CADTH

CADTH COMMON DRUG REVIEW

# Patient Input

**ertugliflozin (Steglatro)**

(Merck Canada Inc.)

Indication: Diabetes mellitus, Type 2

CADTH received patient input from:
**Diabetes Canada**

May 22, 2018

# Patient Input Template for CADTH CDR and pCODR Programs

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|---|---|
| **Name of the Drug and Indication** | **ertugliflozin (Steglatro),**<br>**diabetes mellitus, type 2** |
| **Name of the Patient Group** | **Diabetes Canada** |
| **Author of the Submission** | **Ann Besner** |
| **Name of the Primary Contact for This Submission** | **Seema Nagpal** |
| **Email** | **seema.nagpal@diabetes.ca** |
| **Telephone Number** | **613-688-5938** |

## 1. About Your Patient Group

If you have not yet registered with CADTH, describe the purpose of your organization. Include a link to your website.

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Diabetes Canada is a national health charity representing 11 million Canadians living with diabetes or prediabetes. The priorities of our mission are diabetes prevention, care and cure. Our focus on research and policy initiatives helps us to deliver impact at a population level, and our partnerships broaden our reach in communities across the country. We drive excellence in disease management by putting practical, evidence-based tools into the hands of health-care providers. We advocate for environments that make the healthy choice the easy choice. We continue our search for a cure, as well as for better prevention and treatment strategies, by funding the work of innovative scientists. In 1921, Canada changed diabetes for the world with the discovery of insulin. By 2021, we will change the world for those affected by diabetes through healthier communities, exceptional care, and high-impact research. For more information, please visit: www.diabetes.ca.

## 2. Information Gathering

CADTH is interested in hearing from a wide range of patients and caregivers in this patient input submission. Describe how you gathered the perspectives: for example, by interviews, focus groups, or survey; personal experience; or a combination of these. Where possible, include **when** the data were gathered; if data were gathered **in Canada** or elsewhere; demographics of the respondents; and **how many** patients, caregivers, and individuals with experience with the drug in review contributed insights. We will use this background to better understand the context of the perspectives shared.

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This submission contains patient input from online surveys conducted in October 2016 and April/May 2018. Each survey was open for two weeks to people across Canada and consisted of a self-administered questionnaire. The surveys were directed at people living with type 2 diabetes and caregivers of people with type 2 diabetes and inquired about respondents' lived experience with diabetes and diabetes medications, and expectations for new drug therapies in Canada. The more recent of the two surveys posed a number of questions specifically about the drug under review, ertugliflozin (Steglatro), and the combination medication ertugliflozin and metformin hydrochloride. Awareness about the surveys was generated through Diabetes Canada's social media channels (Twitter and Facebook); the October 2016 survey was also advertised to Diabetes Canada e-mail subscribers through e-blasts.

A total of 847 people responded to the October 2016 survey – 790 identified as living with type 2 diabetes while 57 said they were caregivers to somebody with type 2 diabetes. Of those who responded to questions about age and time since diagnosis (n=379), 70% were over the age of 55, with the largest number of respondents (56%, n=211) in the 55-69 year old category, and 60% having lived with diabetes for over 10 years (17% of this group reported having diabetes for over 20 years).

Fewer people participated in the April/May 2018 survey (n=52) – there were 47 respondents who said they live with type 2 diabetes and 5 who are caregivers to somebody with type 2 diabetes. A total of 15 people provided age and date of diagnosis data – 100% of respondents were over the age of 40 years, with the largest number (60%, n=9) in the 40-54 year old category, and 67% having lived with diabetes for 6 years or more. Most respondents (40%, n=6) reported having diabetes for 11-20 years and only 1 had been diagnosed over 20 years ago.

## 3. Disease Experience

CADTH involves clinical experts in every review to explain disease progression and treatment goals. Here we are interested in understanding the illness from a patient's perspective. Describe how the disease impacts patients' and caregivers' day-to-day life and quality of life. Are there any aspects of the illness that are more important to control than others?

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Diabetes is a chronic, progressive disease with no known cure. Type 1 diabetes occurs when the body produces either very little or no insulin. Type 2 diabetes occurs when the pancreas does not produce enough insulin or the body does not effectively use the insulin that is produced. Common symptoms of diabetes include extreme fatigue, unusual thirst, frequent urination and weight change (gain or loss).

Diabetes requires considerable self-management, including eating well, engaging in regular physical activity, maintaining a healthy body weight, taking medications (oral and/or injectable) as prescribed, monitoring blood glucose and managing stress. Poor glucose control is serious and problematic. Low blood glucose can precipitate an acute crisis, such as confusion, coma, and/or seizure that, in addition to being dangerous themselves, may also contribute to a motor vehicle, workplace or other type of accident causing harm. High blood glucose over time can irreversibly damage blood vessels and nerves, resulting in blindness, heart disease, kidney problems and lower limb amputations, among other issues. The goal of diabetes management is to keep glucose levels within a target range to minimize symptoms and avoid or delay complications.

Respondents who participated in the October 2016 survey and the April/May 2018 survey spoke negatively of their experience being chronically ill. They said diabetes is "manageable but a bother", "a constant battle every day", "terrible", inconvenient, frustrating, and exhausting. One respondent said it just "isn't fun to live with", while another commented "it has been life changing, not in a good way". Several people spoke about its permanence, lamenting that there is no "holiday" from diabetes.

Most people surveyed talked about the adverse effect diabetes has had on their lives. They shared that they are constantly thinking about and planning around their disease. It affects everything from eating and exercising to working and socializing. Overall, diabetes makes it difficult to be flexible and spontaneous. It is always top-of-mind when making decisions and can be very stressful. Daily routines end up very "regimented" and closely "controlled". Diabetes is even more difficult to treat when someone is also dealing with comorbidity or disability. Constant monitoring of blood sugar levels and frequent visits to health care providers were described as burdensome.

Respondents said that meal timing, intake and food choices are restricted, which takes away from the pleasure of eating (one person commented that disease management involves "cutting out and missing out on a lot of foods"), and that it is demoralizing to forever be receiving diet instructions from people (health care providers, family, strangers) about what they should be consuming and avoiding. They said it is challenging to always be taking medication and to experience variability in blood sugar control. Several respondents spoke about the blame they inflict upon themselves for their disease, the shame and guilt

they feel, and the stigma they experience. Some talked about how tough it is to interact with people who know very little about diabetes or who offer unsolicited advice about its management.

Many people mentioned dealing with, and being apprehensive about, disease symptoms, medication side effects and diabetes complications. Respondents described being chronically in pain and feeling tired a lot. They cited problems ranging from weight management issues, neuropathy and nephropathy, to amputations, changes to circulation and increased risk of heart attack, vision problems, and sexual changes, including erectile dysfunction. They reported living with depression and anxiety.

Respondents to the October 2016 survey said they experienced the following symptoms and conditions "sometimes" ("moderately"), "often" ("severely") or "very often" ("very severely") at the time of survey completion (n=691 for this question):

- hyperglycemia (75%)
- hypoglycemia (38%)
- high blood pressure (51%)
- high cholesterol (48%)
- heart problems (18%)
- mental health problems (30%)
- kidney symptoms or disease (19%)
- foot problems (45%)
- eye problems (42%)
- nerve damage (37%)
- damage to blood vessels, heart or brain (10%)
- liver disease (9%)

Other concerns cited include gastroparesis, gastrointestinal (GI) issues (nausea, vomiting), bladder and bowel incontinence, yeast infections, erectile dysfunction, skin rash and weight gain.

Of those who responded to this question in the April/May 2018 survey (n=21), people experienced the following "sometimes" ("moderately"), "often" ("severely") or "very often" ("very severely"):

- hyperglycemia (81%)
- hypoglycemia (40%)
- high blood pressure (62%)
- high cholesterol (53%)
- heart problems (30%)
- mental health problems (55%)
- kidney symptoms or disease (30%)
- foot problems (50%)
- eye problems (57%)
- nerve damage (50%)
- damage to blood vessels, heart or brain (25%)
- liver disease (30%)

People shared that diabetes has negatively affected relationships. It's made it hard for them to work, travel, and drive a vehicle – one respondent mentioned losing a driver's license because of diabetes. Diabetes decreases independence. People are fearful of complications and concerned about the long-term effects of the disease on health. They also mentioned the significant and overwhelming financial burden diabetes poses on individuals and families.

Below are some quotes from survey respondents that further illustrate the degree and extent to which diabetes affects daily living and quality of life:

*"I am more focused on healthy lifestyle...eating well and exercising and I now have regular medical appointments and blood work. these[sic] are the positives but they are far outweighed by the impact of long-term stress and challenges of remaining healthy with diabetes. Everything is just harder and I feel like I am continually juggling all the pieces. i[sic] most definitely experience more frequent "blues" or period[sic] of depression and hopelessness. This is especially so if I let myself dwell on the future."*

*"I had a heart attack due to having diabetes so it has changed my life in so many ways."*

*"Life is tougher to manage now with the loss of limbs."*

*"Reduced happiness, increase in depression, increase[sic] worry about complications in future."*

*"When I see that my sugars aren't at the targeted level, I get frustrated, disappointed and worried about my future quality of life."*

*"It takes a lot of time and effort to manage, and I've had it for [over 20] years. It made shift work even worse, it leaves me very tired for no reason, and people don't get it. Its[sic] hard to sit in a restaurant and people at adjoining tables stare at you as you inject insulin. If its[sic] children, I take the opportunity to educate - but I'm tired of educating people all the time."*

*"We liked to go to different restaurants and that is now limited as many do not have diabetic friendly food. Also there is a stigma associated with diabetes that others frown on things like taking your insulin in public…Never been able to see an educator for learning to use insulin, it has all been trial and lots of error, not much information available to starting on it."*

*"DIabetes[sic] has resulted in the need for dietary changes for everyone in the house. I have neuropathic pain that sometimes makes it difficult to rest comfortably and to be as active as I normally would. I need to pay extra attention to my feet to make sure I don't have sores or infections, as they could take longer to heal than if I was not diabetic. I also have nephropathy, which I hope never progresses to chronic kidney disease."*

*"I am a…mother…and hate the fact that I have developed diabetes and have to take medications for it. This disease gets in the way all the time (more trips to the doctor, more trips to the pharmacy, having to remember to take my medication and ensuring that I don't take too much medication so that I can drive my vehicle). My kids have to know what to do if I pass out, and that isn't the type of responsibility that young children should have."*

*"I have neuropathy in my legs and hands. I have diabetic neuropathy in my eyes. I can't drive any more and have to rely on help from family and [an accessible transit service]. I was off for a year with Charcots[sic] foot. I walk with a cane now. Before this happened I was walking 5 kms[sic] a day. Im[sic] lucky if I get to the end of my driveway. Diabetes has taken away all my independance[sic]."*

## 4. Experiences With Currently Available Treatments

CADTH examines the clinical benefit and cost-effectiveness of new drugs compared with currently available treatments. We can use this information to evaluate how well the drug under review might address gaps if current therapies fall short for patients and caregivers.

Describe how well patients and caregivers are managing their illnesses with currently available treatments (please specify treatments). Consider benefits seen, and side effects experienced and their management. Also consider any difficulties accessing treatment (cost, travel to clinic, time off work) and receiving treatment (swallowing pills, infusion lines).

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There were 647 respondents who reported antihyperglycemic agents being part of their past or present medication history in October 2016. The medications being taken at the time of survey completion included metformin (371), GLP-1 receptor agonists (312), SGLT2 inhibitors (165), combination of SGLT2 inhibitors and metformin (45), DPP-4 inhibitors (72), combination of DPP-4 inhibitors and metformin (147), sulfonylureas (140), TZDs (10), combination of TZDs and metformin (17), combination of TZDs and glimepiride (4), meglitinides (9) and acarbose (9). Many people reported taking insulin (309). A number of respondents indicated that they had experience with certain medications in the past as part of a clinical trial. Some reported stopping certain medications due to reasons other than the end of a clinical trial. The most commonly cited medications in this group were TZDs (97), sulfonylureas (94), GLP-1 receptor agonists (94) and DPP-4 inhibitors (92).

Over 60% respondents to the October 2016 question noted improvements in meeting target blood glucose levels (fasting, post-prandial, upon waking) and hemoglobin A1c levels after initiation on their current medication regimen, compared to before (when they were not on treatment). About 46% said they were "better" or "much better" able to avoid hypoglycemia, and 39% said their current regimen helped them maintain or lose weight more effectively than in the past. Gastrointestinal side effects were "neither better nor worse" than previously in 39% of respondents. Close to two-thirds indicated they were either "satisfied" or "very satisfied" with the medication or combination of medications they are currently taking for their diabetes management.

Respondents who answered this question (n=382) in the October 2016 survey reported the following benefits and side effects as “quite important” or “very important” when choosing pharmacotherapy for diabetes management:

- keeping blood glucose at satisfactory level during the day or after meals (98%)
- keeping blood glucose at satisfactory level upon waking or after fasting (97%)
- avoiding low blood sugar during the day (90%)
- avoiding low blood sugar overnight (90%)
- avoiding weight gain/facilitating weight loss (91%)
- reducing blood pressure (79%)
- reducing risk of heart problems (90%)
- avoiding gastrointestinal issues (nausea, vomiting, diarrhea, pain) (87%)
- avoiding urinary tract and/or yeast infections (84%)
- avoiding fluid retention (85%)

In the more recent study conducted in April/May 2018, the following medications were reported being currently in use by respondents (n=21): metformin (13), GLP-1 receptor agonists (4), SGLT2 inhibitors (10), DPP-4 inhibitors (1), combination of DPP-4 inhibitors and metformin (6), sulfonylureas (1) and combination of TZDs and glimepiride (1). Insulin use was reported as follows: long-acting (13), combination of long-acting (insulin glargine) with SGLT2 inhibitors (2), intermediate-acting (2), rapid-acting (6) and premixed (1). As in the October 2016 survey, some respondents indicated that they had experience with certain medications in the past as part of a clinical trial that they are no longer taking. A small number reported stopping certain medications due to reasons other than the end of a clinical trial. The most commonly cited medications in this group were sulfonylureas (4), DPP-4 inhibitors (3), short-acting insulin (2), premixed insulin (2), combination of DPP-4 inhibitors with metformin (2) and TZDs (2). Respondents mentioned various reasons for stopping medications, including they were directed to do so by their prescribing physician (in some cases, were switched to another medication or one was discontinued because of contraindication with other medications), they experienced intolerance/unpleasant side effects and the medication wasn’t covered by their insurance.

Of those who responded to the question (n=15), over 45% said they were “better” or “much better” able to meet blood glucose targets in general (9), upon waking (8), and post-prandially (7) on current antihyperglycemic therapy. Several also stated that their current medication(s) helped them achieve hemoglobin A1c targets (64%, n=9) “better” or “much better” than their previous regimen. On current medications, the following were cited as “somewhat worse” or “much worse” than before: ability to maintain or lose weight (6), thirst/dehydration (5) and incidence of yeast infection/urinary tract infection (4).

When asked what factors were “quite important” or “very important” in choosing diabetes medications, 93% of respondents (n=14) said the following: keeping blood glucose at satisfactory level during the day or after meals and upon waking or after fasting, avoiding low blood sugar during the day, avoiding weight gain/facilitating weight loss, reducing risk of heart problems, and avoiding gastrointestinal issues (nausea, vomiting, diarrhea, pain), and urinary tract and/or yeast infections. At least 80% of respondents said it was “quite important” or “very important” for diabetes medications to help avoid low blood sugar overnight and fluid retention, and reduce high blood pressure.

Below are some direct quotes from respondents to the October 2016 and April/May 2018 surveys that describe what they like and dislike about current therapy:

*“Pills are small enough to swallow easily.”*

- 40-54 year old person with type 2 diabetes, diagnosed 3-5 years ago, taking a DPP-4 inhibitor and SLGT2 inhibitor

*“My levels are good across the board. I work with an endocrinologist which has been key to my success.”*

- 55-69 year old person with type 2 diabetes, diagnosed 11-20 years ago, taking a combination DPP-4 inhibitor and metformin, and SLGT2 inhibitor

*"I enjoy the once a day injections over trying to manage pills over the course of the day."*
- 40-54 year old person with type 2 diabetes, diagnosed 11-20 years ago, taking a GLP-1 receptor agonist, SLGT2 inhibitor and metformin

*"I have no GI disturbance with my current melds[sic]. This is much better than when taking previous meds."*
- 55-69 year old person with type 2 diabetes, diagnosed more than 20 years ago, taking metformin and insulin (with a past history of use of GLP-1 receptor agonists, TZDs, sulfonylureas and acarbose)

*"[A GLP-1 receptor agonist] has been excellent, has decreased very substantially my need for both basal and bolus insulin as well as other medications, reduced hypoglycemia and achieved weight loss."*
- person over 70 years old with type 2 diabetes, diagnosed more than 20 years ago, taking a GLP-1 receptor agonist, SGLT2 inhibitor, metformin and insulin (types not specified)

*"I have had poor control of my blood sugars over the years. I have tried products that either did nothing or caused more problems. [A GLP-1 receptor agonist] is assisting with better control. However, if my husband's health plan from work didn't cover it, I wouldn't be able to take it as the cost is about [a few hundred dollars] per. I take a lot of meds and wish I didn't have to."*
- 40-54 year old person with type 2 diabetes, diagnosed more than 20 years ago, taking a GLP-1 receptor agonist, metformin and insulin (types not specified)

*"If I use more insulin on certain days or situations then I feel fear about filling my prescription. Like i[sic] get judged on how much."*
- 40-54 year old person with type 2 diabetes, diagnosed 6-10 years ago, taking metformin and insulin (long-acting and rapid-acting)

*"Constant testing, highs and lows."*
- 55-69 year old person with type 2 diabetes, diagnosed 11-20 years ago, taking a combination DPP-4 inhibitor and metformin, and insulin (long-acting and rapid-acting)

*"I feel like I take a huge amount of meds for diabetes and [a second health condition]. Its[sic] scary at times. As my benefits are capped, it is expensive - very. I'd like to say I feel great, but those days are rare."*
- person diagnosed with type 2 diabetes, age and time since diagnosis unknown, taking an SGLT2 inhibitor, metformin and insulin (types not specified)

*"There are so many of them and they cause a[sic] extreme dry mouth, nausea and diarrhea."*
- 40-54 year old person with type 2 diabetes, diagnosed 11-20 years ago, taking a GLP-1 receptor agonist, metformin and insulin (types not specified)

## 5. Improved Outcomes

CADTH is interested in patients' views on what outcomes we should consider when evaluating new therapies. What improvements would patients and caregivers like to see in a new treatment that is not achieved in currently available treatments? How might daily life and quality of life for patients, caregivers, and families be different if the new treatment provided those desired improvements? What trade-offs do patients, families, and caregivers consider when choosing therapy?

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When asked about their expectations for new diabetes therapies, respondents to the October 2016 and April/May 2018 surveys expressed a strong desire for medications that can normalize/stabilize blood glucose levels and improve hemoglobin A1c without causing weight gain or hypoglycemia. They wish for new treatments that have been proven to be safe, enhance weight loss and improve health outcomes. They want affordable drug options; ideally, they'd like medications and diabetes devices to be covered by public and private plans, and in a timely manner. They want treatments that are easily administered, with few to no associated side effects, that cause the least amount of disruption to lifestyle and allow for flexibility with food intake and choices. They also want medications that minimize the risk of diabetes-

related complications, help avoid polypharmacy and eliminate the need for injections. Several respondents hope future treatments will reverse or cure diabetes.

Below, respondents provided input on what they desire in new treatments, the improvements they'd like to see to therapies, and the impact these would have on daily life and overall quality of life:

*"Help with managing my levels and avoiding nerve damage."*

*"I'd like to have a weekly or less often medication."*

*"Minimal side effects."*

*"Less meds mean less preparation[sic] time and less time per day for glucose level testing."*

*"Better focus at work, better memory retention."*

*"It would be nice to not have to take shots anymore. Would be nice to be able to just take pills again."*

*"I have been on a diet my entire life. If my diabetes medication could at least not make it harder for me to lose weight it would help in the quest to lose weight and enjoy the benefits of that weight loss."*

*"Peace of mind that there's[sic] is less chance of damage to my body. Less risk of complications like heart disease etc."*

*"Stable blood sugar and reduced worry about heart attack, stroke, blindness and dementia would make all the difference to my overall stress levels and mood. Losing weight would just make everything easier and move overall health into a positive trend."*

*"Expectations are that eventually there will be a medication that can be taken once a day that will help my pancreas produce the right amount of insulin to keep up with me (or possibly even cure the disease). I would hope that medications are made available to anyone living with diabetes and covered under by our government benefits."*

## 6. Experience With Drug Under Review

CADTH will carefully review the relevant scientific literature and clinical studies. We would like to hear from patients about their individual experiences with the new drug. This can help reviewers better understand how the drug under review meets the needs and preferences of patients, caregivers, and families.

How did patients have access to the drug under review (for example, clinical trials, private insurance)? Compared to any previous therapies patients have used, what were the benefits experienced? What were the disadvantages? How did the benefits and disadvantages impact the lives of patients, caregivers, and families? Consider side effects and if they were tolerated or how they were managed. Was the drug easier to use than previous therapies? If so, how? Are there subgroups of patients within this disease state for whom this drug is particularly helpful? In what ways?

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Ertugliflozin (Steglatro) has not yet received a Notice of Compliance from Health Canada. Consequently, few Canadians would have first-hand experience with the medication to report on. Of those who participated in the April/May 2018 survey and responded to the questions specific to ertugliflozin (Steglatro) (n=18), 50% said they have never tried ertugliflozin (Steglatro) and 50% said they weren't sure whether they had or not. Respondents did not provide any feedback on the population groups they felt this medication would especially help.

## 7. Companion Diagnostic Test

**If** the drug in review has a companion diagnostic, please comment. Companion diagnostics are laboratory tests that provide information essential for the safe and effective use of particular therapeutic drugs. They

work by detecting specific biomarkers that predict more favourable responses to certain drugs. In practice, companion diagnostics can identify patients who are likely to benefit or experience harms from particular therapies, or monitor clinical responses to optimally guide treatment adjustments.

What are patient and caregiver experiences with the biomarker testing (companion diagnostic) associated with regarding the drug under review?

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Ertugliflozin (Steglatro) does not have a companion diagnostic, therefore this question is not applicable to our submission.

## 8. Anything Else?

Is there anything else specifically related to this drug review that CADTH reviewers or the expert committee should know?

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Diabetes is a disease that requires intensive self-management. Diabetes Canada's 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada highlight the importance of personalized care when it comes to the pharmacologic management of the condition. Specifically, after initiating healthy behaviour measures, the guidelines recommend selecting diabetes treatment modalities based on a patient's degree of glycemic control and various other considerations. To achieve optimal blood glucose levels, individualization of therapy is essential. This includes careful consideration of medication selection, route of administration (oral, injection, pen or pump), frequency with which someone monitors blood glucose and adjusts dosage, benefits and risks that the patient experiences and/or tolerates, and lifestyle changes the patient is willing or able to make. Our survey responses reinforce the message that different people with diabetes require different medications/treatment modalities to help effectively manage their disease. Their unique clinical profile, preferences and tolerance of therapy should direct physicians to the most appropriate choice and combination of treatments for their disease management.

Many people with diabetes hope for less dependence on medications. While current therapies have generally led to improvement for many people with diabetes in blood glucose and hemoglobin A1c control, respondents hope for even better, more affordable antihyperglycemic agents that they can access equitably, in a timely manner, and with good result to help them lead a normal life. Ertugliflozin (Steglatro) may help people to achieve better glycemic control, which could potentially improve lives and save millions of dollars in direct health-care costs. For this reason, ertugliflozin (Steglatro) should be an option for people living with diabetes.

## Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH CDR and pCODR programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

   There was no assistance from outside Diabetes Canada to complete this submission.

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   There was no assistance from outside Diabetes Canada to collect or analyze data used in this submission.

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

| Company | Check Appropriate Dollar Range | | | |
|---|---|---|---|---|
| | $0 to 5,000 | $5,001 to 10,000 | $10,001 to 50,000 | In Excess of $50,000 |
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   Please find attached a list of organizations who have provided financial support to Diabetes Canada, along with the amounts provided.

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Seema Nagpal, BScPharm, MSc, PhD
Position: Epidemiologist and Senior Leader, Public Policy
Patient Group: Diabetes Canada
Date: May 22, 2018

Financial Contributions to Diabetes Canada (updated 2017)

| Constituent/Name | Funder range ($) |
|---|---|
| *AstraZeneca Canada Inc* | 350,000+ |
| *LifeScan Canada Ltd.* | 350,000+ |
| *Novo Nordisk Canada Inc* | 350,000+ |
| *Sanofi Canada* | 350,000+ |
| *Sun Life Financial* | 350,000+ |
| *Eli Lilly Canada Inc* | 250,000-349,999 |
| *Ascensia Diabetes Care* | 175,000-249,999 |
| *Janssen Inc* | 175,000-249,999 |
| *Medtronic Of Canada Ltd* | 175,000-249,999 |
| *Dairy Farmers Of Canada* | 100,000-174,999 |
| *Merck Canada Inc* | 100,000-174,999 |
| *WEIGHT WATCHERS* | 100,000-174,999 |
| *Abbott Diabetes Care* | 50,000-99,999 |
| *Canola Council Of Canada* | 50,000-99,999 |
| *Insulet Canada Corporation* | 50,000-99,999 |
| *Knight Therapeutics Inc.* | 50,000-99,999 |
| *Manulife Financial* | 50,000-99,999 |
| *Nestle Health Science* | 50,000-99,999 |
| *RBC Foundation* | 50,000-99,999 |
| *The Bank of Nova Scotia* | 50,000-99,999 |
| *Abbott Nutrition* | 25,000-49,999 |
| *BD Medical Diabetes Care* | 25,000-49,999 |
| *Beer Canada* | 25,000-49,999 |
| *Dexcom Canada* | 25,000-49,999 |
| *Dynacare* | 25,000-49,999 |
| *Heartland Food Products Group* | 25,000-49,999 |
| *McNeil Consumer Healthcare* | 25,000-49,999 |
| *Rexall Foundation* | 25,000-49,999 |
| *Roche Diabetes Care* | 25,000-49,999 |
| *SaskCanola* | 25,000-49,999 |
| *Auto Control Medical Inc* | 5,000-24,999 |
| *Bayer Pharmaceuticals* | 5,000-24,999 |
| *Boehringer Ingelheim (Canada) Ltd* | 5,000-24,999 |
| *Canadian Association of Optometrists* | 5,000-24,999 |
| *Canadian Produce Marketing Association* | 5,000-24,999 |
| *CHICKEN FARMERS OF CANADA* | 5,000-24,999 |
| *Edelman Canada* | 5,000-24,999 |
| *EOCI Pharmacomm Ltd.* | 5,000-24,999 |
| *Euro Harvest Bakery Wholesalers* | 5,000-24,999 |
| *Farleyco Marketing Inc* | 5,000-24,999 |
| *ForaCare Technology Canada Inc.* | 5,000-24,999 |
| *Holista Foods* | 5,000-24,999 |
| *InBody Canada* | 5,000-24,999 |
| *Innovative Medicines Canada* | 5,000-24,999 |
| *Ipsen* | 5,000-24,999 |
| *Jays Care Foundation* | 5,000-24,999 |
| *mdBriefCase Group Inc.* | 5,000-24,999 |

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| *Montmed* | 5,000-24,999 |
| *Myelin & Associates* | 5,000-24,999 |
| *Novartis Pharmaceuticals Canada Inc* | 5,000-24,999 |
| *Ontario Pork Council* | 5,000-24,999 |
| *Original Energy Sales* | 5,000-24,999 |
| *Paladin Labs Inc* | 5,000-24,999 |
| *Pharmasave Drugs (National) Ltd* | 5,000-24,999 |
| *Prime Strategies Inc.* | 5,000-24,999 |
| *PULSE CANADA* | 5,000-24,999 |
| *Royal College Of Physicians And Surgeons Of Canada* | 5,000-24,999 |
| *Tykess Pharmaceuticals* | 5,000-24,999 |
| *Urban Poling Inc* | 5,000-24,999 |
| *Valeant Canada LP* | 5,000-24,999 |
| *VitalAire Canada Inc* | 5,000-24,999 |