

Appendix A: pCODR Clinician Conflict of Interest Declarations (Dr. Wood)

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:	Lori Wood			
Name of drug and indication under review:	Pembrolizumab for the treatment of patients with advanced renal cell carcinoma (RCC) in combination with axinitib, as 1 st line treatment.			
Conflict of Interest Declaration				
conflicts of interest. A registered clinician must declar	DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or			
Examples of conflicts of interest include, but are not	t limited to:			
financial support from the pharmaceutical indust gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria,			
• • • • • • • • • • • • • • • • • • • •	ips with drug manufacturers or other interest groups.			
Section A: Payment Received				
 Have you received any payments over the previous two years from any company or organization that may have a direct or indirect interest in the drug under review? ✓ Yes ✓ No If no, please go to Section B. 				
			2. What form of payment did you receive? (Check all that apply.)	
			Advisory role (e.g., advisory boards, 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.			

1. Pembro/Axi – I participated in the Phase III trial and thus money from Merck was received by my institution to

2. Axi – I have participated in Advisory Board meetings with Merck and Pfizer regarding RCC treatments. I do

conduct this phase III study. I received no personal financial contribution.

not accept personal financial compensation for this participation.



Section B: Holdings or Other Interests

	ossession of stocks or options of more nterest in the drug under review? If yes	than \$10,000 (excluding mutual funds) for organizations that , please list them in the following box.
no		
Section C: Affiliations, Pe	ersonal or Commercial Relations	hips
parent corporation, subsidiarie		or health technology manufacturer (including the manufacturer's ns) or other interest groups? If yes, please provide the names of ationships, in the following box.
no		
hereby certify that I have dispotential, or perceived conflict	•	pect to any matter involving a Party that may place me in a real,
August 11, 2019	Lori Wood	
Date	Name	Signature



Appendix A: pCODR Clinician Conflict of Interest Declarations (Dr. Kapoor)

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:	Anil Kapoor		
Name of drug and indication under review:	Pembrolizumab for the treatment of patients with advanced renal cell carcinoma (RCC) in combination with axinitib, as 1st line treatment.		
Conflict of Interest Declaration			
conflicts of interest. A registered clinician must decl	DDR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or		
Examples of conflicts of interest include, but are not	t limited to:		
• • • • • • • • • • • • • • • • • • • •	ry or other entities (e.g., educational or research grants, honoraria,		
gifts, and salary) • affiliations, or personal or commercial relationsh	ips with drug manufacturers or other interest groups.		
Section A: Payment Received			
Have you received any payments over the previous indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or		
Yes □ No			
If no, please go to Section B.			
What form of payment did you receive? (Check	eive? (Check all that apply.)		
 Advisory role (e.g., advisory boards, hea technology assessment submission advi 			
☐ Conference attendance	⊠ Research/educational grants		
☐ Royalties	☐ Travel grants		
☐ Gifts	☐ Sponsorship of events		
☐ Honoraria	☐ Other, please specify:		
6. Please provide the names of companies and organizations, and the amounts of the payments, in the following box.			
Have participated in some Merck and Pfizer clinical trials and advisory boards in the past.			



Section B: Holdings or Other Interests

		n \$10,000 (excluding mutual funds) for organizations that
no	nterest in the drug under review? If yes, pl	ease list them in the following box.
	ersonal or Commercial Relationship	os health technology manufacturer (including the manufacturer's
parent corporation, subsidiarie		or other interest groups? If yes, please provide the names of
no		
hereby certify that I have discontential, or perceived conflict August 15, 2019		t to any matter involving a Party that may place me in a real,
Date	Name	Signature



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.

pCODR Clinician Conflict of Interest Declarations

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

Name of registered clinician: Antonio Finelli

Name of drug and indication under review: Pembro-axi/RCC

Conflict of Interest Declarations

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

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

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

•	anniade	one of personal of commercial relationship	JO WILLI	arag manaratarers or other interest groups.
Se 1.	Have y organ ⊠ Yes	- -		
	If no, p	olease go to Section B.		
2. What form of payment did you receive? (Check all that apply.)			hat apply.)	
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria Other, please specify: Click here to ent	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events
	in the	e provide the names of companies and box below. stellas, Bayer, Janssen, TerSera	l organi	zations and the amounts of the payments
Al	obvie -	k/year, Astellas k/year, Baye	er k/y	ear, Janssen k/year, TerSera k/year



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Section B: Holdings or Other Interests

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

Click here to enter text.

