

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.

N	lame of registered clinician:	Stacey Hubay
N	lame of drug and indication under review:	Dabrafenib-trametinib for NSCLC BRAF V600 mutation
Со	nflict of Interest Declaration	
con of ir	flicts 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
Exa	mples of conflicts of interest include, but are no	t limited to:
		ry or other entities (e.g., educational or research grants, honoraria,
	gifts, and salary) affiliations, or personal or commercial relationsh	ips with drug manufacturers or other interest groups.
Sec	ction 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.)
	 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	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000



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, Per	sonal or Commercial Relationships	
parent corporation, subsidiaries	ercial relationships either with a drug or health technology manufact affiliates, and associated corporations) or other interest groups? Is, and outline the nature of these relationships, in the following both	f yes, please provide the names of
none		
By checking this box, I hereby accurate and complete to the I	certify that the information that I have presented here is sest of my knowledge.	



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.

Barbara Melosky

N	ame of drug and indication under review:	Dabrafenib and Trametinib in Advanced NSCLC BRAF V600E M+
Co	onflict of Interest Declaration	
or of i	nflicts 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
Exa	amples of conflicts of interest include, but are not	limited to:
	···	y or other entities (e.g., educational or research grants, honoraria,
	gifts, and salary) affiliations, or personal or commercial relationshi	ps with drug manufacturers or other interest groups.
Se	ction A: Payment Received	
١.	Have you received any payments over the previndirect interest in the drug under review?	ious 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.)
	Advisory role (e.g., advisory boards, health technology assessment submission advice	· · · · · · · · · · · · · · · · · · ·
	☐ Conference attendance	☐ Research/educational grants
	☐ Royalties	☐ Travel grants
	☐ Gifts	☐ Sponsorship of events
	☐ Honoraria	☐ Other, please specify:

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
Novartis	Advisory Board	\boxtimes			
Roche	Advisory Board	\boxtimes			



Merck	Advisory B	oard	\boxtimes						
Section B: Hold	dings or Other Inte	rests							
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	e holdings or other inte	erests in organizations that may have a	direct or indire	ect interest in	the drug und	ler review.			
Section C: Affil	iations, Personal o	r Commercial Relationships							
parent corporation	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 groups.	e personal or commer	cial relationships either with a drug or he	ealth technolo	gy manufactu	rer or other i	nterest			
	oox, I hereby certify the plete to the best of my	at the information that I have presented knowledge.	here is						
September 9 th	2020	Barbara Melosky							
Dale		INAILIE							



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.
N	ame of drug and indication under review:	
Co	onflict of Interest Declaration	
or of i	nflicts of interest. A registered clinician must dec	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
Exa	amples 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, nips with drug manufacturers or other interest groups.
Se	ction A: Payment Received	
١.	Have you received any payments over the preindirect interest in the drug under review?	vious two years from any company or organization that may have a direct or
	If no, please go to Section B.	
5.	What form of payment did you receive? (Check	k all that apply.)
	☑ Advisory role (e.g., advisory boards, healt technology assessment submission advice.)	
	☐ 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 R	lange
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Astra Zeneca	Advisory Role		\boxtimes		



Boehringer Ingeiheim	Advisory Role	\boxtimes			
Bristol-Myers Squibb	Advisory Role	\boxtimes			
Merck	Advisory Role				
Novartis	Advisory Role				
ection B: Holdings o	or Other Interests	I		1	1
lave vou received or are i	in possession of stocks or options of more than \$	10.000 (excluding	ı mutual funds	s) for organiz	ations that
	ect interest in the drug under review? If yes, pleas				
No					
110					
Section C: Affiliations	s. Personal or Commercial Relationships				
	s, Personal or Commercial Relationships	lth technology ma	anufacturor (ir	actuding the r	manufacturer'
o you have personal or c	commercial relationships either with a drug or hea				
Oo you have personal or coarent corporation, subsid	•	other interest grou	ıps? If yes, pl		
Do you have personal or control of control o	commercial relationships either with a drug or heatiaries, affiliates, and associated corporations) or	other interest grou	ıps? If yes, pl		
Oo you have personal or carent corporation, subsidue companies and organi	commercial relationships either with a drug or heatiaries, affiliates, and associated corporations) or	other interest grou	ıps? If yes, pl		
Oo you have personal or control of control o	commercial relationships either with a drug or heatiaries, affiliates, and associated corporations) or	other interest grou	ıps? If yes, pl		
Oo you have personal or control of control o	commercial relationships either with a drug or heatiaries, affiliates, and associated corporations) or	other interest grou	ıps? If yes, pl		
Oo you have personal or coarent corporation, subsid	commercial relationships either with a drug or heatiaries, affiliates, and associated corporations) or	other interest grou	ıps? If yes, pl		
Oo you have personal or control of control o	commercial relationships either with a drug or heatiaries, affiliates, and associated corporations) or	other interest grou	ıps? If yes, pl		
Oo you have personal or control of control o	commercial relationships either with a drug or heatiaries, affiliates, and associated corporations) or	other interest grou	ıps? If yes, pl		
Do you have personal or content corporation, subsidue companies and organi. No By checking this box, I her	commercial relationships either with a drug or healiaries, affiliates, and associated corporations) or izations, and outline the nature of these relationships are the second of the sec	other interest grou nips, in the followin	ıps? If yes, pl		
Do you have personal or content corporation, subside the companies and organic No	commercial relationships either with a drug or healiaries, affiliates, and associated corporations) or izations, and outline the nature of these relationsh	other interest grou nips, in the followin	ıps? If yes, pl	ease provide	
Do you have personal or content corporation, subsidue companies and organi. No By checking this box, I her	commercial relationships either with a drug or healiaries, affiliates, and associated corporations) or izations, and outline the nature of these relationships are the second of the sec	other interest grou nips, in the followin	ıps? If yes, pl	ease provide	



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 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.
N	ame of drug and indication under review:	
Co	onflict of Interest Declaration	
or of i	nflicts 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
Exa	amples 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, ips with drug manufacturers or other interest groups.
Se	ction A: Payment Received	
7 .	Have you received any payments over the previndirect interest in the drug under review?	vious two years from any company or organization that may have a direct or
	⊠ Yes □ No	
	If no, please go to Section B.	
3.	What form of payment did you receive? (Check	c all that apply.)
	☑ Advisory role (e.g., advisory boards, healt technology assessment submission advice)	
	☐ 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 R	lange
			\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol-Myers Squibb	Advisory role and honoraria	\boxtimes			



Astra Zeneca	Advisory role and honoraria		\boxtimes		
Merck Sharp and Dohme	Advisory role and honoraria				
Roche	Advisory role and honoraria				
Section B: Holdings or	Other Interests				
lave you received or are in	possession of stocks or options of more than \$10,	000 (excluding	mutual funds	s) for organiza	ations that
nay have a direct or indirec	t interest in the drug under review? If yes, please li	ist them in the	following box.		
No					
Continu C. Affiliations I	Dave and an Communical Deletionships				
•	Personal or Commercial Relationships				
•	mmercial relationships either with a drug or health	• • • • • • • • • • • • • • • • • • • •	•	•	
•	ries, affiliates, and associated corporations) or othe ations, and outline the nature of these relationships	•		ease provide	the names of
	thoris, and oddine the nature of these relationships	, iii tiic iollowii	19 DOX.		
No					
	by certify that the information that I have presented e best of my knowledge.	d here is			
By checking this box, I herel accurate and complete to th September 12 th 2020		I here is			



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 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.				
Na	ame of drug and indication under review:					
Co	nflict of Interest Declaration					
ont of in	flicts 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				
Ξха	mples of conflicts of interest include, but are not	limited to:				
Ç	gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.				
Sec	ction A: Payment Received					
10.	Have you received any payments over the previndirect interest in the drug under review?	rious two years from any company or organization that may have a direct or				
	If no, please go to Section B.					
11.	What form of payment did you receive? (Check	all that apply.)				
	Advisory role (e.g., advisory boards, health technology assessment submission advice					
	☐ Conference attendance	☐ Research/educational grants				
	☐ Royalties	☐ Travel grants				
	☐ Gifts	☐ Sponsorship of events				
		☐ Other, please specify:				

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			Range
			\$5,001 to 10,000		In Excess of \$50,000
Roche	Advisory Role and Honoraria	\boxtimes			



Date

may have a direct or indirect interest in the	ne drug under review? If yes, please list them in the	following box.	
No			
Section C: Affiliations, Personal o	r Commercial Relationships		
parent corporation, subsidiaries, affiliates	ationships either with a drug or health technology mass, and associated corporations) or other interest groutline the nature of these relationships, in the following	ups? If yes, please provide the names of	
No			
By checking this box, I hereby certify tha accurate and complete to the best of my	t the information that I have presented here is knowledge.		
September 12 th 2020	Jeffrey Rothenstein		

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that

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 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	
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)	y or other entities (e.g., educational or research grants, honoraria, ps with drug manufacturers or other interest groups.
Section A: Payment Received	
13. Have you received any payments over the previndirect interest in the drug under review?	ious two years from any company or organization that may have a direct or
□ Yes ⊠ No	
If no, please go to Section B.	
4. What form of payment did you receive? (Check	all that apply.)
 Advisory role (e.g., advisory boards, health technology assessment submission advice 	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	☐ Other, please specify:

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



Date

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	
parent corporation, subsidiaries, affiliate	lationships either with a drug or health technology ma es, and associated corporations) or other interest grou outline the nature of these relationships, in the followin	ips? If yes, please provide the names of
No		
By checking this box, I hereby certify th accurate and complete to the best of m	at the information that I have presented here is y knowledge.	
September 12 th 2020	Ronald Burkes	

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that

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 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.				
Na	ame of drug and indication under review:					
Co	nflict of Interest Declaration					
on of in	flicts of interest. A registered clinician must decla	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 f interest declaration is requested for transparency — it does not negate or				
Ξха	imples of conflicts of interest include, but are not	limited to:				
Ç	gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.				
Sec	ction A: Payment Received					
16.	Have you received any payments over the previndirect interest in the drug under review?	ious two years from any company or organization that may have a direct or				
	If no, please go to Section B.					
17.	What form of payment did you receive? (Check	all that apply.)				
	☑ Advisory role (e.g., advisory boards, health technology assessment submission advice					
	☐ Conference attendance	⊠ Research/educational grants				
	☐ Royalties	☐ Travel grants				
	☐ Gifts	☐ Sponsorship of events				
	⋈ Honoraria	☐ Other, please specify:				

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			lange
					In Excess of \$50,000
Abbvie	Advisory Board and Honoraria	\boxtimes			



Amgen	Advisory Board and Honoraria	\boxtimes					
Astra Zeneca	Advisory Board and Honoraria			\boxtimes			
Boehringer Ingeiheim	Advisory Board and Honoraria		\boxtimes				
Bristol-Myers Squibb	Advisory Board and Honoraria						
Eisai	Advisory Board and Honoraria						
Merck	Advisory Board and Honoraria			\boxtimes			
Novartis	Advisory Board and Honoraria		\boxtimes				
Pfizer	Advisory Board and Honoraria						
Roche	Advisory Board and Honoraria		\boxtimes				
Astra Zeneca	Research Funding						
Bristol-Myers Squibb	Educational Grant						
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							
	liaries, affiliates, and associated corporations) or izations, and outline the nature of these relationsh	_		ease provide	tne names of		
No							
	reby certify that the information that I have preser the best of my knowledge.	nted here is					
September 12 th 2020	Quincy Chu						
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 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					
conflicts of interest. A registered clinician must decla	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:				
gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.				
Section A: Payment Received					
19. Have you received any payments over the previndirect interest in the drug under review?	rious two years from any company or organization that may have a direct or				
Yes □ No					
If no, please go to Section B.					
20. What form of payment did you receive? (Check	all that apply.)				
Advisory role (e.g., advisory boards, health technology assessment submission advice					
□ Conference attendance	⊠ Research/educational grants				
☐ Royalties	☐ Travel grants				
☐ Gifts	☐ Sponsorship of events				
☐ Honoraria	☐ Other, please specify:				

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			Range
			\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Astra Zeneca	Advisory Role/Conference	\boxtimes			



Bristol-Myers Squibb	Advisory Role/Research				
Merck	Advisory Role /Research/Conference	\boxtimes			
Bayer	Advisory Role				
Pfizer	Conference/Research	\boxtimes			
Roche	Advisory Role				
-	in possession of stocks or options of more than ect interest in the drug under review? If yes, ple	,		, •	
No					
Section C: Affiliations	s, Personal or Commercial Relationship	s			
	commercial relationships either with a drug or h		anufacturer (ir	cluding the n	nanufacturer's
arent corporation, subsid	diaries, affiliates, and associated corporations) d	or other interest grou	ıps? If yes, pl	•	
ne companies and organ	izations, and outline the nature of these relation	nships, in the followi	ng box.		
Expert for INESSS (diag	nosis and treatment for Lung Cancer in Quebe	c)			
	ereby certify that the information that I have presente best of my knowledge.	sented here is			
		sented here is			



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.

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	
conflicts 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
Examples of conflicts of interest include, but are no	ot limited to:
gifts, and salary)	etry or other entities (e.g., educational or research grants, honoraria, nips with drug manufacturers or other interest groups.
, , , , , , , , , , , , , , , , , , ,	, and a second s
Section A: Payment Received	
22. Have you received any payments over the pre indirect interest in the drug under review?	vious two years from any company or organization that may have a direct or
If no, please go to Section B.	
23. What form of payment did you receive? (Chec	k all that apply.)
Advisory role (e.g., advisory boards, heal technology assessment submission advice	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
☐ Honoraria	☐ Other, please specify:

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
Novartis	Medical advisor	\boxtimes			



Section B: Holdings or	Other Interests				
-	n possession of stocks or options of more than \$10,0 ct interest in the drug under review? If yes, please lis	, -		, •	ations that
N/A					
Section C: Affiliations.	Personal or Commercial Relationships				
Do you have personal or co	ommercial relationships either with a drug or health t aries, affiliates, and associated corporations) or othe cations, and outline the nature of these relationships,	r interest grou	ıps? If yes, pl	•	
N/A					
By checking this box, I here accurate and complete to t	eby certify that the information that I have presented he best of my knowledge.	here is		\boxtimes	
Oct 11 2020	Normand Blais				
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:	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.

S

Sec	tion A: Payment Received					
25.	5. 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.)						
	□ 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:				

Company	Nature or description of activities or interests	Check Appropriate Dollar Range		Range	
				\$10,001 to 50,000	In Excess of \$50,000
Takeda Canada	Advisory Board, Health Technology Assessment Submission Advice, Speaker's Bureau, past 10			×	



