

## 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: Atezolizumab + bevacizumab 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.

BMS - \$ [redacted] consultancy fee Nov 2018

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**

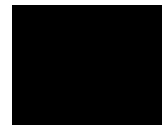
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations,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

Nov 29, 2019

Stacey Hubay



\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

## Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Jeff Rothenstein

Name of drug and indication under review: Atezolizumab (Tecentriq) with Bevacizumab

### 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 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><i>Roche</i></p> <p><i>Advisory board</i></p> <p><i>Education</i></p> <p>~<span style="background-color: black; color: black;">██████</span> total</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.

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.

Medical advisory committee – Lung Cancer Canada

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.

December 2, 2019

Jeff 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 Paul Wheatley-Price

Name of drug and indication under review:

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

### 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.

Astra Zeneca	< \$	██████
Merck	< \$	██████

# CADTH

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.

2019/12/02

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. Rosalyn Juergens

Name of drug and indication under review:

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

### 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.)

- |   |   |
|---|---|
| <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: _____                 |

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



# CADTH

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

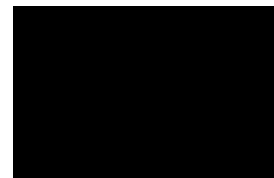
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations,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

2019/12/02

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 Randeep Sangha

Name of drug and indication under review:

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

### Conflict of Interest Declaration

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

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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 checked="" 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.

*Roche, Astra-Zeneca, BMS, Merck.*

*Less than \$ [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

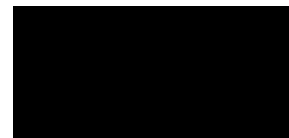
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations,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

Dec 2, 2019

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: Ronald Burkes

Name of drug and indication under review: Atezolizumab + Bevacizumab for metastatic NSCLC

### Conflict of Interest Declaration

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

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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.

**Roche, Astra Zeneca, Merck, Taiha, Takeda - \$ [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

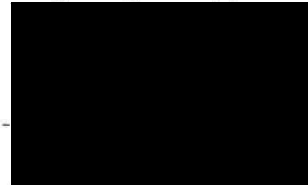
I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential, or perceived conflict of interest situation.

November 28, 2019

Ronald Burkes

\_\_\_\_\_  
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

Name of drug and indication under review:

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

### 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 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.

**Advisory Board and Honoria**

a) **Abbvie:** [REDACTED]

b) **Astra Zeneca:** [REDACTED]

c) **BMS:** [REDACTED]

d) **Boehringer Ingelheim:** [REDACTED]

e) **Eli Lilly:** [REDACTED]

f) **Eisai:** [REDACTED]

g) **Merck:** [REDACTED]

h) **Novartis:** [REDACTED]

i) **Pfizer:** [REDACTED]

j) **Roche:** [REDACTED]

**DSMB**

k) **Merck Sereno:** no compensation

l) **PMH:** No compensation

**Research Funding**

**Astra Zeneca:** [REDACTED] 2016-2019 and [REDACTED] 2018-2020.

## 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

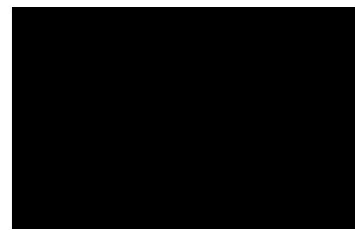




I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential, or perceived conflict of interest situation.

Dec 11 2019

Dr. Quincy Chu



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Date

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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 Geoffrey Liu
Name of drug and indication under review:	<b>Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity</b>

### 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.)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• X Advisory role (e.g., advisory boards, health technology assessment submission advice)</li> <li><input type="checkbox"/> Conference attendance</li> <li><input type="checkbox"/> Royalties</li> <li><input type="checkbox"/> Gifts</li> <li>• X Honoraria</li> <li><input type="checkbox"/></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Program or Operating Funding (e.g., website)</li> <li>• X Research/educational grants</li> <li><input type="checkbox"/> Travel grants</li> <li><input type="checkbox"/> Sponsorship of events</li> <li><input type="checkbox"/> Other, please specify:</li> </ul> |
|--|---|

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

a) Advisory role: AstraZeneca (\$██████), Pfizer (\$██████), Novartis (\$██████), Takeda (\$██████), Merck (\$██████), Roche (\$██████), Bayer(\$██████), Abbvie (\$██████)
b) Honoraria: AstraZeneca (\$██████), Pfizer (\$██████), Novartis (\$██████), Takeda (\$██████), Merck (\$██████), Abbvie (\$██████)
c) Research grants: Takeda (\$██████████), Astra Zeneca (\$██████)

### 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
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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.

None
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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.

December 16, 2019

Geoffrey Liu



\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

## Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Dr Kevin Jao

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

Name of drug and indication under review:

### 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 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.

AS ROCHE [redacted] in 2019

# CADTH

AstraZeneca [redacted] in 2014.

### 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.

11/2/12 \_\_\_\_\_  
Date Name Kevin Dao Sign [redacted]

## 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

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

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

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.

Roche ≤ [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.

11 dec 2019  
Date

NIGUE BANCHARO  
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 Stephanie Snow

Name of drug and indication under review:

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

### 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 checked="" 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 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.

Dec 11, 2019

Stephanie Snow



\_\_\_\_\_  
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 Barbara Melosky

Name of drug and indication under review:

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

### 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 checked="" 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.

# CADTH

Roche: ESMO Conference [redacted]  
AstraZeneca: Advisory Board X2 [redacted]  
Merk: Advisory Board X1 [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.

Date Jul 16/2019 Name B. Melosky Signature [redacted]

## 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 Parneet Cheema

Name of drug and indication under review:

Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity

### 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 checked="" 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 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: Pfizer, Astrazeneca, Roche, Bristol Myers Squibb, Novartis, Merck, takeda, genomic health. All <\$ [REDACTED]

# CADTH

*Conference attendance: Boehringer ingelheim, astrazeneca, Pfizer, Roche – travel/hotel/conference fees*

*Research/educational grants: Pfizer \$ [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.

nil
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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.

Nil
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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.

December 17, 2019	Parneet Cheema	
_____	_____	_____
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 David Dawe

**Atezolizumab in combination with bevacizumab and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies. Maintenance TECENTRIQ should be continued until loss of clinical benefit or unacceptable toxicity. Maintenance AVASTIN should be continued until disease progression or unacceptable toxicity**

Name of drug and indication under review:

### 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 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 Boards for Merck and AstraZeneca – each \$** [REDACTED]



*Honorarium from Boehringer-Ingelheim for educational content - \$ [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.

Dec 17, 2019

David Dawe

[REDACTED]

Date

Name

Signature