

## 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:

Dr. Donna Reece

Name of drug and indication under review:

Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior 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   | <input type="checkbox"/> Other (please specify)                       |

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

|              |            |   |
|--------------|------------|---|
| Janssen - \$ | [REDACTED] | for advisory boards and consulting for Health Canada submission |
| Janssen - \$ | [REDACTED] |   |
| Celgene - \$ | [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.

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 March 17 Name: A. Keece

Signature: [Signature]

## 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: Dr. Christopher Venner

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

### 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   | Other, please specify:  |

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

Johnson and Johnson  
Celgene  
Takeda

***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.

Name: Chris Venner

Signature:



Date: March 17<sup>th</sup> 2017

## 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:

Dr. Debra Bergstrom

Name of drug and indication under review:

Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

### 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 checked="" type="checkbox"/> Sponsorship of Events             |
| <input type="checkbox"/> Honoraria  | <input type="checkbox"/> Other (please specify)                       |

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

Janssen - Not aware of payment amounts (sponsored events were sponsored by multiple parties and administered by another member of the division)

***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.

|  |
|--|
|  |
|--|

***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.

|  |
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|  |
|--|

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: March 17<sup>th</sup>  
2017

Name: Dr. Debra Bergstrom

Signature:



## 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: Dr. Heather Sutherland

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

### 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 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)                       |

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

Janssen, Celgene, Bristol Myers Squibb, Takeda, Amgen, Merck - advisory board attendance for 1 day or less ~\$[REDACTED]/day. Janssen, Amgen - payment for travel to present talks on myeloma for local educational events ~\$[REDACTED]/talk

***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: March 17 2017      Name: Dr Heather Sutherland

Signature: 



## 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: Dr. Irwindeep Sandhu

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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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 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)                       |

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

|  |
|--|
| Celgene: [REDACTED]<br>Janssen [REDACTED]<br>takeda: [REDACTED]<br>Novartis [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.

|    |
|----|
| 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: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Original Signed \_\_\_\_\_

## 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: Dr. Kevin Song

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

### Conflict of Interest Declarations

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#### *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 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)                       |

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

Janssen

***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***

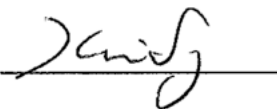
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations 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: March 17<sup>th</sup> 2017    Name: Dr Kevin Song

Signature: \_\_\_\_\_



## 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: Dr. Richard LeBlanc

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

### 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 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)                       |

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

|                            |
|----------------------------|
| Janssen Inc. \$ [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.

|    |
|----|
| No |
|----|

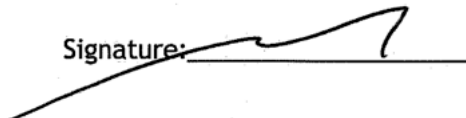
***Section C: Affiliations, personal or commercial relationships***

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: March 17<sup>th</sup> 2017      Name: Dr Richard LeBlanc

Signature: 

## 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: Dr. Rodger Tiedemann

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

### 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 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)                       |

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

|   |
|---|
| Janssen Canada, December 3rd, 2015. \$ [REDACTED]   |
| Janssen Canada, September 26th, 2015. \$ [REDACTED] |
| Janssen Canada, March 23, 2015. \$ [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: March 17 2017      Name: Dr. Rodger Tiedemann

Signature: 



## 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:

Dr. Sindu Kanjeekal

Name of drug and indication under review:

Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

### 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 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)                       |

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

Janssen - \$ [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.

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: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_Original Signed\_\_\_