

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: Dr. Erin Kennedy

Name of drug and indication under review: Atezo bev/HCC

#### **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 it does not negate or preclude the use of the clinician interest declaration is requested for transparency input.

- S,

•	xamples 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.				
Sa	ction A	A: Payment Received			
1.	<ul> <li>Bection A: Payment Received</li> <li>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?</li> <li>☐ Yes</li> </ul>				
	If no.	please go to Section B.			
				/	
2.	What	form of payment did you receive? (Che	eck 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	text.		
	in the	se provide the names of companies and box below.	organi	zations and the amounts of the payments	
3.11		nla			



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.

#### 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. nla

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.

nla

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.

Enn Kennich

Date:

Click here to enter text. Oct 30/2019

Name:

Click here to enter text.

Signature:

Click here to enter text.



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: Jim Biagi

Name of drug and indication under review: Atezo-bev/HCC

#### **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 y	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 ☑ No					
	If no, p	please go to Section B.					
2.	What	form of payment did you receive? (Che	eck all tl	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	r text.				
3.		e provide the names of companies and box below.	l organi	zations and the amounts of the payments			
Cli	ck here	to enter text.					



Before completing this template, be sure to <u>register</u> with the pCODR program.

Please visit <a href="https://www.cadth.ca/pcodr/registration">https://www.cadth.ca/pcodr/registration</a> 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.

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 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: November 12 2019

Name: Jim Biagi

Signature:



Name of registered clinician:

Yes
 □ No

If no, please go to Section B.

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

**Brandon Meyers** 

	Name of drug and indication under review:	Atezolizumab/bevacizumab in advanced HCC
Co	onflict of Interest Declaration	
cor of i	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:
•	financial support from the pharmaceutical indus gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria,
•	affiliations, or personal or commercial relations	hips 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?	evious two years from any company or organization that may have a direct or

What form of payment did you receive? (Check all that apply.)

nat form of payment did you receive? (Check all that apply.)			
	☐ Program or Operating Funding (e.g., website)		
☐ Conference attendance	☐ Research/educational grants		
☐ Royalties	☐ Travel grants		
□ Gifts	□ Sponsorship of events		
☐ Honoraria	Other, please specify:	Clinical expert for Health Canada and PCODR submissions	

Company	Nature or description of activities or interests	Check Appropriate Dollar Range		Range	
		\$0 to 5,000		\$10,001 to 50,000	In Excess of \$50,000
Roche	Health Canada/PCODR submissions/Advisory				
Eisai	Advisory/Travel/PCODR submission			×	



Ipsen	Advisory/Educational events		$\boxtimes$		
Section B: Holding	gs or Other Interests				
_	r are in possession of stocks or options of more than \$10,00 indirect interest in the drug under review? If yes, please list		,	for organiza	tions that
No					
Section C: Affiliati	ions, Personal or Commercial Relationships				
	al or commercial relationships either with a drug or health te				
•	ubsidiaries, affiliates, and associated corporations) or other rganizations, and outline the nature of these relationships, i	• .	•	ase provide i	ne names or
No					
No					
By checking this box	x, I hereby certify that the information that I have presented	here is		$\bowtie$	
	ete to the best of my knowledge.				
12/June 2020	Brandon Meyers				
Date	Name				



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.

Eric Chen

Name of drug and indication under review:	Bevacizumab, atezolizumab
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 no	t limited to:
gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria,
<ul> <li>affiliations, or personal or commercial relationsh</li> </ul>	ips with drug manufacturers or other interest groups.
Section A: Payment Received	
<ol> <li>Have you received any payments over the previndirect interest in the drug under review?</li> </ol>	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.)
<ul> <li>Advisory role (e.g., advisory boards, hea technology assessment submission advi</li> </ul>	Ith Program or Operating Funding (e.g., website)
□ 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.

Nature or description of activities or interests

Consulting on HCC treatment

Clinician Input Template for CADTH pan-Canadian Oncology Drug Review Program

Company

Roche

In Excess of \$50,000

**Check Appropriate Dollar Range** 

\$10,001

to 50,000

\$5,001 to

10,000

\$0 to 5,000

30



### 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	s 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

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.

