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## 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: Sebastien Hotte

Name of drug and indication under review: avelumab

### Conflict of Interest Declaration

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. A 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 a 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.)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input checked="" type="checkbox"/> Research/educational grants       |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of events                        |
| <input type="checkbox"/> Honoraria  | <input type="checkbox"/> 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    |
| Pfizer (avelumab)     | Advisory board meetings                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Merck (pembrolizumab) | Research (institution); Advisory board meetings  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                       |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 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.

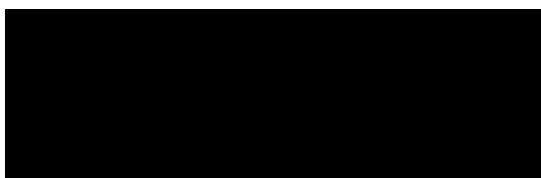
No.

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.



2020/08/26

\_\_\_\_\_  
Date



## Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Aly-Khan Lalani

Name of drug and indication under review:

pCODR 10225 – avelumab for the first-line maintenance treatment of patients with locally advanced or metastatic urothelial carcinoma (UC) whose disease has not progressed with first-line platinum-based induction chemotherapy.

### Conflict of Interest Declaration

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. A 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 a 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.)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance  | <input type="checkbox"/> Research/educational grants                  |
| <input type="checkbox"/> Royalties  | <input type="checkbox"/> Travel grants                                |
| <input type="checkbox"/> Gifts  | <input type="checkbox"/> Sponsorship of events                        |
| <input checked="" type="checkbox"/> Honoraria   | <input type="checkbox"/> 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    |
| Pfizer  | Honoraria/advisory                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                          |                          |                          |                          |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 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

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.



September 25, 2020

Date

