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. Andrea Eisen

Name of drug and indication under review: Abemaciclib/BC 103

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.)
   □ Advisory role (e.g., advisory boards, HTA submission advice)
   □ Conference attendance
   □ Royalties
   □ Gifts
   □ Honoraria
   □ 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. 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: 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:

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. Apr 10/15
Name: Click here to enter text. Andrea Eison
Signature: Click here to enter text. [Signature]

Our cancer centre has participated in clinical trials of abscopal and pertuzumab. I have not personally received any compensation related to these trials.

pCODR Clinician Input on a Drug Review
© February 2016 CADTH-pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW
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: Annie Ngan

Name of drug and indication under review: abemaciclib/BC

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.)
   - Advisory role (e.g., advisory boards, HTA submission advice)
   - Program or Operating Funding (e.g., website)
   - Conference attendance
   - Research/educational grants
   - Royalties
   - Travel grants
   - Royalties
   - Sponsorship of Events
   - Gifts
   - Honoraria
   - 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. 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.

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.

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 6th, 2018
Name: Annie Ngan

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: Phillip Blanchette

Name of drug and indication under review: abemaciclib/BCecl

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
   - [x] No
   
   If no, please go to Section B.

2. What form of payment did you receive? (Check all that apply.)

   - [ ] Advisory role (e.g., advisory boards, HTA submission advice)
   - [ ] Program or Operating Funding (e.g., website)
   - [ ] Conference attendance
   - [ ] Research/educational grants
   - [ ] Royalties
   - [ ] Travel grants
   - [ ] Gifts
   - [ ] Sponsorship of Events
   - [ ] Honoraria
   - [ ] 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. 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.
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: April 10 2018
Name: Phillip Blanchette
Signature: [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. Orit Freedman

Name of drug and indication under review: abemaciclib/BC

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.)
   ☐ Advisory role (e.g., advisory boards, HTA submission advice)
   ☐ Program or Operating Funding (e.g., website)
   ☐ Conference attendance
   ☐ Research/educational grants
   ☐ Royalties
   ☐ Travel grants
   ☐ Gifts
   ☐ Sponsorship of Events
   ☐ Honoraria

   ☒ 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. 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.

| 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.

I have participated in a clinical trial with this medication

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: 12/04/18
Name: Orit Freedman
Signature: OF
Appendix A: pCODR Clinician Conflict of Interest Declarations

Please 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 SANDEEP SEHDEV

Name of drug and indication under review:  
ABEMACICLIB Advanced or Metastatic Breast Cancer

Conflict of Interest Declaration

To maintain the objectivity and credibility of the pCODR process, a part of the pCODR review process must disclose any conflicts of interest. A clinician must declare any potential conflicts of interest that may influence or have the appearance of influencing the information submitted. A conflict of interest declared on a requested for transparency — it does not negate or prejudice the use of the clinician.

Examples of conflicts of interest include, but are not limited to:

- Financial support from the pharmaceutical industry or other entities (e.g., educational grants or research grants, honoraria, or consulting fees).
- 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 a 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.)

☐ Advisory role (e.g., advisory boards, health technology assessment submissions on advance)
☐ Program or Operating Fund (e.g., websites)
☐ Conference attendance
☐ Research/educational grants
☐ Royalties
☐ Travel grants
☐ Gfts
☐ Sponsorship of events
☐ Honoraria
☐ Other, please specify:

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

L y Canada, consultation meeting 2018 $
Section B: Holdings or Other Interests

Have you received or are you possess on of stocks or options of more than $10,000 (excluding mutual funds) for organ zations that may have a direct or indirect interest in the drug under review? If yes, please state them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships with a drug or technology manufacturer (including the 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 following boxes.

No

I hereby certify that I have disclosed all relevant information with respect to any matters involving a party that may pose a real or perceived conflict of interest situation.

December 16 2018

Dr. Sandeep Sehdev

Date

Name

Signature