

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:		Joseph Brandwein				
	Name of drug and indication under review:	Gilteritinib for relapsed/refractory AML				
Co	onflict of Interest Declaration					
cor of i	nflicts of interest. A registered clinician must declar	DR process, all participants in the pCODR review process must disclose any re any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or				
Exa	amples of conflicts of interest include, but are not I	imited to:				
	gifts, and salary)	or other entities (e.g., educational or research grants, honoraria, os with drug manufacturers or other interest groups.				
Se	ction A: Payment Received					
1.	Have you received any payments over the previous indirect interest in the drug under review?	ous 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 a	all that apply.)				
	Advisory role (e.g., advisory boards, health technology assessment submission advice					
	☐ Conference attendance	☐ Research/educational grants				
	☐ Royalties	☐ Travel grants				
	☐ Gifts	☐ Sponsorship of events				
	⋈ Honoraria	□ Other, please specify:				
2	Diagon provide the names of someonics and see					
3.	Novartis – advisory boards with honoraria	ganizations, and the amounts of the payments, in the following box.				
	Celgene - advisory boards with honoraria	- \$.				
	Pfizer - advisory boards with honoraria - \$					
	Teva - advisory board with honoraria - \$					
	Otsuka - advisory board with honoraria - \$					



Section B: Holdings or Other Interests

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.				
None				

Section C: Affiliations, Personal or Commercial Relationships

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

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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.

Nov. 2, 2019	Joseph Brandwein		
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:	Mark Minden			
Name of drug and indication under review:	Gilteritinib for refractory and or relapsed AML			
Conflict of Interest Declaration				
conflicts of interest. A registered clinician must decla	DR process, all participants in the pCODR review process must disclose any tree any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or			
Examples of conflicts of interest include, but are not	limited to:			
 financial support from the pharmaceutical industr gifts, and salary) 	y or other entities (e.g., educational or research grants, honoraria,			
	ps with drug manufacturers or other interest groups.			
Section A: Payment Received				
Have you received any payments over the previndirect interest in the drug under review?	ious 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	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 or	ganizations, and the amounts of the payments, in the following box.			
Astelias-\$				
Amgen-\$				



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.
2019-11-11 MARK MINDEN Name
·
\cdot



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: Click here to enter text. Yasser Abou Moura Name of drug and indication under review: Click here to enter text. Sifter finib
Name of drug and indication under review: Click here to enter text. Site of the finite
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.
Section A: Payment Received 1. Have you received any payments over the previous two years from any company or organization that may have 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, HTA submission advice) Conference attendance Royalties Gifts Honoraria Other, please specify: Click here to enter text. Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events
3. Please provide the names of companies and organizations and the amounts of the payments in the box below. Click here to enter text.



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:

Name:

Click here to enter text. Yassa Alon Monrad

Signature:

Click here



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

		ons remplate even it the submission is mat		
Na	me of	registered clinician: Click here to enter	text.	DR DOWNA FORREST
Na	me of	registered clinician: Click here to enter drug and indication under review: Click	k here to	enter text. GILTERITING
To pro of int	mainta ocess r interes	must disclose any conflicts of interest. A rest that may influence or have the appearan	egistered ace of in	ocess, all participants in the pCODR review d clinician must declare any potential conflicts fluencing the information submitted. Conflict of a not negate or preclude the use of the clinician
٠	financ honor	aria, gifts, and salary;	try or oti	to: ner entities e.g., educational or research grants, drug manufacturers or other interest groups.
Se 1.	Have orga □ Ye	A: Payment Received you received any payments over the p nization that may have direct or indirec es		
2.	What	t form of payment did you receive? (Ch	neck all t	hat apply.)
		Advisory role (e.g., advisory boards, HTA 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: Click here to ente	er text.	
3.		se provide the names of companies and e box below.	d organ	zations and the amounts of the payments



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.

No.

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.

CVY

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.

Econber 1/19

Date:

Click here to enter text.

Name:

Click here to enter text.

Signature:



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: Florian Kuchenbauer

Name of drug and indication under review: Gilteritinib

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.

	Have	A: Payment Received you received any payments over the p nization that may have direct or indirect S No		
	If no,	please go to Section B.		
2.	What	t form of payment did you receive? (Ch	neck all t	hat apply.)
		Advisory role (e.g., advisory boards, HTA 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: Click here to enter	er text.	
3.		se provide the names of companies and e box below.	d organ	izations and the amounts of the payments
Cli	ck here	e to enter text.		



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.

none

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.

