

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.

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: Apalutamide/PC

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.

	anmano	no or porconar or commercial relationers	, , , , , , , , , , , , , , , , , , ,	may manadataroro or other interest groups.
	Have y organi ⊠ Yes			
	π πο, μ	please go to Section B.		
2.	What f	form of payment did you receive? (Ch	eck all t	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. tellas, Bayer, Janssen, TerSera	l organi	zations and the amounts of the payments
Ab	bvie -	k/year, Astellas k/year, Baye	er k/y	ear, Janssen k/year, TerSera k/year



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.

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:	



N	ame of registered clinician:	Dr. Neil Fleshner		
N	ame of drug and indication under review:	Apalutamide		
Co	onflict of Interest Declaration			
cor 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		
Exa	amples of conflicts of interest include, but are no	ot limited to:		
•		try or other entities (e.g., educational or research grants, honoraria,		
•	gifts, and salary) affiliations, or personal or commercial relationsh	nips with drug manufacturers or other interest groups.		
Se	ction A: Payment Received			
1.				
	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, healf 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 organizations, and the amounts of the payments, in the following box.			
	\$ and \$ for conferences-both for Ja	anssen		



Section B: Holdings or	Other Interests		
		more than \$10,000 (excluding mutual Pifyes, please list them in the following	
No			
Section C: Affiliations,	Personal or Commercial Rela	itionships	
parent corporation, subsidi-	aries, affiliates, and associated corp	a drug or health technology manufactu porations) or other interest groups? If y ese relationships, in the following box.	
Verity- no direct relation to	o compound in discussion		
I hereby certify that I have potential, or perceived cont	disclosed all relevant information wi flict of interest situation.	th respect to any matter in	a real,
Nov 14/2019	Dr. Neil Fleshner		
Date	Name	TOTAL SECTION OF THE	
And And Parish To Visid Service Education William			



1	lame of registered clinician:	Sebastien Hotte		
1	Name of drug and indication under review:	Apalutamide/mPC		
Со	nflict of Interest Declaration			
cor	flicts of interest. A registered clinician must dec	DDR 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		
Exa	amples of conflicts of interest include, but are no	t limited to:		
	financial support from the pharmaceutical indus gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria,		
•	affiliations, or personal or commercial relationsh	nips with drug manufacturers or other interest groups.		
Se	ction A: Payment Received			
1.				
	☐ 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, heat technology assessment submission adv 			
	☐ Conference attendance	☐ Research/educational grants		
	☐ Royalties	☐ Travel grants		
	☐ Gifts	☐ Sponsorship of events		
	☐ Honoraria	☐ Other, please specify:		
3.	Please provide the names of companies and o	rganizations, and the amounts of the payments, in the following box.		



Section B: Holdings or	Other Interests	
	possession of stocks or options of more than \$10,000 (t interest in the drug under review? If yes, please list the	
		2
Section C: Affiliations,	Personal or Commercial Relationships	
parent corporation, subsidia	mmercial relationships either with a drug or health technics, affiliates, and associated corporations) or other intended ations, and outline the nature of these relationships, in the	erest groups? If yes, please provide the names of
I hereby certify that I have d potential, or perceived confl	lisclosed all relevant information with respect to any ma ict of interest situation.	tter involving a Party that may place me in a real,
2019/03/06	Sebastien J Hotte, MD, FRCPC	
Date	Name	Signature



f Interest Declaration the objectivity and credibility of the pCODI terest. A registered clinician must declare	R process, all participants in the pCODR review process must disclose any eany potential conflicts of interest that may influence or have the appearance atterest declaration is requested for transparency — it does not negate or
the objectivity and credibility of the pCODF sterest. A registered clinician must declare g the information submitted. A conflict of in	any potential conflicts of interest that may influence or have the appearance
nterest. A registered clinician must declare g the information submitted. A conflict of in	any potential conflicts of interest that may influence or have the appearance
conflicts of interest include, but are not lin	nited to:
support from the pharmaceutical industry of salary)	or other entities (e.g., educational or research grants, honoraria,
, or personal or commercial relationships	with drug manufacturers or other interest groups.
Payment Received	
u received any payments over the previou interest in the drug under review?	us two years from any company or organization that may have a direct or
s	
ease go to Section B.	
rm of payment did you receive? (Check all	I that apply.)
visory role (e.g., advisory boards, health hnology assessment submission advice)	☐ Program or Operating Funding (e.g., website)
nference attendance	☐ Research/educational grants
yalties	☐ Travel grants
ts	☐ Sponsorship of events
noraria	☐ Other, please specify:
S I with my	Payment Received u received any payments over the previous nterest in the drug under review? ease go to Section B. m of payment did you receive? (Check all visory role (e.g., advisory boards, health nnology assessment submission advice) inference attendance valties



