

pCODR Patient Advocacy Group Conflict of Interest Declarations

(CCAC)

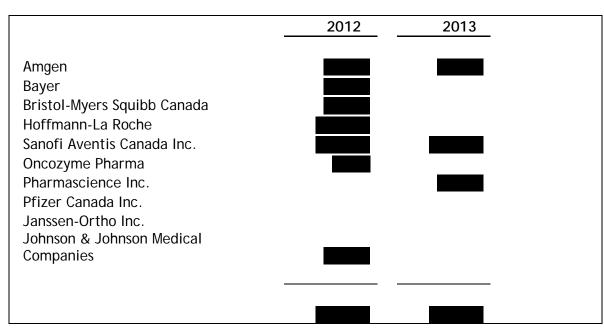
Regorafenib (Stivarga®) Name of drug and indication under review:

Conflict of Interest Declarations

To maintain the objectivity and credibility of the pCODR process, all participants in the pCODR review process must disclose any conflicts of interest. Patient advocacy groups must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. Conflict of interest declaration is requested for transparency — it does not negate or preclude the use of the patient advocacy group input.

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Exa	amples	of conflicts of in	tere	est include, but are not limited to:
	ho • af	onoraria, gifts, ar	nd s	the pharmaceutical industry e.g., educational or research grants, alary; or commercial relationships with drug manufacturers or other interes
Se	ction A	: Payment Rece	ived	1
1.	compa			group received any payments over the previous two years from any hat may have direct or indirect interest in the drug under review?
		No		
	If no,	please go to Sec	tior	n B
2.	What	form of payment	did	this patient advocacy group receive? (Check all that apply.)
	I	Operating Funds	√	Program Funding (e.g., website)
		Royalties Gifts		Research/educational grants Sponsorship of Events
		Honoraria		Other, please specify:

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.



Section B: 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.

N	VO	
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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: April 9, 2013 Name: Barry D. Stein