

Appendix A: pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group: Canadian Breast Cancer Network

Name of drug and indication under review: Palbociclib (Ibrance)

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.

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

As a member of the Canadian Cancer Action Network, the Canadian Breast Cancer Network is committed to adhering to the Code of Conduct Governing Corporate Funding. CBCN has received a two-year funding grant of \$██████ from Pfizer Canada in the form of unrestricted educational grants. The opinions in this submission were independently developed by the Canadian Breast Cancer Network based on the results of overall research and in-depth patient interviews.

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.

Name: Niya Chari



Signature:

Date: 6/23/2016

¹ Janet Dunbrack, Breast Cancer: Economic Impact and Labour Force Re-entry. Canadian Breast Cancer Network, 2010

² Finn, Richard et al, “The cyclin-dependent kinase 4/6 inhibitor palbociclib in combination with letrozole versus letrozole alone as first-line treatment of oestrogen receptor-positive, HER2-negative, advanced breast cancer (PALOMA-1/TRIO-18): a randomised phase 2 study.” The Lancet: Vol 16, January 2015

Appendix A: pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group: _____ Rethink Breast Cancer _____

Name of drug and indication under review: _____ Ibrance _____

Conflict of Interest Declarations

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If no, please go to Section B

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

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

Pfizer – [REDACTED] (over two years, 2016 to 2018)

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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: 2016-06-10 Name: MJ DeCoteau

Signature: 

ⁱ Janet Dunbrack, Breast Cancer: Economic Impact and Labour Force Re-entry. Canadian Breast Cancer Network, 2010