

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:

Melanoma Network of Canada

Name of drug and indication under review:

Nivolumab in combination with Ipilimumab for metastatic melanoma

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. Patient advocacy groups 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 patient advocacy group input.

Section A: Payment Received

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 Section B

2. What form of payment did this patient advocacy group receive? (Check all that apply.)

- Operating Funds
- Royalties
- Gifts
- Honoraria
- Program Funding (e.g., website)
- Research/educational 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.

Bristol Myers Squibb Canada	\$ [REDACTED] (2016), \$ [REDACTED] (2015)
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**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
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**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.

None
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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: December  
13, 2016

Name: Annette Cyr

Signature: 

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:

Save Your Skin Foundation

Name of drug and indication under review:

Opdivo + Yervoy Advanced/Metastatic Melanoma

**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 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. 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 Section B

2. What form of payment did this patient advocacy group receive? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Operating Funds | <input checked="" type="checkbox"/> Program Funding (e.g., website) |
| <input type="checkbox"/> Royalties       | <input type="checkbox"/> Research/educational grants                |
| <input type="checkbox"/> Gifts           | <input checked="" 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.

BMS	
Novartis	
Merck	
Roche	

**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: Dec 12, 2016      Name: Kathy Barnard

Signature:

A yellow handprint graphic is positioned above the handwritten signature "Kathleen Barnard".