

Before completing this template, be sure to register 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: Click here to enter text. C. TOM KOUROUKIS Name of drug and indication under review: V-O/CLL 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, Program or Operating Funding HTA submission advice) (e.g., website) Conference attendance Research/educational grants-П 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.

Click here to enter text.



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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.

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:

Click here to enter text.



Appendix A: pCODR Clinician Conflict of Interest Declarations

| Please note: Each registered clinician must complete thei | ir own separate pCODR Clinici | an Conflict of Interest Declarations |
|---|-------------------------------|--------------------------------------|
| Template even if the submission is made jointly. | | |
| | \ | |

| Name of registered clinician: | garet Markachern |
|---|--|
| Name of drug and indication under r | review: Ventetodax - obin |
| Conflict of Interest Declaration | |
| conflicts of interest. A registered clinician | of the pCODR process, all participants in the pCODR review process must disclose any must declare any potential conflicts of interest that may influence or have the appearance A conflict of interest declaration is requested for transparency — it does not negate or |
| Examples of conflicts of interest include, b | out are not limited to: |
| gifts, and salary) | ical industry or other entities (e.g., educational or research grants, honoraria, relationships with drug manufacturers or other interest groups. |
| Section A: Payment Received | |
| Have you received any payments over indirect interest in the drug under rev | er the previous two years from any company or organization that may have a direct or iew? |
| ☐ Yes No | |
| If no, please go to Section B. | |
| What form of payment did you receiv | e? (Check all that apply.) |
| Advisory role (e.g., advisory botechnology assessment submi | |
| ☐ 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 table.

| Company | Nature or description of activities or interests | Check Appropriate Dollar Range | | | |
|---------|--|--------------------------------|----------------------|-----------------------|--------------------------|
| | | \$0 to 5,000 | \$5,001 to 10,000 | \$10,001 to 50,000 | In Excess of \$50,000 |
| | | | | | |
| | | | | | |
| | | | | | |



| Section B: Holdings or Other Ir | nterests | | | |
|--|---|---|--|--|
| Have you received or are in possess may have a direct or indirect interest | ion of stocks or options of in the drug under review? | f more than \$10,000 (excludi ? If yes, please list them in th | ng mutual funds) for org e following box. | anizations that |
| | | | | |
| | | | | , |
| Section C: Affiliations, Persona | al or Commercial Rela | tionships | | |
| Do you have personal or commercial parent corporation, subsidiaries, affili he companies and organizations, an | ates, and associated corp | oorations) or other interest gr | oups? If yes, please pro | he manufacturer's vide the names of |
| | | | | |
| | | | | |
| By checking this box, I hereby certificaccurate and complete to the best of | y that the information that of my knowledge. | I have presented here is | <u>u</u> | |
| May 5/20 | 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: Isabelle Bence-Bruckler Front-line Venetoclax and Obinutuzumab in patients with CLL and coexisting conditions | | Isabelle Bence-Bruckler | |
|---|---|---|--|
| | | | |
| Confli | ct of Interest Declaration | | |
| To main conflicts of influe | ntain the objectivity and credibility of the pCO s of interest. A registered clinician must decla | DR process, all participants in the pCODR review process must disclose any are any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or | |
| Example | es of conflicts of interest include, but are not | limited to: | |
| gifts | , and salary) | y or other entities (e.g., educational or research grants, honoraria, ps with drug manufacturers or other interest groups. | |
| Sectio | n A: Payment Received | | |
| ind | ve you received any payments over the previ irect interest in the drug under review? ⊒∕Yes | ious two years from any company or organization that may have a direct or | |
| _ | □ No | | |
| lf ı | no, please go to Section B. | | |
| 2. Wh | nat form of payment did you receive? (Check | all that apply.) | |
| Î | Advisory role (e.g., advisory boards, health technology assessment submission advice | | |
| | ☐ Conference attendance | ☐ Research/educational grants | |
| | □ Royalties | ☐ Travel grants | |
| C | ☐ 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 table.

| Company | Nature or description of activities or interests | Check Appropriate Dollar Range | | | |
|---------|--|--------------------------------|----------------------|-----------------------|--------------------------|
| | | \$0 to 5,000 | \$5,001 to 10,000 | \$10,001 to 50,000 | In Excess of \$50,000 |
| Roche | Advisory Board Meeting | | | | |
| Abbvie | Advisory Board Meeting | 2 | | | |



| Janssen | Advisory Board Meeting | 9 | | | |
|---|--|--|--|-------------------------------|--------------------------------|
| Section B: Holdings or | Other Interests | | ALL ALLES AND ALL SHARE AND AL | | |
| | n possession of stocks or options of more than \$10,0 ct interest in the drug under review? If yes, please lis | | | | ations that |
| | | | | | |
| | | | | | |
| | | | | | |
| | | and a superior of the superior | | | |
| Section C: Affiliations, | Personal or Commercial Relationships | | | | |
| Do you have personal or coparent corporation, subsidi | ommercial relationships either with a drug or health to laries, affiliates, and associated corporations) or othe zations, and outline the nature of these relationships, | r interest grou | ips? If yes, ple | cluding the n ease provide | nanufacturer's the names of |
| | | | | Management of the second | |
| | | | | | |
| | | | | | |
| | | | | | |
| By checking this box, I here accurate and complete to t | eby certify that the information that I have presented the best of my knowledge. | here is | | Ø | |
| Apr 20/20 | Isabello Benco-Brull | eler- | | | |
| Date | Name | | | | |
| | | | | | |
| | | | | | |