

Conflict of Interest Disclosure Form

For pCODR Expert Review Committee, Clinical and Economic Guidance Panel members and Provincial Advisory Group members

See the [Conflict of Interest Guidelines](#) for more details on completing this form.

I have read and understood the Conflict of Interest (COI) Guidelines and I agree to be bound by the obligations contained therein. I understand that it is my responsibility to report to CADTH any real, potential or perceived conflicts of interest as defined in the pCODR COI Guidelines, and to disclose the information requested in the COI Guidelines.

As a member of a pCODR Committee, Panel or Group, I also understand that a summary of my conflict of interest declaration will be publicly available on the CADTH website and updated from time to time, generally on an annual basis. This summary will include benefit type but will not provide specific monetary values.

I understand that the information disclosed will be retained on file by CADTH.

I have reviewed my activities and interests as they relate to the matters itemized in the Disclosures section of the COI Guidelines. Attached in Schedules 1, 2 and 3 is a list of those activities and interests.

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. Except as otherwise disclosed in Schedules 1, 2 and 3 attached, I declare that I have no conflict of interest to report, as defined in the COI Guidelines.

I promise to inform CADTH of any change in circumstances that may create a conflict of interest as soon as it is known to me.

Date: 24 October 2017

Name: Catherine Moltzan

Signature:



Conflict of Interest Disclosure Form – Schedule 1

(Reference: COI Guidelines Section 5.3)

Disclosures are required under Section 5.3 of the Conflict of Interest Guidelines for those activities or interests involving any Party during the past two years which benefited the Member, their immediate family members, or the department or organization for which they have managerial responsibility, particularly as the activities relate to the following areas (add pages as necessary):

For each Party and drug, technology or topic, identify the type of funding or benefit received and indicate the total value (dollar range).

Name of Party <i>(see section 2.2 for definition)</i>	Drug, technology or topic involved and year of funding
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I do not have any declarations for Schedule 1.

DATE: **24 Oct 2017**

NAME: **Catherine Moltzan**

SIGNATURE:



Conflict of Interest Disclosure Form – Schedule 2

(Reference: COI Guidelines Section 5.4)

Disclosures are required under Section 5.4 of the Conflict of Interest Guidelines for those activities or interests involving any Party during the past two years which benefited the Member, their immediate family members, or the department or organization for which they have managerial responsibility, particularly as the activities relate to the following areas (add pages as necessary):

For each Party and drug, technology or topic, identify the type of funding or benefit received and indicate the total value (dollar range).

Name of Party <i>(see section 2.2 for definition)</i>	Drug, technology or topic involved and year of funding
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I do not have any declarations for Schedule 2.

DATE: **24 October 2017**

NAME: **Catherine Moltzan**

SIGNATURE:



Conflict of Interest (COI) Disclosure Form – Schedule 3

(Reference: COI Guidelines Section 5.5)

List those activities or interests involving a Party (not already listed in Schedules 1 and 2) that may affect or appear to affect the Member’s objectivity or fairness (as outlined in Section 5.5.1); for example, employment of spouse/partner or child; financial interest or investment in business enterprise or corporation; lobbying or promotional activities; have you publicly testified or made other public statements, or any other interest, relationship or activity that may create a reasonable apprehension of a conflict of interest, etc.

Name of Party <i>(see section 2.2 for definition)</i>	Nature or description of activities or interests
Janssen 2001 Myelofibrosis Study	Co-Investigator A Randomized, Single-Blind, Multicenter Phase 2 Study to Evaluate the Activity of 2 Dose Levels of Imetelstat in Subjects with Intermediate-2 or High-Risk Myelofibrosis (MF) Relapsed/Refractory to Janus Kinase (JAK) Inhibitor
Universtiy Health Network Ozmosis 056 CML Study	Co-Investigator Treatment-free Remission Accomplished with Dasatinib in Patients with CML (TRAD)
Genentech, Inc. (US & ex-US), F.Hoffmann-La Genentech 753g NHL	Investigator- An Open-Label, Multicenter, Randomized, Phase III Study to Investigate the Efficacy and Safety of Bendamustine Compared with Bendamustine +RO5072759 (GA101) in Patients with Rituximab-Refractory, Indolent Non-Hodgkin’s Lymphoma
Onconova Therapeutics, Inc. Onconova 04-30 MDS INSPIRE	Co-Investigator- A Phase III, International, Randomized, Controlled Study of Rigosertib versus Physician’s Choice of Treatment in Patients with Myelodysplastic Syndrome after Failure of a Hypomethylating Agent
Celgene 001 MDS/AML	Co-Investigator- A Randomized, Multicenter, Open-label, Phase II Study Evaluating the Efficacy and Safety of Azacitidine Subcutaneous in Combination with Durvalumab (MEDI4736) in Previously Untreated Subjects with Higher-Risk Myelodysplastic Syndromes (MDS) or in Elderly (> 65 years) Acute Myeloid Leukemia (AML) Subjects Not Eligible for Hematopoietic Stem Cell Transplantation (HSCT)
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List those activities or interests involving a Party with whom the Member has a potential or pending **future** commitment (as outlined in Section 5.5.2).

Name of Party (see section 2.2 for definition)	Nature and timing of the future commitment details
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I do not have any declarations for Schedule 3.

DATE: **24 October 2017** NAME: **Catherine Moltzan**

SIGNATURE: 