Section B: Holdings or	Other Interests	
	possession of stocks or options of more than tinterest in the drug under review? If yes, ple	a \$10,000 (excluding mutual funds) for organizations that ease list them in the following box.
No		
Section C: Affiliations,	Personal or Commercial Relationship	s
parent corporation, subsidia		ealth technology manufacturer (including the manufacturer's or other interest groups? If yes, please provide the names of aships, in the following box.
No		
I hereby certify that I have d potential, or perceived confl		to any matter involving a Party that may place me in a real,
March 5, 2019	Aly-Khan A. Lalani	
Date	Name	Signature



_	Geoffrey Gotto	
ame of drug and indication under review:	Apalutamide for metastatic castration-sensitive prostate cancer	
nflict of Interest Declaration		
cts of nterest. A reg stered c n c an must dec a	DR process, a participants in the pCODR review process must disclose any relative any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or	
mp es of conf cts of nterest nc ude, but are not	m ted to:	
nanc a support from the pharmaceut ca ndustry	y or other ent t es (e.g., educat ona or research grants, honorar a,	
ff at ons, or persona or commerc a re at onsh p	os w th drug manufacturers or other nterest groups.	
tion A: Payment Received		
Have you rece ved any payments over the prevender necessary in the drug under review?	ous two years from any company or organ zat on that may have a d rect or	
⊠ Yes □ No		
If no, p ease go to Sect on B.		
What form of payment d d you rece ve? (Check	a that app y.)	
⋈ Adv sory ro e (e.g., adv sory boards, hea t techno ogy assessment subm ss on adv c		
□ Conference attendance	☐ Research/educat ona grants	
☐ Royates	☐ Trave grants	
☐ G fts	☐ Sponsorsh p of events	
⋈ Honorar a	☐ Other, p ease spec fy:	
n	na nta n the object v ty and cred bity of the pCO cts of interest. A registered cinic an must decide fuencing the information submitted. A confict of ude the use of the cinic an input. In pies of conficts of interest include, but are not nancial support from the pharmaceut calindustry fits, and salary) If at ons, or personal or commercial relationship at ons, or personal relationship at o	



Section B: Holdings or Other Interests

•	sess on of stocks or opt ons of more that erest in the drug under review? If yes, p	n \$10,000 (exc ud ng mutua funds) for organ zat ons that ease st them n the fo ow ng box.
None		
Section C: Affiliations, Per	sonal or Commercial Relationship	s
parent corporat on, subs d ar es		nea th techno ogy manufacturer (nc ud ng the manufacturer s or other nterest groups? If yes, pease provide the names of nsh ps, nithe following box.
None		
I hereby cert fy that I have d scopotent a , or perce ved conf ct o	•	to any matter nvo v ng a Party that may p ace me n a rea ,
October 25, 2019	Geoffrey Gotto	
Date	Name	S gnature



	Name of registered clinician:	Dr. Alan So
	Name of drug and indication under review:	Apalutamide: mCSPC
Co	onflict of Interest Declaration	
co of	nflicts 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
Ex	amples of conflicts of interest include, but are no	ot limited to:
	gifts, and salary)	etry or other entities (e.g., educational or research grants, honoraria, nips with drug manufacturers or other interest groups.
Se	ection A: Payment Received	
1.	Have you received any payments over the pre indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or
	⊠ Yes □ No	
	If no, please go to Section B.	
2.	What form of payment did you receive? (Check	k all that apply.)
	Advisory role (e.g., advisory boards, heatechnology assessment submission adv	
	☐ Conference attendance	☐ Research/educational grants
	☐ Royalties	☐ Travel grants
	☐ Gifts	☐ Sponsorship of events
	⊠ Honoraria	☐ Other, please specify:
3.	Please provide the names of companies and c	organizations, and the amounts of the payments, in the following box.
	Janssen : \$ Astellas: \$ Bayer: \$	



Section B: Holdings or Other Interests

	•	than \$10,000 (excluding mutual funds) for organizations ts, please list them in the following box.	hat
None			
Section C: Affiliations, P	ersonal or Commercial Relations	ships	
parent corporation, subsidiari	•	or health technology manufacturer (including the manufacturer) or other interest groups? If yes, please provide the nationships, in the following box.	
None			
I hereby certify that I have dispotential, or perceived conflic		spect to any matter involving a Party that may place me in a	a real,
Oct 28, 2019	Alan So		
Date	Name	Signature	