

Appendix A: pCODR Clinician Conflict of Interest Declarations

Please 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:

Donna Reece

Name of drug and indication under review:

Carfilzomib (Kyprolis®) in combination with dexamethasone alone in the treatment of patients with relapsed multiple myeloma who have received 1 to 3 prior lines of therapy.

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 type="checkbox"/> Honoraria | Other, please specify: |

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

Amgen--total \$ [REDACTED] to cover consulting and honoraria for ad board participation

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: 17 Sept 16 Name: D Reel

Signature: [Handwritten Signature]

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Name of registered clinician: Christopher Venner

Name of drug and indication under review: Carfilzomib (Kyprolis®) in combination with dexamethasone alone in the treatment of patients with relapsed multiple myeloma who have received 1 to 3 prior lines of therapy.

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- Yes
 No

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2. What form of payment did you receive? (Check all that apply.)

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| <input type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
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3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

Johnson and Johnson
Celgene
Millenium
Amgen

Section B: Holdings or Other Interests

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N/A

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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: Sept 19 2016 Name: Chris Venner

Signature:



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Name of registered clinician:

Richard LeBlanc

Name of drug and indication under review:

Carfilzomib (Kyprolis®) in combination with dexamethasone alone in the treatment of patients with relapsed multiple myeloma who have received 1 to 3 prior lines of therapy.

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- Yes
X No

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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.

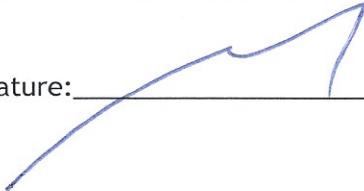
No

Section C: Affiliations, personal or commercial relationships

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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: 11/9/2016 Name: Richard L Blane Signature: 

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Name of registered clinician: Tony Reiman

Name of drug and indication under review: Carfilzomib (Kyprolis®) in combination with dexamethasone alone in the treatment of patients with relapsed multiple myeloma who have received 1 to 3 prior lines of therapy.

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2. What form of payment did you receive? (Check all that apply.)

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| <input type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
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| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
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Honoraria: Celgene, J&J

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: 17 Sept 16 Name: Tony Roman Signature: T. Roman