

## 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: Stacey Hubay

Name of drug and indication under review: Dabrafenib-trametinib for NSCLC BRAF V600 mutation

### 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 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 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
		<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"/>	<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.

none

## 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.

none

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.



Oct 14, 2020

\_\_\_\_\_  
Date

Stacey hubay

\_\_\_\_\_  
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: Barbara Melosky

Name of drug and indication under review: Dabrafenib and Trametinib in Advanced NSCLC BRAF V600E M+

### Conflict of Interest Declaration

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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 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
Novartis	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Merck	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## 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, I do not have holdings or other interests in organizations that may have a direct or indirect interest in the drug under review.

## 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, I do not have personal or commercial relationships either with a drug or health technology manufacturer or other interest groups.

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 9<sup>th</sup> 2020  
Date

Barbara Melosky  
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:

Dr Paul Wheatley-Price

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### 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

4. 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.

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

- Advisory role (e.g., advisory boards, health technology assessment 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: \_\_\_\_\_

6. 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
Astra Zeneca	Advisory Role	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Boehringer Ingeiheim	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol-Myers Squibb	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Role	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory Role	<input checked="" 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 12<sup>th</sup> 2020  
Date

Paul Wheatley-Price  
Name

## Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Dr Rosalyn Juergens

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

7. 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.

8. 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: _____                 |

9. 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
Bristol-Myers Squibb	Advisory role and honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Astra Zeneca	Advisory role and honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck Sharp and Dohme	Advisory role and honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory role and honoraria	<input checked="" 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 12<sup>th</sup> 2020  
Date

Rosalyn Juergens, MD PhD  
Name



## Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Dr Jeffrey Rothenstein

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

10. 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.

11. 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: _____                 |

12. 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 Role and Honoraria	<input checked="" 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	<input type="checkbox"/>
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## 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
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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 12<sup>th</sup> 2020  
Date

Jeffrey Rothenstein  
Name

## Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Dr Ronald Burkes

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

13. 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.

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

- |                                                                                                                |                                                                       |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input 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 type="checkbox"/> Honoraria                                                                             | <input type="checkbox"/> Other, please specify: _____                 |

15. 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
		<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	<input type="checkbox"/>
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## 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 12<sup>th</sup> 2020  
Date

Ronald Burkes  
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:

Dr Quincy Chu

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### Conflict of Interest Declaration

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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

16. 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.

17. 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 checked="" type="checkbox"/> Honoraria                                                                             | <input type="checkbox"/> Other, please specify: _____                 |

18. 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
Abbvie	Advisory Board and Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Amgen	Advisory Board and Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astra Zeneca	Advisory Board and Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boehringer Ingeiheim	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol-Myers Squibb	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eisai	Advisory Board and Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Board and Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astra Zeneca	Research Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bristol-Myers Squibb	Educational Grant	<input checked="" 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 12<sup>th</sup> 2020  
Date

Quincy Chu  
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:

Dr Nicole Bouchard

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### Conflict of Interest Declaration

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Examples of conflicts of interest include, but are not limited to:

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

### Section A: Payment Received

19. 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.

20. 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 checked="" 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: _____                 |

21. 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
Astra Zeneca	Advisory Role/Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bristol-Myers Squibb	Advisory Role/Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Role /Research/Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bayer	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	Conference/Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Role	<input checked="" 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.

Expert for INESSS (diagnosis and treatment for Lung Cancer in Quebec)

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 12<sup>th</sup> 2020  
Date

Nicole Bouchard  
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:

Dr Normand Blais

Name of drug and indication under review:

Dabrafenib in combination with trametinib is indicated for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

### Conflict of Interest Declaration

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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

22. 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.

23. 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 type="checkbox"/> Honoraria                                                                                        | <input type="checkbox"/> Other, please specify: _____                 |

24. 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
Novartis	Medical advisor	<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"/>
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## 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.

N/A
-----

## 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.

N/A
-----

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.



Oct 11 2020

Normand Blais

\_\_\_\_\_  
Date

\_\_\_\_\_  
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: Geoffrey Liu

Name of drug and indication under review: Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

### 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

25. 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.

26. 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: _____                 |

27. 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
Takeda Canada	Advisory Board, Health Technology Assessment Submission Advice, Speaker's Bureau, past 10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	years				
Takeda Canada	(To institution, not individual) Observational Study funding, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hoffman La Roche	Advisory Board, Health Technology Assessment Submission Advice, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pfizer	Advisory Board, Health Technology Assessment Submission Advice, part 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AstraZeneca	Advisory Board, Health Technology Assessment Submission Advice, Speaker's Bureau, past 10 years,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AstraZeneca	(To institution, not individual) Observational Study funding, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bristol Myers Squibb	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boehringer Ingerheim	(To institution, not individual) Observational Study funding, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abbvie	Advisory Board, past 10 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Board, Health Technology Assessment Submission Advice, past 10 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMD Serono	Speaker's Bureau, past 10 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory Board, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glaxo Smith Kline	Advisory Board, past 10 years	<input type="checkbox"/>	<input checked="" 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.



14 October, 2020  
Date

Geoffrey Liu  
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:

Dr Donna Maziak

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### 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

28. 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.

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

- |                                                                                                                |                                                                       |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input 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 type="checkbox"/> Honoraria                                                                             | <input type="checkbox"/> Other, please specify: _____                 |

30. 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
		<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	<input type="checkbox"/>
----	--------------------------

## 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 12<sup>th</sup> 2020  
Date

Donna Maziak  
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:

Dr Kevin Jao

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### 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

31. 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.

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

- Advisory role (e.g., advisory boards, health technology assessment 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: \_\_\_\_\_

33. 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
Bristol-Myers Squibb	Advisory Role	<input checked="" 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	<input type="checkbox"/>
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## 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
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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 12<sup>th</sup> 2020  
Date

Kevin Jao  
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:

Dr Stephanie Snow

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### 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

34. 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.

35. 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 type="checkbox"/> Honoraria                                                                                        | <input type="checkbox"/> Other, please specify: _____                 |

36. 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
Amgen	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Astra Zeneca	Advisory Role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bayer	Advisory Role	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boehringer Ingeiheim	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol-Myers Squibb	Advisory Role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eisai	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purdue	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Taiho	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeda	Advisory Role	<input type="checkbox"/>	<input checked="" 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 12<sup>th</sup> 2020  
Date

Stephanie Snow  
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:

Dr Sunil Yadav

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### 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

37. 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.

38. 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 (Speaking)                                                                  | <input type="checkbox"/> Other, please specify: _____                 |

39. 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
Bristol-Myers Squibb	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Astra Zeneca	Advisory Board and Speaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Board and Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Board and Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeda	Advisory Board and Speaking	<input checked="" 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 12<sup>th</sup> 2020  
Date

Sunil Yadav  
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:

Dr Mahmoud Adelsalam

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**Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.**

Name of drug and indication under review:

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### 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

40. 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.

41. 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 checked="" 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: _____                 |

42. 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
BMS	Advisory role, Honoraria and travel grants	<input type="checkbox"/>	<input checked="" 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.



16 October 2020

Mahmoud Adelsalam

\_\_\_\_\_  
Date

\_\_\_\_\_  
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:

Dr. Negar Chooback

Dabrafenib in combination with trametinib for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation.

Name of drug and indication under review:

### 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

43. 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.

44. 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 type="checkbox"/> Honoraria                                                                                        | <input type="checkbox"/> Other, please specify: _____                 |

45. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Organization Name	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

BMS	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## 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	
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## 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
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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.	<input checked="" type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

	October 16, 2020		Negar Chooback		
Date		Name			