

## 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:

Chaim Shustik

Daratumumab (Darzalex®)

Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an

Name of drug and indication under review: IMiD

## 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 type="checkbox"/> Honoraria   | Other, please specify:  |

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

Janssen \$ [REDACTED]
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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.

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**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.

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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: May 9/16 Name: C. SHUSTIK Signature: [Handwritten Signature]

pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Darrell White

Daratumumab (Darzalex®)

Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an

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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 checked="" 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:                       |

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

Janssen - \$ [REDACTED]
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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.

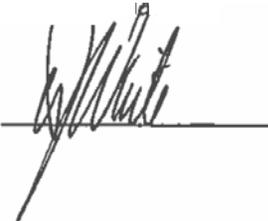
No
----

**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
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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: May 9/16 Name: DARRIN WHITE Signature: 

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Name of registered clinician:

Donna Reece

Daratumumab (Darzalex®)

Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an

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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 checked="" type="checkbox"/> Other, please specify: Research Funding |

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

BMS--honoraria \$ [REDACTED]; research funding per patient Merck--research funding per patient Takeda--honoraria and consultancy \$ [REDACTED]; research funding per patient Celgene--honoraria and consultancy \$ [REDACTED]; research funding for national MCRN trial \$ [REDACTED] over 5 years Otsuka--research funding for national MCRN trial \$ [REDACTED] over 5 years Janssen--consultancy and honoraria \$ [REDACTED]; research funding per patient Millennium--research funding per patient

**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: 27/Apr/2016

Name: D. Reece

Signature: 

pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Heather Sutherland

Daratumumab (Darzalex®)

Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an

Name of drug and indication under review: IMiD

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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 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.

Janssen Ortho - honoraria - \$ [REDACTED] Celgene - honoraria - \$ [REDACTED] Amgen - honoraria - \$ [REDACTED]  
Janssen - Funding for ongoing MMY 3003 study with daratumumab \_ provision of cost to do clinical trial only GSK - trial funding Karyopharm - trial funding

**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

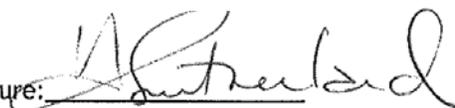
**Section C: Affiliations, personal or commercial relationships**

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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: \_May 6, 2016 Name: \_Heather Sutherland

Signature: 

## pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Kevin Song

Daratumumab (Darzalex®)

Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an

Name of drug and indication under review: IMiD

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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) |
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| <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.

Janssen, \$ [REDACTED]
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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.

No
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**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
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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: May 2, 2016 Name: Kevin Wong Signature: [Handwritten Signature]

pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Nizar Jacques Bahlis

Daratumumab (Darzalex®)

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Name of drug and indication under review: IMiD

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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

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

- |  |   |
|--|---|
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| <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:                       |

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

**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

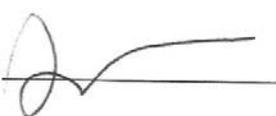
**Section C: Affiliations, personal or commercial relationships**

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 30, 2016 Name: MIZAN BAHU'S

Signature: 

## pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Richard LeBlanc

Daratumumab (Darzalex®)

Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an

Name of drug and indication under review: IMiD

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#### *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.)

- |  |   |
|--|---|
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| <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:                       |

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

Janssen, around \$ [REDACTED]
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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.

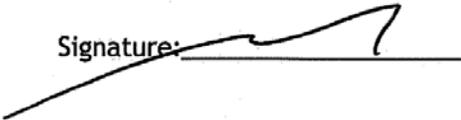
No
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**Section C: Affiliations, personal or commercial relationships**

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
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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: 2016/04/25 Name: Richard LeBlanc Signature: 

## pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

Tony Reiman

Daratumumab (Darzalex®)

Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an

Name of drug and indication under review: IMiD

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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) |
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| <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:                       |

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

No
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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.

No
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**Section C: Affiliations, personal or commercial relationships**

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No
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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: 2016 Apr 30 Name: Tony Reiman

Signature: 