

Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)
Honoraria

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Amgen

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Mark Rother

Date: August 24 2017

Signature: Mark Rother

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

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-

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)
Honoraria

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Amgen (\$2000 for chairing an advisory board meeting pertaining to this topic). Very rare other advisory boards pertaining to different disease sites and treatments (not related to this indication).

Section B: Holdings or Other Interests

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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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Andrew G Scarfe, MD FRCPC

Date: August 24 2017

Signature: Andrew Scarfe

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Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)
Honoraria

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Amgen, Roche, Lilly

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Benoit Samson

Date: August 24 2017

Signature: Benoit Samson

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Section A: Payment Received

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Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Conference attendance

Research/educational grants

Sponsorship of events

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Amgen app. \$█ k, Roche \$█ k

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Petr Kavan

Date: August 24 2017

Signature: Petr Kavan

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ralph Wong

Date: August 25 2017

Signature: Ralph Wong

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Shahid Ahmed

Date: August 27 2017

Signature: Shahid Ahmed

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Michael Vickers

Date: August 30 2017

Signature: Michael Vickers

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Christopher Booth

Date: Sept 1 2017

Signature: Christopher Booth

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Jim Biagi

Date: Sept 2 2017

Signature: Jim Biagi

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

-

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

-

Name: Rachel Goodwin

Date:

Signature:

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Pierre Major

Date: Sept 11, 2017

Signature: Pierre Major

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Amgen

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ronald Burkes

Date: Sept 14, 2017

Signature: Ronald Burkes

THANK YOU FOR YOUR VALUABLE INPUT!

Conflict of Interest Declaration

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Research/educational grants

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Jacob Easaw

Date: Sept 11, 2017

Signature: Jacob Easaw

THANK YOU FOR YOUR VALUABLE INPUT!

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: Panitumumab left-sided mCRC

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.

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) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <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. | |

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

[Click 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.

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: May 8 2017

Name: Jim Biagi

Signature:



Before completing this template, be sure to [register](#) with the pCODR program. Please visit <https://www.cadth.ca/pcodr/registration> 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: Dr. Erin Kennedy

Name of drug and indication under review: Panitumumab for left—sided mCRC

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) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <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. | |

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

[Click here to enter text.](#) *None*

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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.

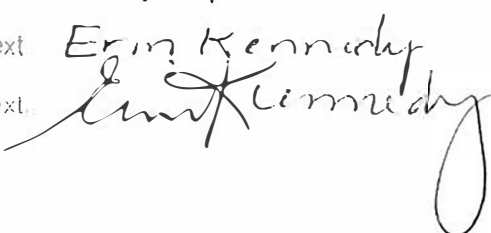
Click here to enter text: *None*

Section C: Affiliations, personal or commercial relationships

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: *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 3/2017*
Name: Click here to enter text: *Erin Kennedy*
Signature: Click here to enter text: 

Before completing this template, be sure to register with the pCODR program. Please visit <https://www.cadth.ca/pcodr/registration> 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: Brandon Meyers

Name of drug and indication under review: Panitumumab for is mCRC

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 checked="" type="checkbox"/> Advisory role (e.g., advisory boards, HTA submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input checked="" type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
| <input checked="" 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

CELGENE

< \$



Before completing this template, be sure to register with the pCODR program.
Please visit <https://www.cadth.ca/pcodr/registration> for 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.

NIA

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.

NIA.

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.

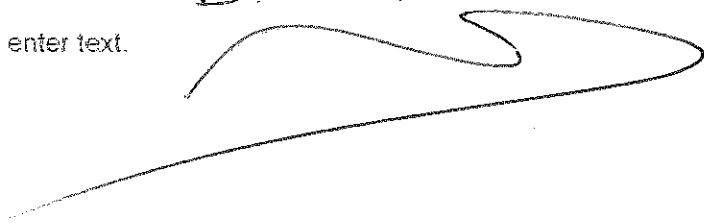
Date: Click here to enter text.

4/5/17

Name: Click here to enter text.

B. Meyers

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: Stephen Welch

Name of drug and indication under review: Panitumumab LCC

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.

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) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
| <input checked="" 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.

Amgen – Honoraria \$ [REDACTED]; ESMO 2016 Consultant \$ [REDACTED]

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: September 22, 2017

Name: Stephen Welch

Signature: 
Stephen Welch