

| Name of registered clinician: | DIT NORTH |
|--|---|
| Name of drug and indication under review: | -brollymas - first line metastatic, cisola |
| Conflict of Interest Declaration | stolyman - first line metastatic, cisple |
| conflicts of interest. A registered clinician must declare a | process, all participants in the pCODR review process must disclose any any potential conflicts of interest that may influence or have the appearance erest declaration is requested for transparency — it does not negate or |
| Examples of conflicts of interest include, but are not limi | ted to: |
| The state of the s | other entities (e.g., educational or research grants, honoraria, |
| gifts, and salary) • affiliations, or personal or commercial relationships w | vith drug manufacturers or other interest groups. |
| Section A: Payment Received | |
| • | two years from any company or organization that may have a direct or |
| Have you received any payments over the previous indirect interest in the drug under review? | two years from any company of organization that may have a direct of |
| ⊟ Yes □ No | |
| If no, please go to Section B. | |
| 2. What form of payment did you receive? (Check all t | hat apply.) |
| Advisory role (e.g., advisory boards, health technology assessment submission advice) | ☐ Program or Operating Funding (e.g., website) |
| □ Conference attendance | ☐-Research/educational grants |
| ☐ Royalties | ☐ Travel grants |
| ☐ Gifts | ☐ Sponsorship of events |
| ☐ Honoraria | ☐ Other, please specify: |
| | |
| 3. Please provide the names of companies and organic | zations, and the amounts of the payments, in the following box. |
| Mercic - S' orm | 12 years - to advisory board. |
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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 JAN 31

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Scom NORTH

Signature



| Name of registered clinician: | | DR SANDEEP SEHDEV | | | |
|-------------------------------|---|--|--|--|--|
| N | ame of drug and indication under review: | PEMBROLIZUMAB - for metastatic urothelial cancer | | | |
| Co | onflict of Interest Declaration | | | | |
| cor of i | nflicts of interest. A registered clinician must decla | are any | ocess, all participants in the pCODR review process must disclose any potential conflicts of interest that may influence or have the appearance st declaration is requested for transparency — it does not negate or | | |
| Exa | amples of conflicts of interest include, but are not | . limited | to: | | |
| | financial support from the pharmaceutical industrigifts, and salary) | ry or ot | her entities (e.g., educational or research grants, honoraria, | | |
| • | affiliations, or personal or commercial relationshi | ps 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? | ious tw | o 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, health technology assessment submission advice | | Program or Operating Funding (e.g., website) | | |
| | ☐ Conference attendance | | Research/educational grants | | |
| | ☐ Royalties | | Travel grants | | |
| | ☐ Gifts | | Sponsorship of events | | |
| | | | Other, please specify: | | |
| 3. | Please provide the names of companies and on | ganizat | ions, and the amounts of the payments, in the following box. | | |
| | Merck over two years, \$ | | | | |
| | werck - over two years, a | | | | |
| | | | | | |
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Section B: Holdings or Other Interests

Date

| • | on of stocks or options of more than \$10,000 (ϵ n the drug under review? If yes, please list then | |
|--|--|--|
| None | | |
| Section C: Affiliations, Personal | or Commercial Relationships | |
| parent corporation, subsidiaries, affilia | | ology manufacturer (including the manufacturer's rest groups? If yes, please provide the names of e following box. |
| None | | |
| I hereby certify that I have disclosed al potential, or perceived conflict of intere | | er involving a Party that may place me in a real, |
| February 21/19 | Dr. Sandeep Sehdev | Sorde Blad |

Name



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

Nimira Alimohamed Name of registered clinician: Pembrolizumab. For the treatment of patients with locally advanced or metastatic urothelial carcinoma, as monotherapy, in adults who are not eligible for cisplatin-containing chemotherapy and whose tumours express PD L1 [Combined Positive Score (CPS) ≥10] as determined by a validated test, or in patients who are not eligible for any platinum containing chemotherapy Name of drug and indication under review: regardless of PD L1 status. 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.

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

I have served as an advisor on advisory boards for MERCK and the received an Honoria of \$

□ Program or Operating Funding

☐ Research/educational grants

(e.g., website)

Sponsorship of events

□ Other, please specify:

□ Travel grants

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

Advisory role (e.g., advisory boards, health

Conference attendance

□ Royalties

M Honoraria

☐ Gifts

technology assessment submission advice)



| Section B: Holdings or C | Other Interests | | |
|----------------------------------|---|----------------------------|--|
| | possession of stocks or options interest in the drug under review | | xcluding mutual funds) for organizations that n in the following box. |
| No | | | |
| Section C: Affiliations, P | ersonal or Commercial Re | lationships | |
| parent corporation, subsidiari | | rporations) or other inter | ology manufacturer (including the manufacturer lest groups? If yes, please provide the names of lefollowing box. |
| No | | | |
| | | | |
| I hereby certify that I have dis | closed all relevant information v | vith respect to any matte | r involving a Party that may place me in a real, |
| potential, or perceived confide | | . () | |
| Mar. 6/19 | Nimira + | limohamed | Lalive |
| Date | Name | | Signature |



| Name of registered clinician: | | Dr. Aly-Khan A. Lalani | | | | |
|-------------------------------|--|--|--|--|--|--|
| N | ame of drug and indication under review: | Pembrolizumab, metastatic urothelial carcinoma (pCODR 10177) | | | | |
| Co | onflict of Interest Declaration | | | | | |
| coi of i | nflicts of interest. A registered clinician must decl | ODR process, all participants in the pCODR review process must disclose any lare 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: | | | | |
| • | financial support from the pharmaceutical indust gifts, and salary) | try or other entities (e.g., educational or research grants, honoraria, | | | | |
| ٠ | - · · · · · · · · · · · · · · · · · · · | nips 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 | | | | |
| | ⊠ Yes □ No | | | | | |
| | If no, please go to Section B. | | | | | |
| 2. | What form of payment did you receive? (Check | call that apply.) | | | | |
| | ☑ Advisory role (e.g., advisory boards, healt 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 or | rganizations, and the amounts of the payments, in the following box. | | | | |
| | Merck – Advisory role and honoraria = | CAD | | | | |
| | i i | | | | | |
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| Date | Name | Signature |
|---|---|---|
| March 5, 2019 | Aly-Khan A. Lalani | and the second |
| I hereby certify that I have di potential, or perceived confli | isclosed all relevant information with respect to a ct of interest situation. | any matter involving a Party that may place me in a real, |
| No | | |
| parent corporation, subsidia | ries, affiliates, and associated corporations) or of ations, and outline the nature of these relationsh | Ith technology manufacturer (including the manufacturer's other interest groups? If yes, please provide the names of ips, in the following box. |
| | Personal or Commercial Relationships | |
| | | |
| No | | |
| | | |
| Have you received or are in may have a direct or indirect | possession of stocks or options of more than \$ t interest in the drug under review? If yes, pleas | 10,000 (excluding mutual funds) for organizations that se list them in the following box. |
| Section B: Holdings or | Other Interests | |

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

Appendix A: pCODR Clinician Conflict of Interest Declarations

| | se Note: Each registere lict of Interest Declara | | | | | | |
|--------------------------|---|------------------------|--|---|-----------------------------|---------------------------|--------------------------------|
| Nam | ne of registered clinician | n: | | Dr. | Antonio | Finelli | |
| Nam | ne of drug and indication | n un | der review: | Pem | br oli z umak | /1l mUC _ | |
| Con | flict of Interest De | ecla | arations | | | | |
| revie poter inforr | aintain the objectivity and process must disclose with the conflicts of interest mation submitted. Conflie or preclude the use of | any o that ct of | conflicts of inte may influence interest decla | erest. A re or have that tration is r | gistered cl he appeara | inician mu nce of infl | st declare any luencing the |
| Exam | ples of conflicts of inter | est ir | nclude, but are | not limit | ed to: | | |
| • | financial support from research grants, honor affiliations or personal groups. on A: Payment Received | raria l or c | gifts, and sala | ary; | | | |
| 1. Ha | ave you received any pay ganization that may hav | ymer | | | | | |
| | □ Yes X No | | | | | | |
| i f | no, please go to Section | n B | | | | | |
| 2. W | hat form of payment did | you | receive? (Che | ck all that | apply.) | | |
| l | Advisory role (e.g., advisory boards, HTA submission advice) | 0 | Program or O Funding (e.g. | | | | |
| ı | Conference attendance | | Research/edu grants | ıcational | | | |
| | □ Royalties □ Gifts | 0 | Travel grants Sponsorship o | f Events | | | |

Other, please specify:

Honoraria

3. Please provide the names of companies and organizations and the amounts of the payments in the box below. Section B: Holdings or Other Interests Have you received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below. Section C: Affiliations, personal or commercial relationships Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below. I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation. Signature: Date: _Aug 3 2018_ Name: Antonio Finelli

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

process.



| Name of registered clinician: | Sebastien Hotte |
|---|--|
| Name of drug and indication under review: | pembrolizumab |
| Conflict of Interest Declaration | |
| conflicts of interest. A registered clinician must dec | ODR process, all participants in the pCODR review process must disclose any lare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or |
| Examples of conflicts of interest include, but are no | at limited to: |
| gifts, and salary) | try or other entities (e.g., educational or research grants, honoraria, nips with drug manufacturers or other interest groups. |
| Section A: Payment Received | |
| - | vious 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? (Check | k 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: |
| | |
| Please provide the names of companies and or | rganizations, and the amounts of the payments, in the following box. |
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| Section B: Holdings or | Other Interests | | |
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| | possession of stocks or options of more than \$1 t interest in the drug under review? If yes, please | | s that |
| | | part Marian | |
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| | | | |
| Section C: Affiliations, | Personal or Commercial Relationships | | |
| parent corporation, subsidia | mmercial relationships either with a drug or healtl ries, affiliates, and associated corporations) or ot ations, and outline the nature of these relationship | her interest groups? If yes, please provide the n | |
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| I hereby certify that I have d potential, or perceived confl | isclosed all relevant information with respect to a ict of interest situation. | ny matter involving a Party that may place me ir | ı a real, |
| 2019/03/06 | Sebastien J Hotte, MD, FRCPC | | |
| Date | Name | Signature | ·····i |
| | | | |