

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:	Myeloma Canada		
Name of drug and indication under review:	Bortezomib (Velcade®) for the treatment of patients with multiple myeloma prior to autologous stem cell transplantation (ASCT) when used in combination therapy and following ASCT when used as monotherapy.		
Conflict of Interest Declarations			
To maintain the objectivity and credibility of the review process must disclose any conflicts of interpotential conflicts of interest that may influence information submitted. Conflict of interest declarance or preclude the use of the patient advocace.	rest. Patient advocacy groups must declare any or have the appearance of influencing the ation is requested for transparency — it does not		
Examples of conflicts of interest include, but are	not limited to:		
 financial support from the pharmaceutical induhonoraria, gifts, and salary; affiliations or personal or commercial relations groups. 			
Section A: Payment Received			
1. Has this patient advocacy group received any company or organization that may have direct or	payments over the previous two years from any indirect interest in the drug under review?		
⋈ Yes□ No			
If no, please go to Section B			
What form of payment did this patient advoca□ Operating Funds □ Program Funding (e.			
website)			
☐ Royalties ☐ Research/educationa			
☐ Gifts☐ Honoraria☐ Other, please specif			
HUHULALIA UTHEL, DIEASE SPECII	y		

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

For the 24 months ending September 30, 2012:
Revenue source:

Janssen \$ \\
Other pharma \$ \\
Non-pharma funding \$ \\
Total \$ \\
Some funding referred to above as received by the corporation is subject to confidentiality provisions in the agreements governing the funding.

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.

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: November 13, 2012 Name: Aldo Del Col Signature: