

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. Chaim Shustik

Name of drug and indication under review: Ixazomib (Ninlaro®) Adult patients with multiple myeloma who have received at least one prior therapy and have high-risk cytogenetics, or have received at least two prior therapies.

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.)

- 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.

Takeda \$ [REDACTED] CDN

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:

Jan 6th
2017

Name: C. SHUSTIK

Signature: 

pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Christopher Venner

Name of drug and indication under review: Ixazomib (Ninlaro®) Adult patients with multiple myeloma who have received at least one prior therapy and have high-risk cytogenetics, or have received at least two prior therapies.

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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 | Other, please specify: |

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

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.

Date: Jan 6th 2017

Name: Chris Venner

Signature:



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Name of registered clinician: Dr. Debra Bergstrom

Name of drug and indication under review: Ixazomib (Ninlaro®) Adult patients with multiple myeloma who have received at least one prior therapy and have high-risk cytogenetics, or have received at least two prior therapies.

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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.

Takeda - advisory board (\$██████)

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: _____

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Name of registered clinician:

Donna Reece

Name of drug and indication under review:

Ixazomib (Ninlaro®) Adult patients with multiple myeloma who have received at least one prior therapy and have high-risk cytogenetics, or have received at least two prior therapies.

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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 | Other, please specify: |

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

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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.

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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: _Jan 6th 2017 Donna Reece

Signature: 

pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Richard LeBlanc

Name of drug and indication under review: Ixazomib (Ninlaro®) Adult patients with multiple myeloma who have received at least one prior therapy and have high-risk cytogenetics, or have received at least two prior therapies.

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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.)

- 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.

Takeda Canada, around \$ [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.

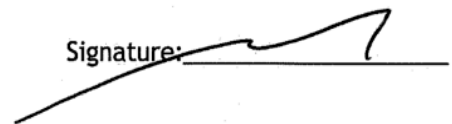
No

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: Jan 6th 2017

Name: Richard Leblanc

Signature: _____



pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Rodger Tiedmann

Name of drug and indication under review: Ixazomib (Ninlaro®) Adult patients with multiple myeloma who have received at least one prior therapy and have high-risk cytogenetics, or have received at least two prior therapies.

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Examples of conflicts of interest include, but are not limited to:

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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.)

- 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.

Takeda Canada inc (2016) \$	██████████
Takeda Canada Inc (2016) \$	██████████

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: _____ Name: _____ Signature: _____