> for information about the registration process.

#### 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.

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:

October 31, 2018

Name:

Nanette Cox-Kennett

Signature:

Name of registered clinician:	NATHALLE TO	Jus N
Name of drug and indication under review:	VENETOCLAX	
Conflict of Interest Declaration	•	
To maintain the objectivity and credibility of the pCODR conflicts of interest. A registered clinician must declare of influencing the information submitted. A conflict of interectude the use of the clinician input.	any potential conflicts of interest that	may influence or have the appearance
Examples of conflicts of interest include, but are not lim	ited to:	
financial support from the pharmaceutical industry or affect and action?	r other entitles (e.g., educational or re	search grants, honoraria,
<ul> <li>gifts, and salary)</li> <li>affiliations, or personal or commercial relationships v</li> </ul>	With drug manufacturers or other inter	est groups
	g //www.www.www.www.www.ww	-L. D. 2. alaz.
Section A: Payment Received		
<ol> <li>Have you received any payments over the previous indirect interest in the drug under review?</li> </ol>	two years from any company or orga	arlization that may have a direct or
Gaves □ No		
If no, please go to Section B.		
2. What form of payment did you receive? (Check all t	hat apply.)	
Advisory role (e.g., advisory boards, health technology assessment submission advice)	□ Program or Operating Funding (e.g., website)	
☐ Conference attendance	Research/educational grants	No.
☐ Royalties	☐ Travel grants	
☐ Gifts	☐ Sponsorship of events	

Section B: Holdings or Oth	ier Interests		
Have you received or are in pos may have a direct or indirect into	session of stocks or options of more than \$1 erest in the drug under review? If yes, please	10,000 (excluding mutual funds) for organiz e list them in the following box.	ations that
NU			
Section C: Affiliations, Per	sonal or Commercial Relationships		
parent corporation, subsidiaries,	ercial relationships either with a drug or healt affiliates, and associated corporations) or of s, and outline the nature of these relationship	ther interest groups? If yes, please provide	nanufacturer the names c
~\			I .
		•	
I hereby certify that I have disclo potential, or perceived conflict of	sed all relevant information with respect to a interest situation.	ny matter involving a Party that may place	me in a real,
2018/11/02	JOHNSON	Wans in	
Date	Name	Signature	

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.								
N	ame of registered clinician:	Radua Gus	RO	•				
N	ame of drug and indication under review:	enetodap						
Cor	nflict of Interest Declaration							
confi of in	naintain the objectivity and credibility of the pCODR licts of interest. A registered clinician must declare a fluencing the information submitted. A conflict of intellide the use of the clinician input.	any potential conflicts of interest that	rhay Ir	fluence or have the appearance				
Exar	nples of conflicts of interest include, but are not limi	ted to:						
g	nancial support from the pharmaceutical industry or ifts, and salary)		•					
• a	ffiliations, or personal or commercial relationships v	vith drug manufacturers or other inter	est gr	dups.				
Sec	tion A: Payment Received							
1. Have you received any payments over the previous two years from any company or organization that may have indirect interest in the drug under review?								
	☐ Yas							
	If no, please go to Section B.							
2, '	What form of payment did you receive? (Check all t	hat apply.)		-				
	<ul> <li>Advisory role (e.g., advisory boards, health technology assessment submission advice)</li> </ul>	<ul><li>☐ Program or Operating Funding (e.g., website)</li></ul>						
	☐ Conference attendance	☐ Research/educational grants						
	☐ Royalties	☐ Travel grants						
	☐ Gifts	☐ Sponsorship of events						
	☐ Honoraria	☐ Other, please specify:						
<b>3.</b> ]	lease provide the names of companies and organizations, and the amounts of the payments, in the following box.							
	NIA							
		•						

Clinician Input Template for CADTH pan-Canadian Oncology Drug Review Program

Section B: Holdings or Other I	nterests				
Have you received or are in possess may have a direct or indirect interest					anizations that
201	A				
Section C: Affiliations, Persona	al or Commercia	l Relationships			
Do you have personal or commercial parent corporation, subsidiaries, affilithe companies and organizations, ar	ates, and associate	ed corporations) or othe	r interest groups?	f yes, please pro	
	N/H.				
I hereby certify that I have disclosed potential, or perceived conflict of inte	all relevant informa rest situation.	tion with respect to any	matter involving a	Party that may p	ace me in a real,
Date 31,18	RHSNA Name	BUPTH	Signatur	ljupla	<del> </del>
					•
·					



## 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: Versha Banerji

Name of drug and indication under review: venetoclax-rituximab for relapsed/refractory CLL

#### **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 If no, please go to Section B. 2. What form of payment did you receive? (Check all that apply.) Program or Operating Funding Advisory role (e.g., advisory boards, $\times$ (e.g., website) HTA submission advice) Research/educational grants Conference attendance $\boxtimes$ Travel grants Royalties Gifts Sponsorship of Events $\Box$ Honoraria $\Box$ Other, please specify: Click here to enter text. 3. Please provide the names of companies and organizations and the amounts of the payments in the box below. Abbyie Janssen III I have also received research grants from each company as a CO-I. Other funds have been donated to the CLLuster



#### 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.

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:

October 31

Name:

Versha Banerji

Signature:

Versha Banerji



Before completing this template, be sure to <u>register</u> with the pCODR program. Please visit <u>https://www.cadth.ca/pcodr/registration</u> for information about the registration process.

## 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: Dr. Tom Kouroukis

Name of drug and indication under review: VR/CLL

#### 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 entitles 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,)							
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)				
		Conference attendance	8	Research/educational grants				
		Royalties		Travel grants				
		Gifts		Sponsorship of Events				
		Honoraria		•				
		Other, please specify: Click here to enter text.						
3.	Please	provide the names of companies and	organi:	zations and the amounts of the paymen				

Rodre - Funding to the hospital for dinical trial.

in the box below.



#### 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.

#### 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.

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:

March 29th, 2018

Name:

Dr. Tom Kouroukis

Signature: