

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

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

Name of drug and indication under review:

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? |
| | X Yes |

No

If no, please go to Section B

| 2 | 2. | Wha | t form | of pa | vment | did ' | vou rece | ive? (| (Check | c all | that | app | I۷. |) |
|---|----|-----|--------|-------|-------|-------|----------|--------|--------|-------|------|-----|-----|---|
| | | | | | | | | | | | | | | |

| Χ | Advisory role (e.g., advisory boards, HTA | Program or Operating Funding (e.g. |
|---|---|------------------------------------|
| | submission advice) | website) |
| | Conference attendance | Research/educational grants |
| | Royalties | Travel grants |
| | Gifts | Sponsorship of Events |
| | Honoraria | Other (please specify) |

| Please provide the names of companies and organizations and the amounts of the payments in the box below. |
|--|
| Janssen - \$ Janssen - \$ Celgene - \$ |
| 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: 1 Roece ws Signature: Delen |



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Name of registered clinician: Dr. Christopher Venner

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

Name of drug and indication under review:

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? | | | | |
|----|---|--|--|--|--|
| X | Yes No | | | | |
| lf | no, please go to Section B | | | | |
| 2. | What form of payment did you receive? (Check all that apply.) | | | | |

| Χ | Advisory role (e.g., advisory boards, HTA submission advice) | Program or Operating Funding (e.g. website) |
|---|--|---|
| | Conference attendance | Research/educational grants |
| | Royalties | Travel grants |
| | Gifts | Sponsorship of Events |
| | 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 th 2017 |



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 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

Name of drug and indication under review:

Conflict of Interest Declarations

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- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

Seci

| tio | n 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? |
| X | Yes No |
| lf ı | no, please go to Section B |
| | |

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

| | | 11 3 7 |
|--|-------------|--|
| Advisory role (e.g., advisory boards, HTA submission advice) | | Program or Operating Funding (e.g., website) |
| Conference attendance | | Research/educational grants |
| Royalties | | Travel grants |
| Gifts | $\square X$ | Sponsorship of Events |
| Honoraria | | 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) | | | | | | | |
| Se | ction B: Holdings or Other Interests | | | | | | | |
| mι | ve you received or is it in possession of stocks or options of more than \$10,000 (excluding stual funds) for organizations that may have a direct or indirect interest in the drug under view? If yes, please list in the table below. | | | | | | | |
| | | | | | | | | |
| Se | ction C: Affiliations, personal or commercial relationships | | | | | | | |
| ma ass | you have personal or commercial relationships either with a drug or health technology inufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and sociated corporations) or other interest groups? If yes, please provide the names of the mpanies and organizations and outline the nature of these relationships in the table below. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ereby certify that I have disclosed all relevant information with respect to any matter involving Party that may place me in a real, potential or perceived conflict of interest situation. | | | | | | | |
| Da 20 | te: March 17 th Name: Dr. Debra Bergstrom 17 Signature: | | | | | | | |



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

Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or

Name of drug and indication under treatment of patients with multiple myeloma who have received at least one prior therapy

review:

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? |
|-----|---|
| - ' | X Yes No |
| lf | no, please go to Section B |

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

| | Advisory role (e.g., advisory boards, HTA | Program or Operating Funding (e.g., |
|---|---|-------------------------------------|
| | submission advice) | website) |
| | Conference attendance | Research/educational grants |
| | Royalties | Travel grants |
| | Gifts | Sponsorship of Events |
| Χ | Honoraria | Other (please specify) |
| | | |

| 3. | Please provide the names of companies and organizations and the amounts of the payments in the box below. | | | | |
|--|---|---|--|--|--|
| | attendance | | ibb, Takeda, Amgen, Merck - advisory board /day. Janssen, Amgen - payment for travel educational events ~\$/talk | | |
| Sec | ction B: Holdir | ngs or Other Interests | | | |
| rev | itual funds) for view? If yes, ple | | cks or options of more than \$10,000 (excluding e a direct or indirect interest in the drug under | | |
| N | 0 | | | | |
| Sec | ction C: Affilia | ntions, personal or commer | cial relationships | | |
| ma ass | inufacturer (inconsisted corpor | cluding such manufacturer's ations) or other interest gro | hips either with a drug or health technology parent corporation, subsidiaries, affiliates and ups? If yes, please provide the names of the nature of these relationships in the table below. | | |
| N | 0 | | | | |
| | | | | | |
| 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. | | | | | |
| Da ⁻ 20 ⁻ | te: March 17 17 | Name: Dr Heather Sutherland | Signature: Signature | | |



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Name of registered clinician: Dr. Irwindeep Sandhu

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

Name of drug and indication under review:

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? |
|----|---|
| X | Yes No |
| lf | no, please go to Section B |
| 2. | What form of payment did you receive? (Check all that apply.) |

X Advisory role (e.g., advisory boards, HTA submission advice)
 Conference attendance
 Royalties
 Gifts
 Honoraria
 Program or Operating Funding (e.g., website)
 Research/educational grants
 Travel 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. |
|--|
| Celgene: Janssen takeda: Novartis |
| 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 |
| |



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Name of registered clinician: Dr. Kevin Song

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

Other (please specify)

Name of drug and indication under review:

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

X Honoraria

| 50 | CLIOII | n. rayment 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? | | | | |
| | X | Yes No | | | |
| | If no | o, please go to Section B | | | |
| 5. | What form of payment did you receive? (Check all that apply.) | | | | |
| | | Advisory role (e.g., advisory boards, HTA submission advice) | | Program or Operating Funding (e.g website) | |
| | | Conference attendance | | Research/educational grants | |
| | | Royalties | | Travel grants | |
| | | Gifts | | Sponsorship of Events | |

| 6. | Please provide the names of companies and organizations and the amounts of the payments in the box below. |
|-----------|--|
| | Janssen |
| Sec | ction B: Holdings or Other Interests |
| mu | ve you received or is it in possession of stocks or options of more than \$10,000 (excluding tual funds) for organizations that may have a direct or indirect interest in the drug under iew? If yes, please list in the table below. |
| N |) |
| Sec | ction C: Affiliations, personal or commercial relationships |
| ma ass | you have personal or commercial relationships either with a drug or health technology nufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and ociated corporations) or other interest groups? If yes, please provide the names of the npanies and organizations and outline the nature of these relationships in the table below. |
| N | |
| | ereby certify that I have disclosed all relevant information with respect to any matter involving arty that may place me in a real, potential or perceived conflict of interest situation. |

Date: March 17th 2017 Name: Dr Kevin Song

Signature:



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Name of registered clinician: Dr. Richard LeBlanc

> 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

> > Other (please specify)

Name of drug and indication under review:

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- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

Section

Honoraria

| tion | A: Payment Received | | | |
|------------|---|---------|--|--|
| | 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? | | | |
| X □ | Yes No | | | |
| lf n | o, please go to Section B | | | |
| 2. | What form of payment did you receive? (Che | eck all | that apply.) | |
| Χ | Advisory role (e.g., advisory boards, HTA submission advice) | | Program or Operating Funding (e.g., website) | |
| | Conference attendance | | Research/educational grants | |
| | Royalties | | Travel grants | |
| | Gifts | | Sponsorship of Events | |

| Please provide the names of companies and organizations and the amounts of the payments in the box below. Janssen Inc. \$ |
|--|
| |
| 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 17th 2017 Name: Dr Richard LeBlanc

Signature:



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Name of registered clinician: Dr. Rodger Tiedemann

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

Name of drug and indication under review:

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- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

Section A: Payment Received

| Have you received any payments over the proorganization that may have direct or indirect | | |
|--|--------|--|
| X Yes □ No | | |
| If no, please go to Section B | | |
| | | |
| 2. What form of payment did you receive? (Che | eck al | I that apply.) |
| X Advisory role (e.g., advisory boards, HTA submission advice) | | Program or Operating Funding (e.g., website) |
| Conference attendance | | Research/educational grants |
| □ Royalties | | Travel grants |
| □ Gifts | | Sponsorship of Events |
| Honoraria | | Other (please specify) |

| | Please provide the names of companies and organizations and the amounts of the payments in the box below. | | | |
|--|---|--|--|--|
| Ja | anssen Canada, December 3rd, 2015. \$ anssen Canada, September 26th,2015. \$ anssen Canada, March 23, 2015. \$ | | | |
| Section | on B: Holdings or Other Interests | | | |
| mutua | you received or is it in possession of stocks or options of more than \$10,000 (excluding all funds) for organizations that may have a direct or indirect interest in the drug under v? If yes, please list in the table below. | | | |
| N/A | | | | |
| Section | on 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 | | | | |
| | | | | |
| | by certify that I have disclosed all relevant information with respect to any matter involving y that may place me in a real, potential or perceived conflict of interest situation. | | | |
| Date: 2017 | March 17 Name: Dr. Rodger Tiedemann | | | |
| | Signature: | | | |



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Name of registered clinician: Dr. Sindu Kanjeekal

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

Name of drug and indication under review:

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

Royalties

Honoraria

□ Gifts

| Have you received any payments over the proorganization that may have direct or indirect | 3 . 3 |
|--|--|
| X Yes □ No | |
| If no, please go to Section B | |
| 2. What form of payment did you receive? (Che | ck all that apply.) |
| X Advisory role (e.g., advisory boards, HTA submission advice)Conference attendance | Program or Operating Funding (e.g., website)Research/educational grants |

Travel grants

Sponsorship of EventsOther (please specify)

| 3. | Please provide the names of companies and organizations and the amounts of the payments in the box below. | | | | |
|--|---|--|--|--|--|
| | Janssen - \$ | | | | |
| Se | ction B: Holdings or Other Interests | | | | |
| mι | ve you received or is it in possession of stocks or options of more than \$10,000 (excluding itual funds) for organizations that may have a direct or indirect interest in the drug under view? If yes, please list in the table below. | | | | |
| N | 0 | | | | |
| Sec | ction 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 | 0 | | | | |
| | | | | | |
| | ereby certify that I have disclosed all relevant information with respect to any matter involving Party that may place me in a real, potential or perceived conflict of interest situation. | | | | |
| Da | te: Name: Signature:Original Signed | | | | |