

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH CDR and pCODR programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.
No
2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.
No
3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Amgen			X	

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Nadine Prevost
 Position: Senior Manager, Community Engagement
 Patient Group: LLSC
 Date: January 31, 2020

Name: Sonia Miudo
 Position: Community Program Coordinator
 Patient Group: LLSC
 Date: January 31, 2020

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Name: Antonia Palmer
 Position: Co-Founder
 Patient Group: Ac2orn
 Date: January 31, 2020

Name: Sarai Porretta
 Position: Administrative Coordinator
 Patient Group: OPACC
 Date: January 31, 2020

Name: Adrienne Roode
 Position: Director Education and Strategic Planning
 Patient Group: Helena's Hope
 Date: January 31, 2020