May 28, 2020

Date

Name

June 12, 2020





1

### 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 Doherty				
Name of drug and indication under review:	Atezolizumab & Bevacizumab – Advanced Hepatocellular Carcinoma				
Conflict of Interest Declaration					
conflicts 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				
Examples of conflicts of interest include, but are no	t limited to:				
gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria, hips with drug manufacturers or other interest groups.				
Section A: Payment Received					
<ol> <li>Have you received any payments over the previously indirect interest in the drug under review?</li> </ol>	vious two years from any company or organization that may have a direct or				
If no, please go to Section B.					
2. What form of payment did you receive? (Check	call 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:				

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		Range	
		\$0 to 5,000		\$10,001 to 50,000	In Excess of \$50,000
Roche	Consulting				



Section B: Holdings of	Other Interests	
	n possession of stocks or options of more than \$10,000 (excluding mu ct interest in the drug under review? If yes, please list them in the follo	
No		
Section C: Affiliations,	Personal or Commercial Relationships	
parent corporation, subsidi	ommercial relationships either with a drug or health technology manufa aries, affiliates, and associated corporations) or other interest groups? cations, and outline the nature of these relationships, in the following be	If yes, please provide the names of
Consulting/Honoraria –	AstraZeneca, Roche, Eisai, Merck	
	ereby certify that the information that I have presented here is the best of my knowledge.	$\boxtimes$
03-Jun-2020	Mark Doherty	

Name

Date



1

## 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:	SHARLENE GILL  ATEZOLIZUMAB AND BEVACIZUMAB FOR PREVIOUSLY UNTREATED ADVANCED HEPATOCELLULAR CANCER			
Name of drug and indication under review:				
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:			
financial support from the pharmaceutical indust	try or other entities (e.g., educational or research grants, honoraria,			
gifts, and salary)	ips with drug manufacturers or other interest groups.			
anniations, or personal or commercial relationship	ips with drug manufacturers or other interest groups.			
Section A: Payment Received				
<ol> <li>Have you received any payments over the previndirect interest in the drug under review?</li> </ol>	vious two years from any company or organization that may have a direct or			
If no, please go to Section B.				
2. What form of payment did you receive? (Check	c 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:			

Company	Nature or description of activities or interests	Ch	eck Appropr	iate Dollar F	Range
		\$0 to 5,000		\$10,001 to 50,000	In Excess of \$50,000
Roche Canada	Advisory role				
Eisai Canada	Advisory role				



Section B: Holdings or C	Other Interests				
	possession of stocks or options of more than \$10,000 interest in the drug under review? If yes, please list the			for organizat	ions that
		1000 O C. N.			
N/A					
Section C: Affiliations, P	ersonal or Commercial Relationships				
	nmercial relationships either with a drug or health tech				
	ies, affiliates, and associated corporations) or other in tions, and outline the nature of these relationships, in	100 C	E. (A)	ase provide t	he names of
N/A					
N/A					
By checking this box, I here	by certify that the information that I have presented h	nere is		$\boxtimes$	
accurate and complete to the	ne best of my knowledge.			_	
May 28, 2020	SHARLENE GILL	_			
Date	Name				



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. Vincent Tam
Name of drug and indication under	eview: Atezolizumab - bevacizumab
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 conflict of interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include,	ut are not limited to:
gifts, and salary)	cal 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 re-	er the previous two years from any company or organization that may have a direct or ew?
If no, please go to Section B.	
What form of payment did you receive	e? (Check all that apply.)
Advisory role (e.g., advisory b technology assessment subm	
☐ Conference attendance	□ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	☐ Other, please specify:

Company	Nature or description of activities or interests	Ch	eck Appropr	iate Dollar F	tange
		\$0 to 5,000			In Excess of \$50,000
Bayer	Research/education grant				
BMS	Advisory board				



 $\boxtimes$ 

Eisai	Advisory board			
Eisai	Research/education grant		⊠	
Ipsen	Advisory board			
Ipsen	Research/education grant	⊠	⊠	
Roche	Advisory board			

### Section B: Holdings or Other Interests

May 27, 2020

Date

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.

may have a direct of indirect i	nterest in the drug under review? If yes, please list them in the following box.
NONE	
Section C: Affiliations, P	ersonal or Commercial Relationships
parent corporation, subsidiari	mercial relationships either with a drug or health technology manufacturer (including the manufacturer's es, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of ons, and outline the nature of these relationships, in the following box.

IONE			

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.

Name



Clinician Input Template for CADTH pan-Canadian Oncology Drug Review Program



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:	JETA BAVAN
Name of drug and indication under review:	REVACIZUMAN (ATEZOUZUMAR
Conflict of Interest Declaration	
conflicts 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 finterest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not	limited to:
gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.
Have you received any payments over the previndirect interest in the drug under review?  Yes 7 . k . 1	ious two years from any company or organization that may have a direct or
2. What form of payment did you receive? (Check	all that apply.)
Advisory role (e.g., advisory boards, hea technology assessment submission advi	Ith Program or Operating Funding ce) (e.g., website)
□ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	□ Other, please specify:

Company	Nature or description of activities or interests	Ch	eck Appropr	iate Dollar F	tange
		\$0 to 5,000	\$5,001 to 10,000		In Excess of \$50,000
ROCHE	AD ROARD HCC 2013	Ø			

#### 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.

MA

#### Section C: Affiliations, Personal or Commercial Relationships

1/1020

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.

NIA

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.

4

Date

Vame



1

### 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:	Ravi Ramjeesingh
Name of drug and indication under review:	Atezolizumab
Conflict of Interest Declaration	
conflicts 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
Examples of conflicts of interest include, but are no	t limited to:
gifts, and salary)	try or other entities (e.g., educational or research grants, honoraria, hips with drug manufacturers or other interest groups.
	rpe man anag mananananana ar amar muanaan graapan
Section A: Payment Received	
<ol> <li>Have you received any payments over the pre- indirect interest in the drug under review?</li> </ol>	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, heat technology assessment submission advi	
□ Conference attendance	⊠ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
⊠ Honoraria	☐ Other, please specify:

Company	Nature or description of activities or interests	Ch	eck Appropr	iate Dollar F	Range
		\$0 to 5,000	10.50		In Excess of \$50,000
Ipsen	Advisory Board, Honoraria for presentation, Travel grant for ASCO attendance,				



Eisai	Advisory Board(<\$2K), Honoraria for presentation(<\$2K), Travel grant for ASCO attendance (<\$4K), Research Grant (\$10K)	⊠	⊠		
Bayer	Advisory Board				
ection B: Hold	lings or Other Interests	11301			
ave you received	or are in possession of stocks or options of more than \$10,0	00 (excluding r	nutual funds)	for organizat	tions that
ay have a direct	or indirect interest in the drug under review? If yes, please lis	t them in the fo	llowing box.		
n/a					
- 4: - 0 AEC!					
	ations, Personal or Commercial Relationships				
o you have perso	onal or commercial relationships either with a drug or health to	A STATE OF THE PARTY OF THE PAR	The second secon	E 20 (A)	
you have perso rent corporation,	onal or commercial relationships either with a drug or health to , subsidiaries, affiliates, and associated corporations) or other	r interest group	s? If yes, ple	E 20 (A)	
you have perso rent corporation,	onal or commercial relationships either with a drug or health to	r interest group	s? If yes, ple	E 20 (A)	
you have perso rent corporation,	onal or commercial relationships either with a drug or health to , subsidiaries, affiliates, and associated corporations) or other	r interest group	s? If yes, ple	E 20 (A)	
you have perso rent corporation, e companies and	onal or commercial relationships either with a drug or health to , subsidiaries, affiliates, and associated corporations) or other	r interest group	s? If yes, ple	E 20 (A)	
o you have perso arent corporation, e companies and	onal or commercial relationships either with a drug or health to , subsidiaries, affiliates, and associated corporations) or other	r interest group	s? If yes, ple	E 20 (A)	
o you have perso arent corporation, e companies and	onal or commercial relationships either with a drug or health to , subsidiaries, affiliates, and associated corporations) or other	r interest group	s? If yes, ple	E 20 (A)	
o you have perso rent corporation, e companies and	onal or commercial relationships either with a drug or health to , subsidiaries, affiliates, and associated corporations) or other	r interest group	s? If yes, ple	E 20 (A)	
o you have perso rent corporation, e companies and No. None	onal or commercial relationships either with a drug or health to , subsidiaries, affiliates, and associated corporations) or other	r interest group in the following	s? If yes, ple	ase provide t	
o you have personent corporation, e companies and No. None	onal or commercial relationships either with a drug or health to, subsidiaries, affiliates, and associated corporations) or other droganizations, and outline the nature of these relationships,	r interest group in the following	s? If yes, ple	E 20 (A)	
o you have personent corporation, e companies and No. None	onal or commercial relationships either with a drug or health to, subsidiaries, affiliates, and associated corporations) or other disconstitutions, and outline the nature of these relationships,	r interest group in the following	s? If yes, ple	ase provide t	

Name

Date