

Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Mark Rother

Date: October 23 2017

Signature: Mark Rother

THANK YOU FOR YOUR VALUABLE INPUT!

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No

What form of payment did you receive? (check all that apply)

N/A

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N/A

Section B: Holdings or Other Interests

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No

Section C: Affiliations, Personal or Commercial Relationships

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No

Name: Bruce Colwell

Date: October 24 2017

Signature: Bruce Colwell

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No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ralph Wong

Date: October 24 2017

Signature: Ralph Wong

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Yooj Ko

Date: October 25 2017

Signature: Yooj Ko

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

-

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 below.

-

Section C: Affiliations, Personal or Commercial Relationships

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-

Name: Mahmoud Abdelsalam

Date: -

Signature: Mahmoud Abdelsalam

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No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

Yes, Amgen – conference funding; Shire and Pfizer – advisory board consultant

Name: Melanie Seal

Date: November 1 2017

Signature: Melanie Seal

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ronald Burke

Date: November 1 2017

Signature: Ronald Burke

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

-

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 below.

-

Section C: Affiliations, Personal or Commercial Relationships

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-

Name: Rachel Goodwin

Date: -

Signature: Rachel Goodwin

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Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

-

What form of payment did you receive? (check all that apply)

-

Please provide the name(s) of companies and organizations and the amounts of the payments below:

-

Section B: Holdings or Other Interests

Have you received or are you 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 below.

-

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 name(s) of the companies and organizations and outline the nature of these relationships below.

-

Name: Sharlene Gill

Date: -

Signature: Sharlene Gill

THANK YOU FOR YOUR VALUABLE INPUT!

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: Jim Biagi

Name of drug and indication under review: trifluridine & tipiracil in mCRC

Conflict of Interest Declarations

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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 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: 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.](#)

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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

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 8 2017

Name: Jim Biagi

Signature:



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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Erin Kennedy

Name of drug and indication under review: trifluridine & tipiracil in mCRC

Conflict of Interest Declarations

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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) |
| <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: 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.](#) *None*

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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.

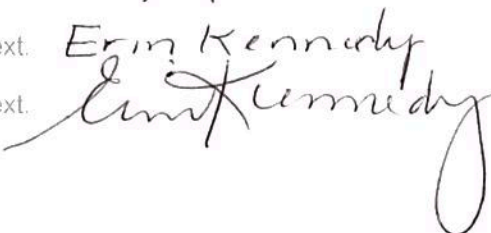
Click here to enter text. *None*

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. *None*

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. *May 3/2017*
Name: Click here to enter text. *Erin Kennedy*
Signature: Click here to enter text. 

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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Brandon Meyers

Name of drug and indication under review: trifuridine & tipirac: in mCRC

Conflict of Interest Declarations

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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 type="checkbox"/> 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

CELGENE

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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.

N/A

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.

N/A.

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.

4/5/17

Name: Click here to enter text.

B. Meyers

Signature: Click here to enter text.

