

**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.**

## Appendix A: 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: Ralf Paschke \_\_\_\_\_

Name of drug and indication under review: Lenvatinib \_\_\_\_\_

### 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: _____                 |

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## Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Shereen Ezzat,

Name of drug and indication under review: Lenvatinib

### 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: _____                 |

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

Eisai
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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.

NONE
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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.

NONE
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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: May 2, 2016\_      Name: Shereen Ezzat, MD\_\_\_\_\_      Signature: Shereen Ezzat\_\_\_\_\_

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## Appendix A: 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: \_\_\_\_\_Murali Rajaraman\_\_\_\_\_

Name of drug and indication under review: \_\_\_\_\_lenvatinib\_\_\_\_\_

### 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 checked="" 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 checked="" type="checkbox"/> Honoraria  | <input type="checkbox"/> Other, please specify: _____                 |

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

Eisai: \$ [REDACTED] (Honorary for consultant and Ad board), \$ [REDACTED] (Educational Grant for Nova Scotia Thyroid Cancer Meeting), \$ [REDACTED] (Sponsorship of Thyroid Cancer Care Fundraiser Event)

**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.

None

**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.

None

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: May 6, 2016 Name: M. Rajaraman

Signature: 

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Name of registered clinician:

Dr Nathan Lamond

Name of drug and indication under review:

Lenvatinib - DTL

### 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 checked="" type="checkbox"/> Honoraria   | <input type="checkbox"/> Other, please specify: _____                 |

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

Eisai - \$ [REDACTED]
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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.

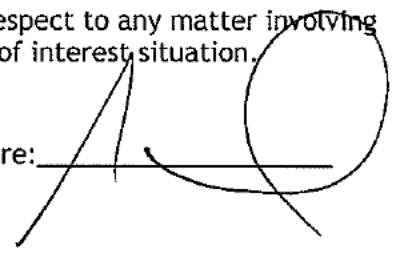
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**Section C: Affiliations, personal or commercial relationships**

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: 16/6/13 Name: Nathan Lawford Signature: 

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Name of registered clinician: \_\_\_\_\_Stephanie Snow\_\_\_\_\_

Name of drug and indication under review: \_\_\_\_\_Lenvatinib, Thyroid Cancer\_\_\_\_\_

### 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 checked="" type="checkbox"/> Honoraria  | <input type="checkbox"/> Other, please specify: _____                 |



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

BMS - \$ [REDACTED]
Merck - \$ [REDACTED], \$ [REDACTED]
Celgene - \$ [REDACTED], \$ [REDACTED]
Novartis - \$ [REDACTED], \$ [REDACTED], \$ [REDACTED], \$ [REDACTED]
Amgen - \$ [REDACTED], \$ [REDACTED], \$ [REDACTED]
BI - \$ [REDACTED], \$ [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
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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.

No
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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: May 17/16 Name: Stephanie Snow Signature: 

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

Bayer, Eisai, Novartis
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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**

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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: May 2<sup>nd</sup> 2016      Name: Paschke \_\_\_\_\_

Signature: 