	years				
Takeda Canada	(To institution, not individual) Observational Study funding, past 10 years				\boxtimes
Hoffman La Roche	Advisory Board, Health Technology Assessment Submission Advice, past 10 years			\boxtimes	
Pfizer	Advisory Board, Health Technology Assessment Submission Advice, part 10 years			\boxtimes	
AstraZeneca	Advisory Board, Health Technology Assessment Submission Advice, Speaker's Bureau, past 10 years,			\boxtimes	
AstraZeneca	(To institution, not individual) Observational Study funding, past 10 years				\boxtimes
Bristol Myers Squibb	Advisory Board	\boxtimes			
Boehringer Ingerheim	(To institution, not individual) Observational Study funding, past 10 years			\boxtimes	
Abbvie	Advisory Board, past 10 years		\boxtimes		
Merck	Advisory Board, Health Technology Assessment Submission Advice, past 10 years		\boxtimes		
EMD Serono	Speaker's Bureau, past 10 years	\boxtimes			
Novartis	Advisory Board,past 10 years			\boxtimes	
Glaxo Smith Kline	Advisory Board, past 10 years		\boxtimes		
-	n possession of stocks or options of more than \$10,0 ct interest in the drug under review? If yes, please lis				ations that
140					
Do you have personal or co	Personal or Commercial Relationships ommercial relationships either with a drug or health to aries, affiliates, and associated corporations) or other ations, and outline the nature of these relationships,	r interest grou	ps? If yes, ple	-	
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	Geoffrey Liu				
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 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.			
Na	me of drug and indication under review:				
Co	nflict of Interest Declaration				
ont of in	flicts of interest. A registered clinician must decla	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 f interest declaration is requested for transparency — it does not negate or			
Ξха	mples of conflicts of interest include, but are not	limited to:			
ç	gifts, and salary)	ry or other entities (e.g., educational or research grants, honoraria, ps with drug manufacturers or other interest groups.			
Sec	ction A: Payment Received				
28.	Have you received any payments over the previndirect interest in the drug under review?	ious two years from any company or organization that may have a direct or			
	☐ Yes☒ No				
	If no, please go to Section B.				
29.	What form of payment did you receive? (Check	all that apply.)			
	☐ Advisory role (e.g., advisory boards, health technology assessment submission advice				
	☐ Conference attendance	☐ Research/educational grants			
	☐ Royalties	☐ Travel grants			
	☐ Gifts	☐ Sponsorship of events			
	☐ Honoraria	☐ Other, please specify:			

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



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, Pers	onal or Commercial Relationships			
parent corporation, subsidiaries,	rcial relationships either with a drug or health technology manufa affiliates, and associated corporations) or other interest groups? s, and outline the nature of these relationships, in the following bo	If yes, please provide the names of		
No				
By checking this box, I hereby co accurate and complete to the be	ertify that the information that I have presented here is st of my knowledge.			
September 12 th 2020	Donna Maziak			
Date	Name			

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that



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				
conflicts 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			
Examples of conflicts of interest include, but are no	ot limited to:			
gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria, hips with drug manufacturers or other interest groups.			
Section A: Payment Received				
31. 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			
⊠ Yes □ No				
If no, please go to Section B.				
32. What form of payment did you receive? (Chec	k all that apply.)			
Advisory role (e.g., advisory boards, heal technology assessment submission advice				
☐ 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 R	Range
			\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol-Myers Squibb	Advisory Role	\boxtimes			



September 12th 2020 Date

may have a direct or indirect interest in the drug under review? If yes, please list them in the follo	wing box.	
No		
Section C: Affiliations, Personal or Commercial Relationships		
Do you have personal or commercial relationships either with a drug or health technology manufactories are to corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? The companies and organizations, and outline the nature of these relationships, in the following b	If yes, please provide the names o	
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.	\boxtimes	

Kevin Jao Name

Have you received or are in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that



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	
conflicts of interest. A registered clinician must decla	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:
gifts, and salary)	rry or other entities (e.g., educational or research grants, honoraria, ips with drug manufacturers or other interest groups.
Section A: Payment Received	
34. Have you received any payments over the previndirect interest in the drug under review?	vious two years from any company or organization that may have a direct or
⊠ Yes □ No	
If no, please go to Section B.	
35. What form of payment did you receive? (Check	call that apply.)
Advisory role (e.g., advisory boards, health technology assessment submission advice	
☐ 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 R	lange
			\$5,001 to 10,000		In Excess of \$50,000
Amgen	Advisory Role	\boxtimes			



