

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. Tom Kouroukis

Name of drug and indication under review: |xazomib/MM

#### 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;

| Section A | : Payment | Received |
|-----------|-----------|----------|
|-----------|-----------|----------|

| •  | affiliation                | ns or personal or commercial relationships  | s with d     | rug manufacturers or other interest groups.  |
|----|----------------------------|---|--------------|--|
|    | Have y<br>organiz<br>☑ Yes | Payment Received ou received any payments over the pre- zation that may have direct or indirect in No lease go to Section B.                            |              |  |
| 2. | What fo                    | orm of payment did you receive? (Che  | ck all th    | nat apply.)  |
|    |                            | Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria Other, please specify: Click here to enter | EX   r text. | Program or Operating Funding<br>(e.g., website)<br>Research/educational grants<br>Travel grants<br>Sponsorship of Events |
| 3. | in the box below.          |   |              |  |
|    |                            | Rodie - Fundi   | al.          | to the hospital for trial.   |



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#### 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:

Signature:

Click here to enter text.



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:   | JORDAN HERST  |  |  |  |
|---|---|--|--|--|
| Name of drug and indication under review:   | xazomib/MM  |  |  |  |
| 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 lin  | mited to:   |  |  |  |
| <ul> <li>financial support from the pharmaceutical industry<br/>gifts, and salary)</li> <li>affiliations, or personal or commercial relationships</li> </ul>  | or other entities (e.g., educational or research grants, honoraria,     |  |  |  |
| anniations, or personal or commercial relationships   | s with drug manufacturers of other interest groups.                     |  |  |  |
| Section A: Payment Received   |   |  |  |  |
| <ol> <li>Have you received any payments over the previous<br/>indirect interest in the drug under review?</li> </ol>  | us two years from any company or organization that may have a direct or |  |  |  |
| □ Yes<br>Ø No   |   |  |  |  |
| If no, please go to Section B.  |   |  |  |  |
| 2. What form of payment did you receive? (Check a   | Il that apply.)   |  |  |  |
| <ul> <li>Advisory role (e.g., advisory boards, health<br/>technology assessment submission advice)</li> </ul>   | ☐ Program or Operating Funding (e.g., website)                          |  |  |  |
| □ Conference attendance   | ☐ Research/educational grants   |  |  |  |
| ☐ Royalties   | ☐ Travel grants   |  |  |  |
| □ Gifts   | ☐ Sponsorship of events   |  |  |  |
| ☐ Honoraria   | ☐ Other, please specify:  |  |  |  |
| <ol> <li>Please provide the names of companies and organizations, and the amounts of the payments, in the following box.</li> </ol>   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |



| 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. |                              |                            |                     |                                 |
|   |                              |                            |                     |                                 |
|   |                              |                            |                     |                                 |
| Section C: Affiliations, Perso  | nal or Commercial Re         | lationships                |                     |                                 |
| Do you have personal or commerce parent corporation, subsidiaries, a the companies and organizations,   | ffiliates, and associated co | orporations) or other inte | erest groups? If ye |                                 |
|   |                              |                            |                     |                                 |
|   |                              |                            |                     |                                 |
| I hereby certify that I have disclose potential, or perceived conflict of in  |                              |                            |                     | ty that may place me in a real, |
| 2018/09/21  | JORDAN                       | HERST                      | JA.                 | / feist                         |
| Date / /  | Name                         |                            | Signature           | , ,                             |



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# 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<br>Taret Mac C<br>Name of drug and indication under  | achem _  | enter text.[xazomib/MM   |  |
|--|--|--|--|
| process must disclose any conflicts of interest that may influence or have   | ibility of the pCODR prod<br>of interest. A registered<br>to the appearance of influ | cess, all participants in the pCODR review clinician must declare any potential conflicts uencing the information submitted. Conflict of not negate or preclude the use of the clinician |  |
| honoraria, gifts, and salary;  affiliations or personal or comme   | aceutical industry or other  | o: er entities e.g., educational or research grants, rug 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 th   | at apply.)   |  |
| <ul> <li>□ Advisory role (e.g., advis HTA submission advice)</li> <li>□ Conference attendance</li> <li>□ Royalties</li> <li>□ Gifts</li> <li>□ Honoraria</li> <li>□ Other, please specify: C</li> </ul>    |  | Program or Operating Funding<br>(e.g., website)<br>Research/educational grants<br>Travel grants<br>Sponsorship of Events   |  |
| <ol> <li>Please provide the names of of in the box below.</li> <li>Click here to enter text.</li> </ol>  | companies and organiz  | rations and the amounts of the payments  |  |



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Please visit <a href="https://www.cadth.ca/pcodr/registration">https://www.cadth.ca/pcodr/registration</a> 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.

Click here to enter text.

NO

Amendment(July 6, 2017): personal holding of Novartis stocks

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.

N O

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.

Name:

Click here to enter text.

Signature:

Click here to enter text.

Amended: July 6, 2018



Before completing this template, be sure to register with the pCODR program.

Please visit https://www.cadth.ca/pcodr/r

## 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. Anca Prica

Name of drug and indication under review: Ixazomib/MM

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

Janssen, Lundbeck

| 1. |             | e you received any payments over the p<br>nization that may have direct or indirects   No |            |  |
|----|-------------|---|------------|--|
|    | If no,      | please go to Section B.   |            |  |
| 2. | Wha         | t form of payment did you receive? (Ch  | neck 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                        |
|    | $\boxtimes$ | Honoraria   |            |  |
|    |             | Other, please specify:  |            |  |
| 3. |             | se provide the names of companies and e box below.  | d organi   | zations and the amounts of the payments      |



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.

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:

July 20, 2018

Name:

Anca Prica

Signature:



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 Christopher Venner   |  |  |
|---|---|---|--|--|
| Name of drug and indication under review: |   | lxazomib  |  |  |
| Со  | nflict of Interest Declaration  |   |  |  |
| con<br>of ir                              | flicts of interest. A registered clinician must decl                                    | DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or |  |  |
| Exa                                       | mples of conflicts of interest include, but are no                                      | t limited to:   |  |  |
|   | financial support from the pharmaceutical indust<br>gifts, and salary)                  | try or other entities (e.g., educational or research grants, honoraria,   |  |  |
| • ;                                       | affiliations, or personal or commercial relationsh                                      | ips with drug manufacturers or other interest groups.   |  |  |
| Sec                                       | ction A: Payment Received   |   |  |  |
| 1,:                                       | Have you received any payments over the previndirect interest in the drug under review? | rious two years from any company or organization that may have a direct or  |  |  |
|   | ⊠ Yes<br>□ 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, hea<br>technology assessment submission advi      |   |  |  |
|   | □ Conference attendance   | ⊠ Research/educational grants   |  |  |
|   | ☐ Royalties   | ☐ Travel grants   |  |  |
|   | ☐ Gifts   | ☐ Sponsorship of events   |  |  |
|   | ☐ Honoraria   | ☐ Other, please specify:  |  |  |
| 3.  | Please provide the names of companies and or  | rganizations, and the amounts of the payments, in the following box.  |  |  |
|   | Takeda ~ \$■ /yr  |   |  |  |
|   | Celgene ~ \$ /yr  |   |  |  |
|   | Amgen ~ \$ //yr   |   |  |  |
|   | Janssen ~ \$ /yr  |   |  |  |



### Section B: Holdings or Other Interests

| -  | n possession of stocks or options of more that<br>ct interest in the drug under review? If yes, p | an \$10,000 (excluding mutual funds) for organizations that slease list them in the following box.  |
|--|---|---|
| None   |   |   |
| •  | Personal or Commercial Relationshi  |   |
| parent corporation, subsidia                             |   | health technology manufacturer (including the manufacturer's or other interest groups? If yes, please provide the names of onships, in the following box. |
| None   |   |   |
| hereby certify that I have dotential, or perceived confl |   | ct to any matter involving a Party that may place me in a real,   |
| 11/12/2018   | Dr Christopher Venner   | Cl. U_  |
| Date   | Name  | Signature   |

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:  | Julie Stakin  |  |  |  |
|--------|--|---|--|--|--|
|        | Name of drug and Indication under review:  | IRD   |  |  |  |
|        | Conflict of Interest Declaration   |   |  |  |  |
|        | conflicts of interest. A registered clinician must dec   | ODR process, all participants in the pCODR review process must disclose any<br>lare any potential conflicts of interest that may influence or have the appearance<br>of interest declaration is requested for transparency — it does not riegate or |  |  |  |
| 1 1997 | Examples of conflicts of interest include, but are not limited to:   |   |  |  |  |
|        | <ul> <li>financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)</li> <li>affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.</li> </ul> |   |  |  |  |
| , Han  | Section A: Payment Received  |   |  |  |  |
| y ps   | 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?  No.   |   |  |  |  |
|        | If no. please go to Section B.   |   |  |  |  |
|        | What form of payment did you receive? (Check   | call that apply.)   |  |  |  |
|        | Advisory role (e.g., advisory boards, healt<br>technology assessment submission advice   |   |  |  |  |
|        | ☐ Conference attendance  | ☐ Research/educational grants   |  |  |  |
|        | ☐ Royaltes   | ☐ Travel grants   |  |  |  |
|        | ☐ Gifts  | □ Sponsorship of events   |  |  |  |
|        | ☐ Honoraria  | Other, please specify:  |  |  |  |

### Section 8: 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.



## 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.



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.

Dec 6/18

Name

Signature



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: Kevin Song Name of drug and indication under review: Ninlaro (ixazomib) 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 smiled to: financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, attitations, 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? M Yes D No 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, health technology assessment submission advice) (ag, website) ☐ Research/educational grants Conference attendance ☐ Royalties Travel grants Sponsorship of events ☐ Gifts CI Other, please specify: N Honorama 3. Please provide the names of companies and organizations, and the amounts of the payments, in the following box Takeda - S Celgene - \$ Janssen \$ Amgen \$



#### 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.

Co Dec 2013 Kevin Jong



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:    |   | PAVIC  |  |  |
|----------------------------------|---|--|--|--|
| Nar                              | ne of drug and indication under review:   | lxazomib   |  |  |
| Conflict of Interest Declaration |   |  |  |  |
| conflic<br>of influ              | ts of interest. A registered clinician must decla                                     | DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance f interest declaration is requested for transparency — it does not negate or |  |  |
| Examp                            | oles of conflicts of interest include, but are not                                    | limited to:  |  |  |
| gift                             | s, and salary)  | ry or other entities (e.g., educational or research grants, honoraria,   |  |  |
| Section                          | on A: Payment Received  |  |  |  |
| 1.                               | Have you received any payments over the indirect interest in the drug under review?   | previous two years from any company or organization that may have a direct or  |  |  |
|                                  | ⊠ Yes<br>□ No   |  |  |  |
| H                                | no, please go to Section B.   |  |  |  |
| 2.                               | What form of payment did you receive? (Cl   | heck all that apply.)  |  |  |
|                                  | Advisory role (e.g., advisory boards, heal<br>technology assessment submission advice |  |  |  |
|                                  |   | ☐ Research/educational grants  |  |  |
|                                  | ☐ Royalties   | ☐ Travel grants  |  |  |
|                                  | □ Gifts   | ☐ Sponsorship of events  |  |  |
|                                  |   | ☐ Other, please specify:   |  |  |
|                                  |   |  |  |  |
| 3.                               | Please provide the names of companies ar  | nd organizations, and the amounts of the payments, in the following box.   |  |  |
|                                  | Conference = \$  x2   |  |  |  |
|                                  | Honoraria for educational program produ   | ction x2 (\$ + \$)   |  |  |
|                                  | Advisory board =\$  |  |  |  |
|                                  |   |  |  |  |
|                                  |   |  |  |  |



### 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, Pe   | ersonal or Commercial Relation        | onships  |
| parent corporation, subsidiarie   | es, affiliates, and associated corpor | drug or health technology manufacturer (including the manufacturer's rations) or other interest groups? If yes, please provide the names of e relationships, in the following box. |
|   |                                       |  |
|   |                                       |  |
| I hereby certify that I have disc<br>potential, or perceived conflict   |                                       | respect to any matter involving a Party that may place me in a real,   |
| 09 DEC 2018   | PAVIC                                 |  |
| Date  | Name                                  | Signature  |