

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: Rosalyn Juergens, MD PhD

Name of drug and indication under review: Dabrafenib and trametinib

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?

- 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 type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
| <input checked="" 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.

AstraZeneca - \$ [REDACTED]
 Boehringer Ingelheim \$ [REDACTED]
 Novartis - \$ [REDACTED]
 Pfizer - \$ [REDACTED]
 Roche - \$ [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.

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.

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: 17 April 2017

Name: Rosalyn Juergens

A handwritten signature in black ink, appearing to read 'R. Juergens MD PhD'. The signature is written in a cursive style with a large, looped initial 'R'.

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: Dr. Quincy Chu

Name of drug and indication under review: Dabrafenib and trametinib

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 type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
| <input checked="" 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.

Astra Zeneca: [REDACTED] CAD; Merck: [REDACTED] CAD; BMS: [REDACTED] CAD; Boehringer Ingelheim: [REDACTED] CAD; Novartis: [REDACTED] CAD.

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: 17 April 2016

Name: Dr. Quincy Chu

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: Nicole Bouchard

Name of drug and indication under review: Dabrafenib and trametinib

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

4. 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.

5. 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 type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
| <input type="checkbox"/> Honoraria | |
| <input type="checkbox"/> Other, please specify: | |

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

Merck ██████\$

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.

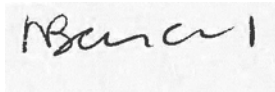
No

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: 17 April 2016

Name: Nicole Bouchard

Signature:

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'NBouchard' written in a cursive style.

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: Diana Ionescu

Name of drug and indication under review: Dabrafenib and trametinib

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

7. 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.

8. 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 type="checkbox"/> Gifts | <input checked="" type="checkbox"/> Sponsorship of Events |
| <input type="checkbox"/> Honoraria | |
| <input type="checkbox"/> Other, please specify: | |

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

Merck – approximately \$ [REDACTED] for advisory board meetings

Merck - \$ [REDACTED] in sponsorship for the Canadian Anatomic and Molecular Pathology conference that I chair

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

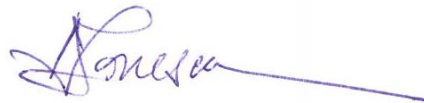
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations 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: 17 April 2016

Name: Diana Ionescu



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: Dr. Jeff Rothenstein

Name of drug and indication under review: Dabrafenib and trametinib

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

10. 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.

11. 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 type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
| <input type="checkbox"/> Honoraria | |
| <input type="checkbox"/> Other, please specify: | |

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

BMS, BI, Novartis, Lilly – ad hoc advisory and speaking engagements

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.

N/A

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.

N/A

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: 17 April 2016

Name: Jeff Rothenstein

Signature:



pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Paul Weatley-Price

Name of drug and indication under review: Dabrafenib and trametinib

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

13. 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.

14. 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 type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
| <input type="checkbox"/> Honoraria | |
| <input type="checkbox"/> Other, please specify: | |

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

Lilly Oncology: Less than \$ [REDACTED]
 Boehringer Ingelheim: Less than \$ [REDACTED]
 Astra Zeneca: Less than \$ [REDACTED]
 Novartis: Less than \$ [REDACTED]
 Merck Ad Board Less than \$ [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.

N/A

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.

N/A

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: 17 April 2016

Name: Dr. Paul Wheatley-Price



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

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Name of registered clinician: Click here to enter text.

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

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.

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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.

n/a

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.

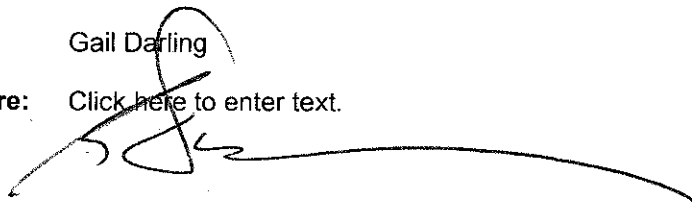
none

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: April 17 2017

Name: Gail Darling

Signature: Click here to enter text.



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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: STACEY HUBAY

Name of drug and indication under review: dabrafenib + trametinib combo/NSCLC with BRAF V600 mutation

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 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.](#)

Before completing this template, be sure to register with the pCODR program.
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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.

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.

Click here to enter text.

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: April 3, 2017

Name: Stacey Hubay

Signature:  Click here to enter text.

Before completing this template, be sure to [register](#) with the pCODR program.
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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Mohammad Rassouli

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

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

Multiple companies and amounts

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.

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.

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: April 11, 2017

Name: Mohammad Rassouli

Signature: Click here to enter text.

