

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:

Lynn Savoie

Midostaurin in combination with standard induction and consolidation chemotherapy followed by single agent maintenance therapy for adult patients with newly-diagnosed AML who are FLT3-mutation positive.

Name of drug and indication under review:

positive.

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 checked="" type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input checked="" type="checkbox"/> Conference attendance | <input 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: _____ |

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

Novartis - about \$ [REDACTED] personally in advisory boards and honoraria
- about \$ [REDACTED] to the Canadian Hematology Society of which I am current president

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: June 19 2017 Name: Lynn Savoie

Signature:



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Name of registered clinician: [Click here to enter text.](#)

Janet MacEachern

Name of drug and indication under review: [Click here to enter text.](#)

midostaurin for AML

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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) |
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| <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. | |

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[Click here to enter text.](#)

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Section B: Holdings or Other Interests

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Click here to enter text.

NO Amendment(July 6, 2017): personal holding of Novartis stocks

Section C: Affiliations, personal or commercial relationships

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Click here to enter text.

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: Click here to enter text.

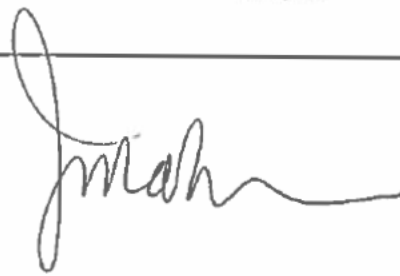
June 17

Amended: July 6, 2017

Name: Click here to enter text.

Janet MacEachern

Signature: Click here to enter text.



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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Jordan Herst

Name of drug and indication under review: Midostaurin/AML FLT3

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) |
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| <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 | |

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

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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: June 16, 2017

Name: Jordan Herst

Signature:



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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Tom Kouroukis

Name of drug and indication under review: Midostaurin/AML FLT3-ITD mutation positive

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) |
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| <input type="checkbox"/> Other, please specify: Click here to enter text. | |

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[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. *None*

Section C: Affiliations, personal or commercial relationships

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Click here to enter text. *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: Click here to enter text. *MAY 18, 2017*
Name: Click here to enter text. *C. TOM KOUROUKIS, MD*
Signature: Click here to enter text. *Tukles*