

Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH CDR and pCODR programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

No – not applicable

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

No – not applicable

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company
Roche Canada (total for the last 2 years)

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

Name: Peter Glazier
Position: VP Marketing, Development & Public Affairs
Patient Group: The Lung Association - Ontario
Date: January 4, 2018

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:	Lung Cancer Canada
Name of drug and indication under review	Atezolizumab (Tecentriq) for the treatment of patients with locally advanced or metastatic non-small cell lung cancer who have progressed on or after systemic chemotherapy until loss of clinical benefit

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.

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

1. 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?

Yes

If no, please go to Section B

2. What form of payment did this patient advocacy group receive? (Check all that apply.)

- Program Funding (e.g., website)
- Research/educational grants
- Sponsorship of Events
- Other, please specify: _____

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

Roche Canada

2017: \$ [REDACTED] Programs

2016: \$ [REDACTED] Patient Summit; \$ [REDACTED] Awareness Campaign; \$ [REDACTED] Whitepaper

2012: \$ [REDACTED] Evening of Hope; Awareness Campaign

2011: \$ [REDACTED] Awareness Campaign

2010: \$ [REDACTED] Awareness Campaign

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

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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: January 8, 2018

Name: Shem Singh

Signature:

