

Name of registered patient advocacy group:

pCODR Patient Advocacy Group Conflict of Interest Declarations

Multiple Myeloma Canada

Nam	e of drug and indication under review:	Lenalidomide (Revlimid®) for the maintenance treatment of patients with newly diagnosed multiple myeloma after stem-cell transplantation.		
Cor	of Interest Declarations			
rev any the	iew process must disclose any conflicts of potential conflicts of interest that may in	f the pCODR process, all participants in the pCODR interest. Patient advocacy groups must declare influence or have the appearance of influencing est declaration is requested for transparency — it atient advocacy group input.		
Exa	mples of conflicts of interest include, but	are not limited to:		
Sec	grants, honoraria, gifts, and salar	aceutical industry e.g., educational or research y; cial relationships with drug manufacturers or other		
1.		any payments over the previous two years nay have direct or indirect interest in the drug		
	X Yes No			
	If no, please go to Section B			
2.	What form of payment did this patient advocacy group receive? (Check all that apply.)			
	 □ Operating □ Royalties □ Gifts □ Honoraria □ Operating □ Research/educa □ grants □ Other, please sp 	tional		

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

For the 12 months ending December 31, 2012, total revenue was \$ Of this total 36% came from pharma sponsors and the balance came from individual private donations, fundraisers and research institutions.

Pharmaceutical sponsors:

Celgene, Janssen, Novartis, Otsuka, Amgen, The Binding Site, Onyx, Genzyme (Sanofi) Some funding referred to above as received by the corporation is subject to confidentiality provisions in the agreements governing the funding.

Section B: Holdings or Other Interests

Has this patient advocacy group 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.

Section C: Affiliations, personal or commercial relationships

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

Date: April 19, 2013 Name: Aldo Del Col

Signature: