

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:		Mark D Vincent	
Na	ame of drug and indication under review:	TAS102 Advanced colorectal cancer	
Co	nflict of Interest Declaration		
con of in	flicts of interest. A registered clinician must dec	ODR process, all participants in the pCODR review process must disclose any clare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or	
Ξxa	amples of conflicts of interest include, but are no	ot limited to:	
		stry or other entities (e.g., educational or research grants, honoraria,	
	gifts, and salary) affiliations, or personal or commercial relationsl	hips with drug manufacturers or other interest groups.	
200	ction A: Payment Received		
1		evious two years from any company or organization that may have a direct or	
1.	indirect interest in the drug under review?	vious two years from any company or organization that may have a direct of	
	⊠ Yes		
	□ No		
	If no, please go to Section B.		
2.	What form of payment did you receive? (Chec	sk all that apply.)	
	Advisory role (e.g., advisory boards, heal technology assessment submission advice		
	☐ Conference attendance	☐ Research/educational grants	
	☐ Royalties	☐ Travel grants	
	□ Gifts	☐ Sponsorship of events	
	☐ Honoraria	☐ Other, please specify:	
3.	Please provide the names of companies and of	organizations, and the amounts of the payments, in the following box.	
	Usual advisory board re-imbursement at	satandard rates	



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
Continu Co Affiliations Demonstrate Communical Deletionships
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

Section C: Affiliations	s, Personal or Commercial Relationships
parent corporation, subsid	commercial relationships either with a drug or health technology manufacturer (including the manufacturer's liaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of izations, and outline the nature of these relationships, in the following box.
No	
I hereby certify that I have potential, or perceived cor	e disclosed all relevant information with respect to any matter involving a Party that may place me in a real, inflict of interest situation.
15 Feb 2019	Mark D Vincent MD

Date Name Signature

**Section B: Holdings or Other Interests** 



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 drug and indication under review:		Eric Chen	
		TAS-102, colorectal cancer	
Co	onflict of Interest Declaration		
cor of i	nflicts 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	
Ex	amples of conflicts of interest include, but are no	t limited to:	
	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.	
Se	ction A: Payment Received		
1.	Have you received any payments over the pre indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or	
	⊠ Yes □ No		
	If no, please go to Section B.		
2.	What form of payment did you receive? (Check	c all that apply.)	
	Advisory role (e.g., advisory boards, heal technology assessment submission advice		
	☐ Conference attendance	☐ Research/educational grants	
	☐ Royalties	☐ Travel grants	
	☐ Gifts	☐ Sponsorship of events	
	☐ Honoraria	☐ Other, please specify:	
3.	Please provide the names of companies and o	organizations, and the amounts of the payments, in the following box.	
	Taiho, \$ (donated to research)		

# CADTH

Have you received or are in poss				organizations that
may have a direct or indirect inte	rest in the arug under re	view? if yes, please list t	nem in the following box.	
K				
Section C: Affiliations, Pers	onal or Commercial	Relationships		
Do you have personal or comme	rcial relationships either	with a drug or health tec	hnology manufacturer (includi	ng the manufacturer's
parent corporation, subsidiaries,				provide the names of
the companies and organizations	s, and outline the nature	of these relationships, in	the following box.	
Lharaby cartify that I have disclose	and all relevant information	on with respect to any m	patter involving a Party that ma	uv place me in a real
I hereby certify that I have disclopotential, or perceived conflict of		on with respect to any m	natter involving a Party that ma	ny place me in a real,
		ion with respect to any m	natter involving a Party that ma	y place me in a real,
potential, or perceived conflict of		ion with respect to any m	natter involving a Party that ma	ny place me in a real,
		ion with respect to any m	natter involving a Party that ma	ny place me in a real,



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: W. K	aren King Tas 102			
Name of drug and indication under review:				
-	7a5102			
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				
<ul> <li>financial support from the pharmaceutical indigifts, and salary)</li> </ul>	ustry or other entities (e.g., educational or research grants, honoraria,			
• affiliations, or personal or commercial relation	ships with drug manufacturers or other interest groups.			
Section A: Payment Received				
Have you received any payments over the prindirect interest in the drug under review?	revious two years from any company or organization that may have a direct or			
☐Yes DMo				
If no, please go to Section B.				
2 Month forms of maximum and slid year massive 2 (Cho	ials all that analy			
2. What form of payment did you receive? (Che	ck all triat 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	organizations, and the amounts of the payments, in the following box.			

#### 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

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.

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.

Jeb 17, 2019 Karen King

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. arbara Mc (ostery) As 10) Name of registered clinician: Name of drug and indication under review: 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 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.) Advisory role (e.g., advisory boards, health □ Program or Operating Funding technology assessment submission advice) (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 organizations, and the amounts of the payments, in the following box.

#### 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.

10

#### 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,

Feb ( No 19 S. Melosty



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:	Mark Rother	
	Name of drug and indication under review:	Lonsurf	
100	nflict of Interest Declaration		
of	flicts of interest. A registered clinician must decla	DR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or	
	amples of conflicts of interest include, but are not		
•	financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria,		
	gifts, and salary) affiliations, or personal or commercial relationshi	ps with drug manufacturers or other interest groups.	
Se	ection A: Payment Received		
1.	Have you received any payments over the prev indirect interest in the drug under review?	ious two years from any company or organization that may have a direct or	
	⊠ 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, hea 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 o	rganizations, and the amounts of the payments, in the following box.	
	Taiho		



#### Section B: Holdings or Other Interests

Hav	e you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that
ma	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.

Nii

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.

Feb 119/19

"KOTHER

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:	SPADAFORA SILVANA
Name of drug and indication under review:	SPADAFORA, SILVANA LONSURF, GI cenen
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must d	oCODR process, all participants in the pCODR review process must disclose any lecture any potential conflicts of interest that may influence or have the appearance ct of interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are	not limited to:
	lustry or other entities (e.g., educational or research grants, honoraria,
gifts, and salary)  affiliations, or personal or commercial relation	nships with drug manufacturers or other interest groups.
Section A: Payment Received	
	previous two years from any company or organization that may have a direct or
☐ Yes ☑ No	
If no, please go to Section B.	
. What form of payment did you receive? (Che	eck all that apply.)
<ul> <li>Advisory role (e.g., advisory boards, he technology assessment submission ad</li> </ul>	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	Other, please specify:
. Please provide the names of companies and	d organizations, and the amounts of the payments, in the following box.
A CONTRACTOR	



#### 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.

ИО

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

SIWANA SPADAGELA-

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.

ł	Name of registered clinician:	CHAUDHARY	AHMAD
ì	Name of drug and Indication under review: .	Tifluvidine our	d Tipivacil (Lonsarf)
Co	nflict of Interest Declaration		• /
of in	maintain the objectivity and credibility of the pCC flicts of interest. A registered clinician must decl offluencing the information submitted. A conflict of clude the use of the clinician input.	are any potential conflicts of i	in the pCODR review process must disclose any nterest that may influence or have the appearance sted for transparency — it does not negate or
Exa	mples of conflicts of Interest include, but are not	t limited to:	
5	financial support from the pharmaceutical indust gifts, and salary)		
• 3	affiliations, or personal or commercial relationshi	ips with drug manufacturers o	or other interest groups.
Sec	tion A: Payment Received		
1.	Have you received any payments over the previndirect interest in the drug under review?	ious two years from any com	pany or organization that may have a direct or
	☐ Yes Ø'No		
	If no, please go to Section B.		
2.	What form of payment did you receive? (Check	all that apply.)	
	<ul> <li>Advisory role (e.g., advisory boards, heal technology assessment submission advice</li> </ul>		g Funding
	☐ Conference attendance	☐ Research/education	al grants
	☐ Royalties	☐ Travel grants	
	☐ Gifts	☐ Sponsorship of even	ts
	☐ Honoraria	☐ Other, please specify	r.
3.	Please provide the names of companies and org	ganizations, and the amounts	of the payments, in the following box
			p.y.

3.



#### 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

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.

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.

Feb 19, 2019

Chandlary Ahmad

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:		Ralph Wong	
Name of drug and indication under review:		TAS-102	
Со	onflict of Interest Declaration		
cor of i	officts of interest. A registered clinician must declar	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	
	amples of conflicts of interest include, but are not		
•		try or other entities (e.g., educational or research grants, honoraria,	
•	gifts, and salary) affiliations, or personal or commercial relationsh	ips with drug manufacturers or other interest groups.	
Se	ction A: Payment Received		
1.	Have you received any payments over the previndirect interest in the drug under review?	vious two years from any company or organization that may have a direct or	
	If no, please go to Section B.		
2.	What form of payment did you receive? (Check	k all that apply.)	
	Advisory role (e.g., advisory boards, heatechnology assessment submission adv	alth Program or Operating Funding (e.g., website)	
	☐ Conference attendance	☐ Research/educational grants	
	☐ Royalties		
	☐ Gifts	☐ Sponsorship of events	
	☐ Honoraria	☐ Other, please specify:	
3.	Please provide the names of companies and o	organizations, and the amounts of the payments, in the following box.	
	Taiho \$ Advisory Role		
	Taiho \$ Travel Grant		



### **Section B: Holdings or Other Interests**

	ssession of stocks or options of more than terest in the drug under review? If yes, plea	\$10,000 (excluding mutual funds) for organizations that use list them in the following box.
No		
Section C: Affiliations, Per	sonal or Commercial Relationships	
parent corporation, subsidiaries	·	ealth technology manufacturer (including the manufacturer's rother interest groups? If yes, please provide the names of ships, in the following box.
No	91	
I hereby certify that I have discled potential, or perceived conflict of the second se	of interest situation.	o any matter involving a Party that may place me in a real,
February 20, 2019	Ralph Wong	4.
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.

Na	ame of registered clinician:	Callista Phillips	
Name of drug and indication under review:		Triflurodine and Tiparacil for metastatic colorectal cancer	
Co	onflict of Interest Declaration		
cor of i	iflicts of interest. A registered clinician must dec	ODR process, all participants in the pCODR review process must disclose any clare 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	amples of conflicts of interest include, but are no	ot limited to:	
•	financial support from the pharmaceutical indus gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria,	
•	affiliations, or personal or commercial relations	hips with drug manufacturers or other interest groups.	
Se	ction A: Payment Received		
1.	Have you received any payments over the pre- indirect interest in the drug under review?	evious two years from any company or organization that may have a direct or	
	☐ Yes x No		
	If no, please go to Section B.		
2.	What form of payment did you receive? (Chec	ck all that apply.)	
	<ul> <li>Advisory role (e.g., advisory boards, hea technology assessment submission advi</li> </ul>		
	☐ Conference attendance	☐ Research/educational grants	
	☐ Royalties	☐ Travel grants	
	☐ Gifts	☐ Sponsorship of events	
	☐ Honoraria	☐ Other, please specify:	
3.	Please provide the names of companies and	organizations, and the amounts of the payments, in the following box.	
		9	



#### **Section B: Holdings or Other Interests**

,	of stocks or options of more than \$10,000 (excluthe drug under review? If yes, please list them in	, ,
No		
Section C: Affiliations, Personal of	or Commercial Relationships	
parent corporation, subsidiaries, affiliate	lationships either with a drug or health technologies, and associated corporations) or other interest butline the nature of these relationships, in the fol	groups? If yes, please provide the names of
Have been on advisory boards for Aste	ellas, Novartis, Pfizer, Jansen and Amgen	TU TU
I hereby certify that I have disclosed all potential, or perceived conflict of interes	relevant information with respect to any matter inst situation.	volving a Party that may place me in a real,
20th February 2019	Callista Phillips	Cphillips
Date Name Signature		



Name of registered clinician:

Please note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Jose Monzon

Name of drug and indication under review:	TAS-102
Conflict of Interest Declaration	
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must de	CODR process, all participants in the pCODR review process must disclose any eclare any potential conflicts of interest that may influence or have the appearance at of interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are	
gifts, and salary)	ustry or other entities (e.g., educational or research grants, honoraria,
<ul> <li>affiliations, or personal or commercial relation</li> </ul>	ships with drug manufacturers or other interest groups.
Section A: Payment Received	
<ol> <li>Have you received any payments over the p indirect interest in the drug under review?</li> </ol>	revious two years from any company or organization that may have a direct or
☐ Yes ☐ No	
If no, please go to Section B.	
What form of payment did you receive? (Che	eck all that apply.)
<ul> <li>Advisory role (e.g., advisory boards, h technology assessment submission a</li> </ul>	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	☐ Other, please specify:
3. Please provide the names of companies and	d organizations, and the amounts of the payments, in the following box.
	*



Section C: Affiliations, P	ersonal or Commercial Relations	hips
arent corporation, subsidiari		or health technology manufacturer (including the manufacturer's ons) or other interest groups? If yes, please provide the names of lationships, in the following box.
		pect to any matter involving a Party that may place me in a real,
		pect to any matter involving a Party that may place me in a real,
hereby certify that I have dis otential, or perceived conflic Feb. 20, 2019		pect to any matter involving a Party that may place me in a real,



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: Alwin Jeyakumar

Name of drug and indication under review: Trifluridene/Tiperacil

#### **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;
- a representation of the property of the state of the stat

	affiliation	is or personal or commercial relationships	with a	rug manufacturers of other interest groups.
Se I.	Have vo	Payment Received ou received any payments over the pre tation that may have direct or indirect i  ⊠ No	vious nteres	two years from any company or t in the drug under review?
	If no, pl	ease 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)		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.

Click here to enter text.



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

#### 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.

A. Perau

Date:

Feb 15, 2019

Name:

Alwin jeyakumar

Signature:

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.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Philip Kuruvilla

Date: February 2, 2019

Signature: pk

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.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

None

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: A Tomiak

Date: February 11, 2019

Signature: A Tomiak

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.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Wendy Lam

Date: February 10, 2019

Signature: Wendy Lam

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.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Derek Jonker

Date: February 10, 2019

Signature: Derek Jonker

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.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho, \$

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

N/A

Name: Jeff Rothenstein

Date: N/A

Signature: N/A

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.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Honoraria

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho, \$

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ursula Lee

Date: February 8, 2019

Signature: Ursula Lee

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Research/educational grants

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Grant supporting GI Cancer Workshops: a multi sponsored program to educate health care professionals working with GI cancers. Taiho pharma \$ per 2019.

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Petr Kavan

Date: February 6, 2019

Signature: PK

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice), sponsorship of events, community and regional education about the new evidence.

Conference attendance

Research/educational grants

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho - \$

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Yoo-Joung Ko

Date: February 5, 2019

Signature: Yoo-Joung Ko

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

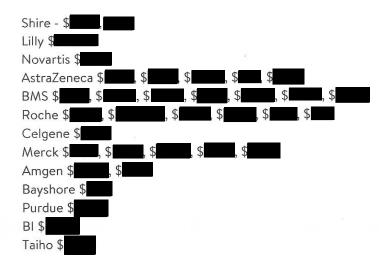
What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice), sponsorship of events, community and regional education about the new evidence.

Honoraria

Travel grants

Please provide the name(s) of companies and organizations and the amounts of the payments below:



Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Stephanie Snow

Date: February 5, 2019

Signature: Stephanie Snow

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.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

N/A

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

N/A

Name: Mahmoud Abdelsalam

Date: N/A

Signature: N/A

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho – advisory role and invited speaker, between \$ to \$ over past 18 months.

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

Name: Sharlene Gill

Date: January 28, 2019

Signature: Sharlene Gill

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Honoraria

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho - \$
Ipsen - \$
Novartis - \$
Servier - \$

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Rachel Goodwin

Date: January 24, 2019

Signature: Rachel Goodwin

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Conference attendance

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Mohammed Harb

Date: N/A

Signature: N/A

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Jennifer Spratlin

Date: January 21, 2019

Signature: JSpratlin

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho – approximately \$

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ronald Burkes

Date: January 17, 2019

Signature: Ronald Burkes

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho – \$

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Howard Lim

Date: January 17, 2019

Signature: Howard Lim

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Conference attendance

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: John W. S. Yun

Date: January 16, 2019

Signature: Dr. Yun

#### 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. Conflict of interest declaration is requested for transparency – it does not negate or preclude the use of the clinician input.

#### Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

#### Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ravi Ramjeesingh

Date: January 16, 2019

Signature: Ravi Ramjeesingh



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:	Michael San			
N	ame of drug and indication under review:	Triflyridene/tipr	acil metastatic		
Co	onflict of Interest Declaration	"alorectal cap	ncer'		
cor	maintain the objectivity and credibility of the pCO officts of interest. A registered clinician must declar fluencing the information submitted. A conflict of clude the use of the clinician input.	re any potential conflicts of inte	erest that may influence or have the appearance		
Exa	amples of conflicts of interest include, but are not	imited to:			
	financial support from the pharmaceutical indus gifts, and salary)	ry or other entities (e.g., educa	itional or research grants, honoraria,		
•	affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.				
Se	ction 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.)			
	Advisory role (e.g., advisory boards, health technology assessment submission advice		Funding		
	☐ Conference attendance	☐ Research/educational g	grants		
	☐ Royalties	☐ Travel grants			
	☐ Gifts	☐ Sponsorship of events			
		☐ Other, please specify:			
3.	Please provide the names of companies and or	janizations, and the amounts o	of the payments, in the following box.		
	Taiho for advisory board				



#### Section B: Holdings or Other Interests

•	erest in the drug under review? If yes, please	e list them in the following box.
No		
Section C: Affiliations, Pers	sonal or Commercial Relationships	
parent corporation, subsidiaries,	· · · · · · · · · · · · · · · · · · ·	th technology manufacturer (including the manufacturer's ther interest groups? If yes, please provide the names of ps, in the following box.
No		
hereby certify that I have discloptential, or perceived conflict of		any matter involving a Party that may place me in a real,
FW4/2019 Date	Michael Sauye	Mehal hay