

## 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: **Stephanie Snow**

Name of drug and indication under review: **Pembrolizumab for Squamous NSCLC first line with platinum doublet**

### Conflict of Interest Declaration

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. A conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties  | <input checked="" type="checkbox"/> Travel grants                     |
| <input type="checkbox"/> Gifts  | <input checked="" type="checkbox"/> Sponsorship of events             |
| <input type="checkbox"/> Honoraria  | <input type="checkbox"/> Other, please specify: _____                 |

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

**AstraZeneca - \$ [REDACTED]; BI - \$ [REDACTED]; BMS - \$ [REDACTED]; Novartis - \$ [REDACTED]; Lilly - \$ [REDACTED]; Shire - \$ [REDACTED]; Roche - \$ [REDACTED]; Celgene - \$ [REDACTED]; Merck - \$ [REDACTED]; Amgen - \$ [REDACTED]; Purdue - \$ [REDACTED]; Taiho - \$ [REDACTED]**

## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

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.

Feb 19, 2019

Stephanie Snow

\_\_\_\_\_

Date

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

## Appendix A: pCODR Clinician Conflict of Interest Declarations

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**Name of registered clinician:** Dr Paul Wheatley-Price

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**Pembrolizumab (Keytruda)**

**Name of drug and indication under review:**

**For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.**

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### Conflict of Interest Declaration

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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

4. 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.

5. What form of payment did you receive? (Check all that 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: \_\_\_\_\_

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

Astra Zeneca	< \$ [REDACTED]
Merck	< \$ [REDACTED]
Novartis	< \$ [REDACTED]
Bristol-Myers Squibb	< \$ [REDACTED]
Boehringer Ingelheim	< \$ [REDACTED]

## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

n/a

## Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and outline the nature of these relationships, in the following box.

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.

2019/02/22

Dr. Paul Wheatley-Price

\_\_\_\_\_  
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.**

**Name of registered clinician:** Dr Kevin Jao

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**Pembrolizumab (Keytruda)**

**Name of drug and indication under review:**

**For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.**

---

### Conflict of Interest Declaration

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- 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

7. 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.

8. What form of payment did you receive? (Check all that 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: \_\_\_\_\_

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

Takeda \$ [REDACTED]

Pfizer/EMD Serono \$ [REDACTED]

## CADTH

### Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

None

### Section C: Affiliations, Personal or Commercial Relationships

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.

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.

2019/02/01

Dr Kevin Jao

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

## 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 Quincy chu

Pembrolizumab (Keytruda)

Name of drug and indication under review:

For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.

### Conflict of Interest Declaration

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Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input checked="" type="checkbox"/> Research/educational grants       |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of events                        |
| <input checked="" type="checkbox"/> Honoraria   | <input type="checkbox"/> Other, please specify: _____                 |

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

**Advisory and Honoraria:**

**Abbvie:** < [REDACTED]

**Astra Zeneca:** [REDACTED]



**Bayer:** [REDACTED]  
**BMS:** [REDACTED]  
**Boehringer Ingelheim:** [REDACTED]  
**Eli Lilly:** [REDACTED]  
**Eisai:** [REDACTED]  
**Merck:** [REDACTED]  
**Npvaris:** [REDACTED]  
**Pfizer:** [REDACTED]  
**Roche:** [REDACTED]  
**DSMB:**  
**Merck KgaA**  
**Princess Margaret Cancer Centre**  
**Research Funding:**  
**Astra Zeneca:** [REDACTED]

## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

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.

2019/02/01

Dr Quincy Chu

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

## 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 Barbara Melosky

Pembrolizumab (Keytruda)

For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.

Name of drug and indication under review:

### Conflict of Interest Declaration

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- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of events                        |
| <input type="checkbox"/> Honoraria  | <input type="checkbox"/> Other, please specify: _____                 |

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

Merck, Roche, BMS) = [redacted] \$ each

## 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.

2019/14/02

Dr Barbara Melosky

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

## 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. Rosalyn Juergens**

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**Pembrolizumab (Keytruda)**

Name of drug and indication under review:

**For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.**

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### Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

10. 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.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input checked="" type="checkbox"/> Research/educational grants       |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input checked="" type="checkbox"/> Sponsorship of events             |
| <input checked="" type="checkbox"/> Honoraria   | <input type="checkbox"/> Other, please specify: _____                 |

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

AstraZeneca \$ [REDACTED], Roche \$ [REDACTED], Fusion Pharma \$ [REDACTED], BMS \$ [REDACTED], Merck [REDACTED], ABBVIE \$ [REDACTED], Boehringer Ingelheim \$ [REDACTED], Novartis \$ [REDACTED], Amgen \$ [REDACTED], Pfizer \$ [REDACTED]
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## 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.

February 22, 2019

Dr Rosalyn Juergens

\_\_\_\_\_

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.

Name of registered clinician:

Dr Jeffrey Rothenstien

Pembrolizumab (Keytruda)

Name of drug and indication under review:

For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.

### Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- 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: \_\_\_\_\_

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

Merck	██████████
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## 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.

NA
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## 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.

NA
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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.

2019/14/02

Dr Jeffrey Rothenstein

\_\_\_\_\_  
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.

Name of registered clinician: Dr Normand Blais

Name of drug and indication under review: Pembrolizumab (Keytruda)  
For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.

### Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of events                        |
| <input type="checkbox"/> Honoraria  | <input type="checkbox"/> Other, please specify: _____                 |

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

**AZ, Roche, BMS, Merck, Pfizer, Novartis, Boehringer Ingelheim, Takeda, Apobiologix**  
**Amounts for each company/organization < [REDACTED] each.**

## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

N/A

## Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and outline the nature of these relationships, in the following box.

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.

2019/05/02

Dr Normand Blais

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

## 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 Wojciech Morzycki

Pembrolizumab (Keytruda)

Name of drug and indication under review:

For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.

### Conflict of Interest Declaration

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- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- 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: \_\_\_\_\_

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

ROCHE ( [ ] \$)	BI ( [ ] \$)	ABBVIE ( [ ] \$)
TAKEDA ( [ ] \$)	MSRCU ( [ ] \$)	PFIZER ( [ ] \$)
AZ ( [ ] \$)		BMS ( [ ] \$)

## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

N/A

## Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and outline the nature of these relationships, in the following box.

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.

2019/14/02

Dr Wojciech Morzycki

21/02/2019

Date

Name

## 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 Geoffrey Liu

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**Pembrolizumab (Keytruda)**

**Name of drug and indication under review:**

**For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.**

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### Conflict of Interest Declaration

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- 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

13. 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.

14. What form of payment did you receive? (Check all that 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: \_\_\_\_\_

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

**Astra Zeneca - \$** [REDACTED]

**Takeda - \$** [REDACTED]

**Pfizer - \$** [REDACTED]

**Merck - \$** [REDACTED]

**BMS - \$** [REDACTED]

**Abbvie - \$** [REDACTED]

**Bayer \$** [REDACTED]

**Novartis \$** [REDACTED]

## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

None

## Section C: Affiliations, Personal or Commercial Relationships

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.

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.

2019/02/01

Dr Geoffrey Liu

\_\_\_\_\_  
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.

Name of registered clinician:

Dr Nicole Bouchard

Pembrolizumab (Keytruda)

Name of drug and indication under review:

For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.

### Conflict of Interest Declaration

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. A conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input checked="" type="checkbox"/> Research/educational grants       |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of events                        |
| <input checked="" type="checkbox"/> Honoraria   | <input type="checkbox"/> Other, please specify: _____                 |

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

<p>advisory role: merck, BMS, Astra Zeneca, Roche          honoraria (conference): BMS, merck, Pfizer, Astra Zeneca          research: BMS, merck, CCIC → no personal payment</p>	<p>} less than          \$          a year          each.</p>
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## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

N/A

## Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and outline the nature of these relationships, in the following box.

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.

2019/05/02

Dr Nicole Bouchard

2019-FEB-19

Date

## 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 Sunil Yadav

Pembrolizumab (Keytruda)

Name of drug and indication under review:

For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.

### Conflict of Interest Declaration

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. A conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website)                  |
| <input type="checkbox"/> Conference attendance  | <input type="checkbox"/> Research/educational grants                                   |
| <input type="checkbox"/> Royalties  | <input checked="" type="checkbox"/> Travel grants                                      |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of events   |
| <input checked="" type="checkbox"/> Honoraria   | <input checked="" type="checkbox"/> Other, please specify: <u>speaking engagements</u> |

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

Roche \$ [REDACTED]	BI \$ [REDACTED]	BMS \$ [REDACTED]
Merck \$ [REDACTED]	AZ \$ [REDACTED]	
Novartis \$ [REDACTED]	TAKEDA \$ [REDACTED]	

## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

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.

2019/14/02

Dr Sunil Yadav

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

## 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 Randeep Sangha

Pembrolizumab (Keytruda)

Name of drug and indication under review:

For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC.

### Conflict of Interest Declaration

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. A conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes
- No

If no, please go to Section B.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of events                        |
| <input checked="" type="checkbox"/> Honoraria   | <input type="checkbox"/> Other, please specify: _____                 |

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

Honoraria

Pfizer, Boehringer-Ingelheim, Astra-Zeneca, Roche/Genentech, Lundbeck, Bristol-Myers Squibb, Merck, AbbVie, Takeda

## Advisory Boards

Boehringer-Ingelheim, Astra-Zeneca, Roche/Genentech, Lundbeck, Bristol-Myers Squibb, Merck, Novartis, AbbVie, Takeda

- Boehringer-Ingelheim, Astra-Zeneca, Roche/Genentech, less than \$ [REDACTED]
- Lundbeck, Bristol-Myers Squibb, Merck, Novartis, AbbVie, Takeda, less than \$ [REDACTED]

## Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.

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.

2019/14/02

Dr Randeep Sangha

\_\_\_\_\_  
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.**

**Name of registered clinician:** Gail Darling

**Name of drug and indication under review:** Pembrolizumab/squamous NSCLC

### Conflict of Interest Declaration

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. A conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance   | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties   | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Sponsorship of events                        |
| <input type="checkbox"/> Honoraria   | <input type="checkbox"/> Other, please specify: _____                 |

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



## 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.

October 3 2018

Gail Darling

\_\_\_\_\_  
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.

Name of registered clinician: Stacey Hubay

Name of drug and indication under review: Pembrolizumab/squamous NSCLC

### Conflict of Interest Declaration

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. A registered clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. A conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the clinician input.

Examples of conflicts of interest include, but are not limited to:

- financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary)
- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

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

- Yes  
 No

If no, please go to Section B.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance   | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties   | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Sponsorship of events                        |
| <input checked="" type="checkbox"/> Honoraria  | <input type="checkbox"/> Other, please specify: _____                 |

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

BMS - \$ [REDACTED] consultancy fee Nov 2018

**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.

Feb 21, 2019

Stacey Hubay

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature