

## Appendix: Patient Group Conflict of Interest Declaration

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 Canada Inc.				x
Sanofi				x
Janssen				x
Bristol-Myers Squibb Canada Co.				x
Celgene				x
Takeda Canada Inc.				x
Merck Canada Inc.			x	
Pfizer Canada			x	
Karyopharm Therapeutics				x
Novartis	x			
GlaxoSmithKline Inc.			x	
Leo Pharma Inc.		x		
Rapid Novor Inc.			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: Martine Elias  
 Position: Executive Director  
 Patient Group: Myeloma Canada  
 Date: January 13, 2021