

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

**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. Andrea Eisen

**Name of drug and indication under review:** Fulvestrant/locally advanced or metastatic breast cancer

### 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 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.](#)

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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.

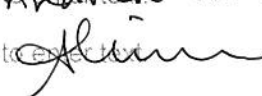
[Click here to enter text.](#)

#### 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.](#)

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:** [Click here to enter text.](#) July 5/17  
**Name:** [Click here to enter text.](#) Andrea Eisen  
**Signature:** [Click here to enter text.](#) 

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## pCODR Clinician Conflict of Interest Declarations

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**Name of registered clinician:** Orit Freedman

**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?**

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.](#)

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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**

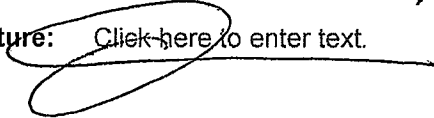
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations 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:** Mar16/17

**Name:** Orit Freedman

**Signature:**  Click here to enter text.

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## 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:** Click here to enter text. *Daniela Gallo-Hershberg*

**Name of drug and indication under review:** Click here to enter text. *Fulvestrant - advanced/metastatic breast cancer*

### 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: Click here to enter text.                        |   |

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

Boehringer Ingelheim  
Astellas

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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:** July 13, 2017

**Name:** Daniela Gallo-Hershberg

**Signature:** [Click here to enter text.](#)



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## 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:** Click here to enter text. *SHAILENDRA VERMA*

**Name of drug and indication under review:** Click here to enter text. *FULVESTRANT*

### 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: Click here to enter text.             | <i>NIL</i>  |

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

Click here to enter text.

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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.

*NIL*

**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.

*NIL*

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:** Click here to enter text.

*July 19, 2017*

**Name:** Click here to enter text.

*SHAILWORA VERMA*

**Signature:** Click here to enter text.

*Shailwora Verma*