Astra Zeneca	Advisory Role			×	
Bayer	Advisory Role		\boxtimes		
Boehringer Ingeiheim	Advisory Role				
Bristol-Myers Squibb	Advisory Role				
Eisai	Advisory Role	\boxtimes			
Merck	Advisory Role			\boxtimes	
Novartis	Advisory Role				
Pfizer	Advisory Role	\boxtimes			
Purdue	Advisory Role	\boxtimes			
Roche	Advisory Role			\boxtimes	
Taiho	Advisory Role	\boxtimes			
Takeda	Advisory Role		\boxtimes		
Do you have personal or o	, Personal or Commercial Relationsh commercial relationships either with a drug of iaries, affiliates, and associated corporations	or health technology ma		_	
	zations, and outline the nature of these relat	•		p	
No					
	reby certify that the information that I have p the best of my knowledge.	resented here is			
September 12 th 2020 Date	Stephanie Snow 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 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	
conflicts of interest. A registered clinician must decla	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 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, ps with drug manufacturers or other interest groups.
Section A: Payment Received	
37. Have you received any payments over the prev indirect interest in the drug under review?	ious two years from any company or organization that may have a direct or
⊠ Yes □ No	
If no, please go to Section B.	
88. What form of payment did you receive? (Check	all that apply.)
Advisory role (e.g., advisory boards, health technology assessment submission advice	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events
	☐ Other, please specify:

Company	Nature or description of activities or interests	S Check Appropriate Dollar Range		Range	
			\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol-Myers Squibb	Advisory Board	\boxtimes			



Astra Zeneca	Advisory Boar	rd and Speaking	\boxtimes			
Merck	Advisory Boar	rd and Speaking			\boxtimes	
Roche	Advisory Boar	rd and Speaking				
Takeda	Advisory Boar	rd and Speaking				
ection B: Holdings	or Other Interests	 S				
		ocks or options of more than strug under review? If yes, plea				ations that
No						
10						
ection C: Affiliation	s, Personal or Co	ommercial Relationships				
	•	•	alth technology ma	nufacturer (in	cludina the i	manufacturer'
o you have personal or	commercial relation	ommercial Relationships ships either with a drug or head associated corporations) or	• • • • • • • • • • • • • • • • • • • •	•	•	
o you have personal or arent corporation, subs	commercial relation idiaries, affiliates, an	ships either with a drug or he	other interest grou	ps? If yes, ple	•	
Oo you have personal or arent corporation, subs	commercial relation idiaries, affiliates, an	nships either with a drug or head and associated corporations) or	other interest grou	ps? If yes, ple	•	
o you have personal or arent corporation, subs ne companies and orga	commercial relation idiaries, affiliates, an	nships either with a drug or head and associated corporations) or	other interest grou	ps? If yes, ple	•	
o you have personal or arent corporation, subs ne companies and orga	commercial relation idiaries, affiliates, an	nships either with a drug or head and associated corporations) or	other interest grou	ps? If yes, ple	•	
Oo you have personal or arent corporation, subs	commercial relation idiaries, affiliates, an	nships either with a drug or head and associated corporations) or	other interest grou	ps? If yes, ple	•	
Oo you have personal or arent corporation, subs	commercial relation idiaries, affiliates, an	nships either with a drug or head and associated corporations) or	other interest grou	ps? If yes, ple	•	
Oo you have personal or parent corporation, subs the companies and orga	commercial relation idiaries, affiliates, an	nships either with a drug or head and associated corporations) or	other interest grou	ps? If yes, ple	•	
Oo you have personal or parent corporation, subs the companies and orga	commercial relation idiaries, affiliates, an	nships either with a drug or head and associated corporations) or	other interest grou	ps? If yes, ple	•	
Oo you have personal or parent corporation, subside companies and organics. No By checking this box, I have been supported by the control of the control o	commercial relation idiaries, affiliates, an nizations, and outline ereby certify that the	nships either with a drug or head associated corporations) or e the nature of these relations e the nature of these relations e information that I have prese	other interest grou hips, in the followin	ps? If yes, ple	•	
Do you have personal or parent corporation, subside companies and organics. No	commercial relation idiaries, affiliates, an nizations, and outline ereby certify that the	nships either with a drug or head associated corporations) or e the nature of these relations e the nature of these relations e information that I have prese	other interest grou hips, in the followin	ps? If yes, ple	ease provide	
Do you have personal or parent corporation, subs he companies and organics	commercial relation idiaries, affiliates, an nizations, and outline ereby certify that the to the best of my kno	nships either with a drug or head associated corporations) or e the nature of these relations e the nature of these relations e information that I have prese	other interest grou hips, in the followin	ps? If yes, ple	ease provide	



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: D	r Mahmoud Adelsalam
m	abrafenib in combination with trametinib for the treatment of patients with netastatic non-small cell lung cancer (NSCLC) with a BRAF V600E nutation.
Name of drug and indication under review:	
Conflict of Interest Declaration	
conflicts of interest. A registered clinician must declare	PR process, all participants in the pCODR review process must disclose any e any potential conflicts of interest that may influence or have the appearance interest declaration is requested for transparency — it does not negate or
Examples of conflicts of interest include, but are not li	mited to:
 financial support from the pharmaceutical industry gifts, and salary) affiliations, or personal or commercial relationships 	or other entities (e.g., educational or research grants, honoraria, s with drug manufacturers or other interest groups.
Section A: Payment Received	
40. Have you received any payments over the previo indirect interest in the drug under review?	us two years from any company or organization that may have a direct or
If no, please go to Section B.	
41. What form of payment did you receive? (Check a	Il that apply.)
	☐ Program or Operating Funding (e.g., website)
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	⊠ Travel grants
☐ Gifts	☐ Sponsorship of events
	☐ Other, please specify:

Nature or description of activities or interests

Company

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		\boxtimes		
•	possession of stocks or options of more than \$10,0 t interest in the drug under review? If yes, please lis	, -		. •	ations that
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 provide the names of

·	es, and associated corporations) or other interest groups? If yes, pleature the nature of these relationships, in the following box.	ase p
No		
By checking this box, I hereby certify the accurate and complete to the best of my	at the information that I have presented here is value knowledge.	\boxtimes
16 October 2020	Mahmoud Adelsalam	
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.

ame 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.
ame of drug and indication under review:	
onflict of Interest Declaration	
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
amples of conflicts of interest include, but are no	ot limited to:
gifts, and salary)	stry or other entities (e.g., educational or research grants, honoraria, hips with drug manufacturers or other interest groups.
ection A: Payment Received	
. 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
Yes □ No	
If no, please go to Section B.	
. What form of payment did you receive? (Chec	ck all that apply.)
Advisory role (e.g., advisory boards, heal technology assessment submission advice	
☐ Conference attendance	☐ Research/educational grants
☐ Royalties	☐ Travel grants
☐ Gifts	☐ Sponsorship of events

Organization Name	Nature or description of activities or interests	Check Appropriate Dollar Range				
			\$5,001 to 10,000		In Excess of \$50,000	



BMS	Advisory Role	e	\boxtimes								
Section B: Holdi	ngs or Other Inter	ests									
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.											
the companies and	organizations, and ot	Time the nature of these relationships	s, in the lollow	ing box.							
No											
By checking this box, I hereby certify that the information that I have presented here is							\neg				
accurate and complete to the best of my knowledge.											
October 16, 20	120	Negar Chooback									
00.000.10, 20		- Togai Chooback									
Date	Name										