

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advoc	cacy group:	Canadian Breast Cancer Network (CBCN)	
Name of drug and indication unde	r review:	Trastuzumab Emtansine (Kadcyla)	
Conflict of Interest Declarations			
review process must disclose an any potential conflicts of inte	ny conflicts of interest that may inf nflict of interest	he pCODR process, all participants in the rerest. Patient advocacy groups must duence or have the appearance of infludeclaration is requested for transpare atient advocacy group input.	eclare iencing
Examples of conflicts of interest include, but are not limited to:			
 financial support from the pharmaceutical industry 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			
 Has this patient advocacy group received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review? 			
If no, please go to Section B			
2. What form of payment did this patient advocacy group receive? (Check all that apply.)			
Funds w □ Royalties ⊠ R □ Gifts □ S	rogram Funding (vebsite) lesearch/education ponsorship of Eve Other, please spec	onal grants nts	

3. Please provide the names of companies and organizations and the amounts of the

payments in the box below.

As a member of the Canadian Cancer Action Network, the Canadian Breast Cancer Network is committed to adhering to the Code of Conduct Governing Corporate Funding. In the past 2 years CBCN has received \$ from Hoffmann-La Roche Limited.

Section 8: Holdings or Other Interests

Has this patient advocacy group received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

No

Section C: Affiliations, personal or commercial relationships

Does this patient advocacy group have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes,, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.

No

I hereby certify that I have authority to disclose all relevant information with respect to any matter involving this patient advocacy group with a company, organization or entity that may place this patient advocacy group in a real, potential or perceived conflict of interest situation.

Date: March 28, 2013 Name: Niya Chari Signature