Section C: Affiliations, personal or commercial relationships

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

Click here to enter text.

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

Date:	8-August-2019
Name:	Antonio Finelli
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. Aly-Khan A. Lalani		
Name of drug and indication under review:		Pembro-axi/RCC		
Co	onflict of Interest Declaration			
cor of i	flicts of interest. A registered clinician must dec	ODR process, all participants in the pCODR review process must disclose any clare any potential conflicts of interest that may influence or have the appearance of interest declaration is requested for transparency — it does not negate or		
Exa	amples of conflicts of interest include, but are no	ot limited to:		
	 financial support from the pharmaceutical industry or other entities (e.g., educational or research grants, honoraria, gifts, and salary) 			
		nips with drug manufacturers or other interest groups.		
Se	ction A: Payment Received			
1.	Have you received any payments over the pre indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or		
	⊠ Yes □ No			
	If no, please go to Section B.			
2.	What form of payment did you receive? (Chec	k all that apply.)		
	Advisory role (e.g., advisory boards, heal technology assessment submission advice			
	☐ Conference attendance	☐ Research/educational grants		
	☐ Royalties	☐ Travel grants		
	□ Gifts	☐ Sponsorship of events		
	⋈ Honoraria	☐ Other, please specify:		
3.	Please provide the names of companies and of	organizations, and the amounts of the payments, in the following box.		
	Merck – Advisory role and honoraria =	CAD		



Date	Name	Signature
March 5, 2019	Aly-Khan A. Lalani	
I hereby certify that I have dis potential, or perceived conflic		any matter involving a Party that may place me in a real,
No		
parent corporation, subsidiar		th technology manufacturer (including the manufacturer's ther interest groups? If yes, please provide the names of ps, in the following box.
Section C: Affiliations, P	ersonal or Commercial Relationships	
No		
	possession of stocks or options of more than \$1 interest in the drug under review? If yes, please	0,000 (excluding mutual funds) for organizations that list them in the following box.
Talance of the same beauty and the	Other Interests	control to the fact of the control o



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Name of registered clinician:	Pembro-axi/RCC	
Name of drug and indication under review:		
Conflict of Interest Declaration		
conflicts of interest. A registered clinician must de	CODR process, all participants in the pCODR review process must disclose any eclare any potential conflicts of interest that may influence or have the appearance to finterest declaration is requested for transparency — it does not negate or	
Examples of conflicts of interest include, but are r	not limited to:	
 financial support from the pharmaceutical indugifts, and salary) 	ustry or other entities (e.g., educational or research grants, honoraria,	
	ships with drug manufacturers or other interest groups.	
Section A: Payment Received		
	revious 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? (Che	ck all that apply.)	
 Advisory role (e.g., advisory boards, he technology assessment submission ad 		
☐ Conference attendance	☐ Research/educational grants	
☐ Royalties	☐ Travel grants	
□ Gifts	☐ Sponsorship of events	
☐ Honoraria	☐ Other, please specify:	
Please provide the names of companies and	organizations, and the amounts of the payments, in the following box.	



Section B: Holdings or	Other Interests	
	possession of stocks or options of more than \$10,000 trinterest in the drug under review? If yes, please list the	
Section C: Affiliations,	Personal or Commercial Relationships	
parent corporation, subsidia	mmercial relationships either with a drug or health tech ries, affiliates, and associated corporations) or other in ations, and outline the nature of these relationships, in	terest groups? If yes, please provide the names of
I hereby certify that I have of potential, or perceived confl	disclosed all relevant information with respect to any ma lict of interest situation.	atter involving a Party that may place me in a real,
2019/03/06	Sebastien J Hotte, MD, FRCPC	
Date	Name	Signature