Date: Dec 2nd 2019

Name: Florian Kuchenbauer

Signature:



nCODR Clinician Conflict of Interest Declarations

PUU	DK Cilnician Commet of it	itele:	st neciaratioi	
	ach registered clinician must complete their c tions Template even If the submission is mad		•	
Name o	of registered clinician: Click here to enter t	ext. (UTAATHA	NARAHANTI
	of drug and indication under review: Click		enter text. G/A	NARAYANAN TERITINIB.
To main process of interest	ct of Interest Declarations ntain the objectivity and credibility of the pCG s must disclose any conflicts of interest. A re est that may influence or have the appearan t declaration is requested for transparency—	gistered ce of inf	clinician must declare luencing the information	e any potential conflicts on submitted. Conflict of
• finar	les of conflicts of interest include, but are no ncial support from the pharmaceutical indust oraria, gifts, and salary; ations or personal or commercial relationshi	ry or oth	er entities e.g., educa	·
Section A: Payment Received 1. Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review? □ Yes				
lf n	o, please go to Section B.			
2. Wh	nat form of payment did you receive? (Ch	eck all t	hat apply.)	
	Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operatir (e.g., website)	ng Funding
	Conference attendance		Research/education	al grants
	Royalties		Travel grants	
	Gifts		Sponsorship of Ever	nts
	Honoraria			
	Other, please specify: Click here to ente	er text.		
3. Ple	ease provide the names of companies and	l organi	zations and the amo	unts 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.

Click here to enter text.

NONC

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.

None

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

& /12/19 S. NARAYANM

Date:

Click here to enter text.

Name:

Click here to enter text.

Signature:



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: Thomas Nevill

Name of drug and indication under review: Gilteritinib for relapsed/refractory FLT3-positive AML

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.

Se 1.	Have organ	tion A: Payment Received Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review? ☐ Yes				
	If no,	please go to Section B.				
2.	2. What form of payment did you receive? (Check all that apply.)					
		Advisory role (e.g., advisory boards, HTA 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: Click here to enter	er text.			

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.

No

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.

Alexion - Advisory Boards, sponsored CMEs and research support

Celgene - Advsiory Boards, sponsored CMEs and research support

Novartis - Advisory Boards, sponsored CMEs and research support

Janssen - Advisory Boards

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:

16-DEC-2019

Name:

Thoams Nevill, MD

Signature:



Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:

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

David Sanford

Na	ame of drug and indication under review:	Gilteritinib
Co	onflict of Interest Declaration	
con of ir	nflicts of interest. A registered clinician must deck	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
Ξха	amples of conflicts of interest include, but are not	t limited to:
	financial support from the pharmaceutical industri gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria,
		ips with drug manufacturers or other interest groups.
Sec	ction A: Payment Received	
1.		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	all that apply.)
	Advisory role (e.g., advisory boards, health 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.
	I attended an advisory board held by Astell	las and was paid \$for this.
		· ——



Section B: Holdings o	r Other Interests					
Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list them in the following box.						
NA						
Section C: Affiliations	, Personal or Commercial Relatio	nships				
parent corporation, subsid		ug or health technology manufacturer (including the manufacturer's tions) or other interest groups? If yes, please provide the names of relationships, in the following box.				
NA						
I hereby certify that I have potential, or perceived co		espect to any matter involving a Party that may place me in a real,				
Nov. 11, 19	David Sanford					
Date	Name	Signature				



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: Matthew Seftel

Name of drug and indication under review: Gilteritinib

Conflict of Interest Declarations

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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.

Se	ction A	: Payment Received						
1.	Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review? \[\text{Yes} \text{No} \]							
		please go to Section B.						
2.	What form of payment did you receive? (Check all that apply.)							
		Advisory role (e.g., advisory boards, HTA 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: Click here to enter text.							
3.	. Please provide the names of companies and organizations and the amounts of the payments in the box below.							
Cli	ck here	to enter text						



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.

No

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 have received Advisory board consultation fees from: In the last 2 years from: Jazz, Roche, Pfizer, Amgen Pharmaceuticals.

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: December 15 2019

Name: Matthew Seftel

Signature:



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: Click here to enter text. C. TOMKOUROUKIS

Name of drug and indication under review: Gilteritinib/AML

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;						
)	affiliation	ations or personal or commercial relationships with drug manufacturers or other interest groups.					
Se	ction A	: Payment Received					
	Have organ	Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review? ☐ Yes ☒ No					
	If no,	please go to Section B.					
2.	What	What form of payment did you receive? (Check all that apply.)					
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)			
		Conference attendance	X	Research/educational grants TIC			
		Royalties		Travel grants			
		Gifts		Sponsorship of Events			
		Honoraria					
		Other, please specify: Click here to ent	ter text				
3.		e provide the names of companies and	d organi	izations and the amounts of the payments			
		to enter text.					
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pCODR Clinician Input on a Drug



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.

None

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.

None

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

C. TOM KOUROUKIS

Date:

Click here to enter text.

Name:

Click here to enter text.

Signature: