

## pCODR Clinician Conflict of Interest Declarations

**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

**Name of drug and indication under review:** alectinib

### 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. A registered clinician 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 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 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, HTA 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: <a href="#">Click here to enter text.</a>        |   |

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

Astra Zeneca: [REDACTED] CAD; Merck: [REDACTED] CAD; BMS: [REDACTED] CAD; Boehringer Ingelheim: [REDACTED] CAD; Novartis: [REDACTED] CAD.

**Section B: Holdings or Other Interests**

Have you 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**

Do you 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 disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** 1 Sep 2017

**Name:** Dr. Quincy Chu

**Signature:**



## pCODR Clinician Conflict of Interest Declarations

**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. Jeff Rothenstein

**Name of drug and indication under review:** alectinib

### Conflict of Interest Declarations

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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 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, HTA 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: <a href="#">Click here to enter text.</a>        |   |

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

BMS, BI, Novartis, Lilly – ad hoc advisory and speaking engagements

**Section B: Holdings or Other Interests**

Have you 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.

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 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/A

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** 1 Sep 2017

**Name:** Jeff Rothenstein

**Signature:** 

## pCODR Clinician Conflict of Interest Declarations

**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:** Rosalyn Juergens, MD PhD

**Name of drug and indication under review:** alectinib

### Conflict of Interest Declarations

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- 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 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.)**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA 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: <a href="#">Click here to enter text.</a>        |   |

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

AstraZeneca - \$ [REDACTED]

Boehringer Ingelheim \$ [REDACTED]

Novartis - \$ [REDACTED]

Pfizer - \$ [REDACTED]

Roche - \$ [REDACTED]

**Section B: Holdings or Other Interests**

Have you 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.

None

**Section C: Affiliations, personal or commercial relationships**

Do you 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.

None

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** 1 Sep 2017

**Name:** Rosalyn Juergens



**Signature:**

## pCODR Clinician Conflict of Interest Declarations

**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 Weatley-Price

**Name of drug and indication under review:** alectinib

### Conflict of Interest Declarations

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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

**7. Have you 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?**

- 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, HTA 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: <a href="#">Click here to enter text.</a>        |   |

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

Lilly Oncology: Less than \$ [REDACTED]  
 Boehringer Ingelheim: Less than \$ [REDACTED]  
 Astra Zeneca: Less than \$ [REDACTED]  
 Novartis: Less than \$ [REDACTED]  
 Merck Ad Board Less than \$ [REDACTED]

**Section B: Holdings or Other Interests**

Have you 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.

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 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/A

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** 1 Sep 2017

**Name:** Dr. Paul Wheatley-Price



**Signature:**



## pCODR Clinician Conflict of Interest Declarations

**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:** David Dawe

**Name of drug and indication under review:** Alectinib

### Conflict of Interest Declarations

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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

**10. Have you 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?**

- 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, HTA 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: <a href="#">Click here to enter text.</a>        |   |

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

Merck  
AstraZeneca

**Section B: Holdings or Other Interests**

Have you 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**

Do you 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 disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** September 1, 2017

**Name:** David Dawe

**Signature:**



Before completing this template, be sure to [register](#) with the pCODR program. Please visit <https://www.cadth.ca/pcodr/registration> for information about the registration process.

## pCODR Clinician Conflict of Interest Declarations

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**Name of registered clinician:** Parneet Cheema

**Name of drug and indication under review:** [Click here to enter text.](#)

### Conflict of Interest Declarations

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- 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 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, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input checked="" 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: <a href="#">Click here to enter text.</a>        |   |

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

Boehringer Ingelheim < [REDACTED] , Novartis < [REDACTED] , Merck < [REDACTED] BMS [REDACTED] , Astrazeneca < [REDACTED] Hofmann La Roche < [REDACTED] , Pfizer [REDACTED]

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**Section B: Holdings or Other Interests**

Have you 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**

Do you 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 disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** Sept 15, 17

**Name:** Parneet Cheema

**Signature:** P Cheema signature

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## pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: *Dr. Mohamed Abdelsalam*

Name of drug and indication under review: *Atreptinib*

### Conflict of Interest Declarations

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- 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 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, HTA 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 checked="" type="checkbox"/> Travel grants                     |
| <input type="checkbox"/> Gifts   | <input checked="" type="checkbox"/> Sponsorship of Events             |
| <input checked="" type="checkbox"/> Honoraria  |   |
| <input type="checkbox"/> Other, please specify: <i>Consultancy, Round Table, Train the Trainer</i> |   |

*These represent all payments received over the last 2 years. See page attached I marked the 2 that are related to Alectinib (Both Consultancy meeting)*

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

Click here to enter text.

*See Attached*

Before completing this template, be sure to register with the pCODR program.  
Please visit <https://www.cadth.ca/pcodr/registration> for information about the registration process.

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**Section B: Holdings or Other Interests**

Have you 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.

Click here to enter text.

NA

**Section C: Affiliations, personal or commercial relationships**

Do you 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.

Click here to enter text.

NO

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

Date:

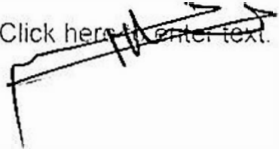
18 September 2017

Name:

Dr. Mahmoud Abdelsalam

Signature:

Click here to enter text.



Sept6-9, 2015	BI	\$ [REDACTED]	Sponsorship to attend World Conference on Lung Cancer
October 13, 2015	Sanofi	\$ [REDACTED]	Consultancy Meeting
October 15, 2015	Merck	\$ [REDACTED]	Consultancy Meeting
October 29, 2015	Astellas	\$ [REDACTED]	Roundtable
October30, 2015	Novartis	\$ [REDACTED]	Advisory Board
November 13, 2015	Astellas	\$ [REDACTED]	Roundtable
November 19, 2015	Novartis	\$ [REDACTED]	Consultancy Meeting
November 23, 2015	Novartis	\$ [REDACTED]	Consultancy Meeting
November 24, 2015	BI	\$ [REDACTED]	Advisory Board
January 16, 2016	Novartis	\$ [REDACTED]	Train the Trainer Program
February 11, 2016	BI	\$ [REDACTED]	Consultancy Meeting
February 13, 2016	Novartis	\$ [REDACTED]	Consultancy Meeting
March 11,2016	BI	\$ [REDACTED]	Advisory Board
March 19, 2016	Novartis	\$ [REDACTED]	Advisory Board
April 8, 2016	Pfizer	\$ [REDACTED]	Consultancy Meeting
April 12, 2016	BI	\$ [REDACTED]	BI Voice
April 13, 2016	Novartis	\$ [REDACTED]	Speaker
April 14, 2016	Merck	\$ [REDACTED]	Train the Trainer Program
May 11, 2016	Amgen	\$ [REDACTED]	Speaker
May 11, 2016	Astellas	\$ [REDACTED]	Speaker
May 13, 2016	Amgen	\$ [REDACTED]	Consultancy Meeting
May 20, 2016	Astra Zener	\$ [REDACTED]	Advisory Board
May 25, 2016	Roche	\$ [REDACTED]	Speaker
May 27, 2016	Novartis	\$ [REDACTED]	Speaker
June 3-7, 2016	Roche	\$ [REDACTED]	Sponsorship to attend ASCO
June 6, 2016	Merck	\$ [REDACTED]	Roundtable
June 16-18, 2016	Novartis	\$ [REDACTED]	Speaker Training
July 18, 2016	Pfizer	\$ [REDACTED]	Roundtable
October 28, 2016	Pfizer	\$ [REDACTED]	Advisory Board
November 8, 2016	Genomic H	\$ [REDACTED]	Advisory Board
November 18, 2016	Merck	\$ [REDACTED]	Advisory Board
November 22,2016	Pfizer	\$ [REDACTED]	Roundtable
November 25, 2016	Roche	\$ [REDACTED]	Consultancy Meeting - Related to Alectinib.
December 6, 2016	Pfizer	\$ [REDACTED]	Presentation
January 12, 2017	Pfizer	\$ [REDACTED]	Roundtable
January 17, 2017	Pfizer	\$ [REDACTED]	Roundtable
January 23, 2017	Merck	\$ [REDACTED]	Advisory Board
April 21, 2017	Pfizer	\$ [REDACTED]	Consultancy Meeting
May 1, 2017	Canadian L	\$ [REDACTED]	Speaker in Training
May 5, 2017	Pfizer	\$ [REDACTED]	Consultancy Meeting

