

## pCODR Clinician Conflict of Interest Declarations

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: Sarah Ferguson

Name of drug and indication under review: Olaparib - as monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed BRCA-mutated epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response to platinum-based chemo

#### **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.

- 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.

Sec 1.	Have yo	Payment Received ou received any payments over the presention that may have direct or indirect i ⊠ No		
	If no, pl	ease go to Section B.		
2.	What fo	orm of payment did you receive? (Chec	ck all th	at apply.)
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
		Conference attendance		Research/educational grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
		Honoraria		
		Other, please specify: Click here to enter	r text.	
	in the b	provide the names of companies and cox below.  o enter text.	organiz	ations and the amounts of the payments



### **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.

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:** Feb 7, 2017

Name: Sarah Ferguson

Signature: SIET



# pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Orit Freedman

Name of drug and indication under review: Olaparib

### **Conflict of Interest Declarations**

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- 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.

Se 1.	Have	a: Payment Received you received any payments over the p iization that may have direct or indirect S ⊠ No			
	If no,	please go to Section B.			
2.	What	form of payment did you receive? (Ch	eck all t	hat apply.)	
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance		Program or Operating Funding (e.g., website) Research/educational grants	
		Royalties		Travel grants	
		Gifts		Sponsorship of Events	
		Honoraria			
		Other, please specify: Click here to ente	r text.		
<b>3.</b> Clic	. Please provide the names of companies and organizations and the amounts of the payments in the box below.				



### 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.

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: Mar16/17

Name: Orit Freedman

Signature: Cliek-here to enter text.



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Before completing this template, be sure to <u>register</u> with the pCODR program.

Please visit <a href="https://www.cadth.ca/pcodr/registration">https://www.cadth.ca/pcodr/registration</a> for information about the registration process.

## pCODR Clinician Conflict of Interest Declarations

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: Jim Biagi

Name of drug and indication under review: olaparib

#### Conflict of Interest Declarations

Click here to enter text.

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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.

Se	Section A: Payment Received  . 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, p	please go to Section B.			
2.	What	form of payment did you receive? (Che	ck all th	nat apply.)	
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)	
		Conference attendance		Research/educational grants	
		Royalties		Travel grants	
		Gifts		Sponsorship of Events	
		Honoraria			
		Other, please specify: Click here to enter	text.		
3.		e provide the names of companies and box below.	organiz	zations and the amounts of the payments	

pCODR Clinician Input on a Drug Review
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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.

Chak here to enter text.

### 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.

Clisk here to enter text

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: March 10, 2017

Name: Jim Biagi

Signature:



### pCODR Clinician Conflict of Interest Declarations

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: Helen J MacKay

Name of drug and indication under review: Olaparib

### **Conflict of Interest Declarations**

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- 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

	Have	<ul> <li>A: Payment Received</li> <li>you received any payments over the prediction that may have direct or indirect</li> </ul>		• • • • • • • • • • • • • • • • • • • •
	☐ Ye	s 🛮 No		
	If no,	please go to Section B.		
2.	What	form of payment did you receive? (Che	eck all t	hat apply.)
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)
		Conference attendance		Research/educational grants
		Royalties		Travel grants
		Gifts		Sponsorship of Events
		Honoraria		
		Other, please specify: Click here to enter	r text.	
3.		e provide the names of companies and box below.	organi	izations and the amounts of the payments
Cli	ck here	to enter text.		



### 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.

### 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.

Click here to enter text.

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:

March 16, 2017

Name:

Helen J MacKay

Signature:

Click here to enter text



# pCODR Clinician Conflict of Interest Declarations

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: Julie ANN FRANCIC Name of drug and indication under review: (DI APA LUBSTER LEXT. 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? X Yes □ No If no, please go to Section B. 2. What form of payment did you receive? (Check all that apply.) Program or Operating Funding Advisory role (e.g., advisory boards, HTA submission advice) (e.g., website) Research/educational grants Conference attendance X Travel grants Royalties Sponsorship of Events Gifts Honoraria 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. Astra-Zeneca: Shared funding with medical genetics \$ Speaking engagement \$



### 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.

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: March 31, 2017

Name: Julie Ann Francis

Signature: Click here a enter tex



## pCODR Clinician Conflict of Interest Declarations

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: Danielle Vicus

Name of drug and indication under review: Click here to enter text.

### **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.

		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?						
	⊠ Ye:	s 🗆 No					
	If no, į	please go to Section B.					
2.	What	at form of payment did you receive? (Check all that apply.)					
		Advisory role (e.g., advisory boards, HTA submission advice)		Program or Operating Funding (e.g., website)			
		Conference attendance		Research/educational grants			
		Royalties		Travel grants			
		Gifts		Sponsorship of Events			
	$\boxtimes$	Honoraria		·			
		Other, please specify: Click here to enter	er text.				

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

Roche – speaker honoraria – not yet received expected to be \$



to information about the registration process.

### 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.

### 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.

Click here to enter text.

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:** March 14, 2017

Name: Danielle Vicus

Signature: Click here to enter text.



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## pCODR Clinician Conflict of Interest Declarations

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: Stephen Welch

Name of drug and indication under review: Olaparib

### Conflict of Interest Declarations

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- 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.

		·		3.13,11
Sed	Have your organ	: Payment Received you received any payments over the polization that may have direct or indirect □ No  Dlease go to Section B.	revious t interes	two years from any company or at in the drug under review?
2.	What t	form of payment did you receive? (Ch	eck all th	nat 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: Click here to ente	r text.	
		box below.	l organiz	zations and the amounts of the payments



### 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.

### 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.

Click here to enter text.

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:

March 17, 2017

Name:

Stephen Welch

Signature:

Click here to enter text.



# 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:  Name of drug and indication under review:			Susan Ellard	
		er review:	Olaparib for maintenance therapy of relapsed ovarian high grade serous cancer, BRCA type mutation in blood or tumour	
Confli	ict of Interest De	clar	ations	
review   potentia informa	process must disclose a al conflicts of interest	nny co that n ct of i	nflicts of intenay influencenterest decla	e pCODR process, all participants in the pCODR erest. A registered clinician must declare any or have the appearance of influencing the ration is requested for transparency — it does not
Example	es of conflicts of intere	st inc	lude, but are	not limited to:
•	research grants, honor	aria, (	gifts, and sala	al industry or other entities e.g., educational or ary; ary; ationships with drug manufacturers or other interest
Section	A: Payment Received	1		
				evious two years from any company or interest in the drug under review?
X	Yes No			
lf n	o, please go to Section	ιВ		
2. Wha	at form of payment did	you r	eceive? (Che	eck all that apply.)
	Advisory role (e.g., advisory boards, HTA submission advice)		Program or O Funding (e.g.	
	Conference attendance	9	Research/edu grants	
	Royalties		Travel grants	
X	Gifts Honoraria		Sponsorship o Other, please	

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.
AstraZeneca: sponsored an educational update in ovarian cancer in Dec 2016 at which I spoke to regional colleagues, and received an honorarium of \$ Also, provided an honorarium for my attendance at a research discussion meeting that required me to use a vacation day for travel and meeting attendance in another city: \$
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.
Mund
Date: _Mar 31/2017 Name: _Susan Ellard Signature:



### 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: Walter H. Gotlieb, MD, PhD

> Olaparib as monotherapy maintenance treatment of adult patients with platinum-sensitive relapsed BRCA-mutated epithelial ovarian, fallopian tube or primary peritoneal cancer who

Name of drug and indication under review:

are in response to platinum-based chemotherapy

### 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.

ection A: Payment Received	
□ Yes	
If no, please go to Section B	
What form of payment did you receive? (Check all that apply.)	
<ul><li>Advisory role (e.g., advisory boards, HTA submission advice)</li><li>Research/educational grants</li></ul>	
	Have you received any payments over the previous two years from any coorganization that may have direct or indirect interest in the drug under receive. Yes  If no, please go to Section B  What form of payment did you receive? (Check all that apply.)  Advisory role (e.g., advisory boards, HTA submission advice)

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

Astra-Zeneca
Advisory role: \$ Research grant: \$

### Section B: Holdings or Other Interests

Section B. Holdings of 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.
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.

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: 2017-Apr-08 Name: Walter H. Gotlieb, MD, PhD

Signatur<u>o</u>-



\_\_\_\_\_Gavin CE Stuart\_\_\_\_\_

# Appendix A: pCODR Clinician Conflict of Interest Declarations

Name of registered clinician:

the box below.

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 drug and indication	under review:	Lynparza
Conflict of Interest De	clarations	
review process must disclose a potential conflicts of interest t	ny conflicts of inte hat may influence t of interest decla	e pCODR process, all participants in the pCODR erest. A registered clinician must declare any e or have the appearance of influencing the aration is requested for transparency — it does not.
Examples of conflicts of interes	st include, but are	e not limited to:
research grants, honora	aria, gifts, and sala	al industry or other entities e.g., educational or ary; ary; ationships with drug manufacturers or other interest
Section A: Payment Received		
1. Have you received any payı		evious two years from any company or interest in the drug under review?
□X Yes □ No		
If no, please go to Section	В	
2. What form of payment did	you receive? (Che	eck all that apply.)
<ul><li>□X Advisory role (e.g., advisory boards, HTA submission advice)</li></ul>	<ul><li>Program or O Funding (e.g.</li></ul>	
<ul><li>Conference attendance</li></ul>	<ul><li>Research/edugrants</li></ul>	ucational
□ Royalties	□ Travel grants	S
□ Gifts □ Honoraria	<ul><li>□ Sponsorship o</li><li>□ Other, please</li></ul>	of Events
2 Honorana	- Other, predac	

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

Astra Zeneca \$
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.
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:March 31, 2017 Name: Gavin CE Stuart Signature: