

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group: Pancreatic Cancer Canada

Onivyde (Irinotecan Liposome) for Metastatic Pancreatic Cancer and used in combination with 5-fluorouracil (5-FU) and leucovorin (LV) in adult patients who have been previously treated with gemcitabine-based 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. 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.

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
- No

If no, please go to Section B

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

- | | |
|--|---|
| <input type="checkbox"/> Operating Funds | <input type="checkbox"/> Program Funding (e.g., website) |
| <input type="checkbox"/> Royalties | <input checked="" type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Gifts | <input checked="" type="checkbox"/> Sponsorship of Events |
| <input type="checkbox"/> Honoraria | <input checked="" type="checkbox"/> Other, please specify: Membership ___ |

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

<p>Celgene: 2015 - \$ [redacted] for education 2016 - \$ [redacted] for education</p> <p>Halozyme: 2016 - \$ [redacted] event (walk sponsorship)</p>

Shire:
Pending 2017 - \$ [REDACTED] GP education

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 Conflict of Interest

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 Conflict of Interest

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: May 11, 2017 Name: Michelle Capobianco

Signature: *Michelle Capobianco*

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group: Canadian Organization for Rare Disorders

Name of drug and indication under review: Onivyse (Irinotecan Liposome) for Metastatic Pancreatic Cancer and used in combination with 5-fluorouracil (5-FU) and leucovorin (LV) in adult patients who have been previously treated with gemcitabine-based 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 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

4. 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
 No

If no, please go to Section B

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

- | | |
|--|---|
| <input type="checkbox"/> Operating Funds | <input type="checkbox"/> Program Funding (e.g., website) |
| <input type="checkbox"/> Royalties | <input checked="" type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Gifts | <input checked="" type="checkbox"/> Sponsorship of Events |
| <input type="checkbox"/> Honoraria | <input checked="" type="checkbox"/> Other, please specify: Membership ___ |

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

Shire: 2016 - \$ [redacted] registration conference 2017 - \$ [redacted] Conference sponsorship

Section B: Holdings or Other Interests

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No Conflict of Interest

Section C: Affiliations, personal or commercial relationships

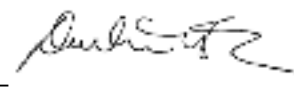
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No Conflict of Interest

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Date: May 11, 2017

Name: Durhane Wong-Rieger

Signature:  _