

## pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy

group:					Canadian Cancer Survivor Network						
	Name o	f drug and indic	ation	n under review:	Opdivo						
_			_								
C	onflict	t of Interest	De	clarations							
ev oo nf	view pro tential o formatio	ocess must disclo conflicts of inter on submitted. Co	ose ar est t onflic	ny conflicts of inte hat may influence	erest. Patient or have the ration is requ	ess, all participants in the pCODR tadvocacy groups must declare any appearance of influencing the uested for transparency — it does not ut.					
ΞX	amples	of conflicts of in	iteres	st include, but are	not limited	to:					
	ho • aff	noraria, ģifts, aī	nd sa	lary;		g., educational or research grants, th drug manufacturers or other interest					
Se	ction A	: Payment Rece	ived								
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 Sec	ction	В							
2.	What f	form of payment	did	this patient advoc	acy group red	ceive? (Check all that apply.)					
		Operating Funds		Program Funding website)		BMS: \$					
		Royalties		Research/educat grants	101181						
		Gifts		Sponsorship of Ev							
		Honoraria		Other, please spe	ecify:						

<ol> <li>Please provide the names of companies and organizations and the amounts of the payments in the box below.</li> </ol>											
	\$ ; Cann	gelheim: \$ ; Bristol iMed: \$ ; Eisai: \$ ; Merck: \$ ; Pfi	; Jansse	o: \$; Canada \$ en: \$; Leo Ph	yer, \$; Summer Jobs: narma: \$; CADTH						
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											
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											
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:	2017/02/14	Name: Kati Oliver		Signature: Kww	OWE						