April 23, 2015	Celgene	\$ [REDACTED]	Advisory Board
April 24, 2015	Merck	\$ [REDACTED]	Train the Speaker Program
April 27, 2015	Eli Lilly	\$ [REDACTED]	Moderating
April 29, 2015	Janssen	\$ [REDACTED]	Advisory Board
May 31, 2015	Novartis	\$ [REDACTED]	Advisory Board
May 29-June 2, 2015	Novartis	\$ [REDACTED]	Sponsorship to attend ASCO
August 27, 2015	BI	\$ [REDACTED]	Consultancy Meeting
Sept6-9, 2015	BI	\$ [REDACTED]	Sponsorship to attend World Conference on Lung Cancer
October 13, 2015	Sanofi	\$ [REDACTED]	Consultancy Meeting
October 15, 2015	Merck	\$ [REDACTED]	Consultancy Meeting
October 29, 2015	Astellas	\$ [REDACTED]	Roundtable
October30, 2015	Novartis	\$ [REDACTED]	Advisory Board
November 13, 2015	Astellas	\$ [REDACTED]	Roundtable
November 19, 2015	Novartis	\$ [REDACTED]	Consultancy Meeting
November 23, 2015	Novartis	\$ [REDACTED]	Consultancy Meeting
November 24, 2015	BI	\$ [REDACTED]	Advisory Board
January 16, 2016	Novartis	\$ [REDACTED]	Train the Trainer Program
February 11, 2016	BI	\$ [REDACTED]	Consultancy Meeting
February 13, 2016	Novartis	\$ [REDACTED]	Consultancy Meeting
March 11,2016	BI	\$ [REDACTED]	Advisory Board
March 19, 2016	Novartis	\$ [REDACTED]	Advisory Board
April 8, 2016	Pfizer	\$ [REDACTED]	Consultancy Meeting
April 12, 2016	BI	\$ [REDACTED]	BI Voice
April 13, 2016	Novartis	\$ [REDACTED]	Speaker
April 14, 2016	Merck	\$ [REDACTED]	Train the Trainer Program
May 11, 2016	Amgen	\$ [REDACTED]	Speaker
May 11, 2016	Astellas	\$ [REDACTED]	Speaker
May 13, 2016	Amgen	\$ [REDACTED]	Consultancy Meeting
May 20, 2016	Astra Zener	\$ [REDACTED]	Advisory Board
May 25, 2016	Roche	\$ [REDACTED]	Speaker
May 27, 2016	Novartis	\$ [REDACTED]	Speaker
June 3-7, 2016	Roche	\$ [REDACTED]	Sponsorship to attend ASCO
June 6, 2016	Merck	\$ [REDACTED]	Roundtable
June 16-18, 2016	Novartis	\$ [REDACTED]	Speaker Training
July 18, 2016	Pfizer	\$ [REDACTED]	Roundtable
October 28, 2016	Pfizer	\$ [REDACTED]	Advisory Board
November 8, 2016	Genomic H	\$ [REDACTED]	Advisory Board
November 18, 2016	Merck	\$ [REDACTED]	Advisory Board
November 22,2016	Pfizer	\$ [REDACTED]	Roundtable
November 25, 2016	Roche	\$ [REDACTED]	Consultancy Meeting <i>Related to Alectinib</i>
December 6, 2016	Pfizer	\$ [REDACTED]	Presentation
January 12, 2017	Pfizer	\$ [REDACTED]	Roundtable
January 17, 2017	Pfizer	\$ [REDACTED]	Roundtable
January 23, 2017	Merck	\$ [REDACTED]	Advisory Board
April 21, 2017	Pfizer	\$ [REDACTED]	Consultancy Meeting
May 1, 2017	Canadian L	\$ [REDACTED]	Speaker in Training
May 5, 2017	Pfizer	\$ [REDACTED]	Consultancy Meeting



June 2-6, 2017	Amgen	\$ [REDACTED]	Sponsorship to attend ASCO
June 11, 2017	Astra Zene	\$ [REDACTED]	Speaking
June 16, 2017	Novartis	\$ [REDACTED]	Advisory Board
June 22, 2017	Vitalie	\$ [REDACTED]	Speaking
June 24, 2017	Astra Zene	\$ [REDACTED]	Advisory Board
June 28, 2017	Astellas	\$ [REDACTED]	Post ASCO Presentation
July 5, 2017	Johnson an	\$ [REDACTED]	MOCA Consultant
July 7, 2017	Roche	\$ [REDACTED]	Consultancy Meeting
July 28, 2017	Pfizer	\$ [REDACTED]	Consultancy Meeting

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## pCODR Clinician Conflict of Interest Declarations

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**Name of registered clinician:** Gail Darling

**Name of drug and indication under review:** Alectinib- 2L NSCLC

### Conflict of Interest Declarations

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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 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, HTA 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: <a href="#">Click here to enter text.</a> |   |

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

[Click here to enter text.](#)

Before completing this template, be sure to [register](#) with the pCODR program.  
Please visit <https://www.cadth.ca/pcodr/registration> for information about the registration process.

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**Section B: Holdings or Other Interests**

Have you 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.

n/a

**Section C: Affiliations, personal or commercial relationships**

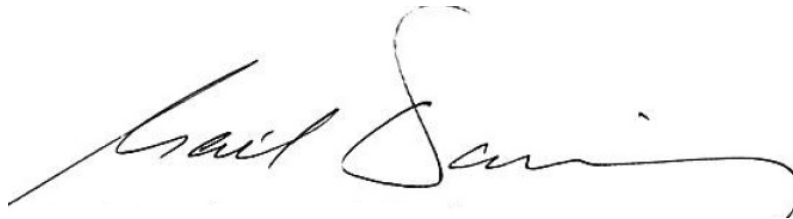
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations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

no

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation.

**Date:** September 1st 2017

**Name:** Gail Darling



**Signature:**