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 Jeffrey Rothenstein

Name of drug and indication under review: Crizotinib (Xalkori), As a single agent as first-line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC).

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. A 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 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 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:

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

Pfizer – presentation to Health Canada for loratinib in ALK positive NSCLC
Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

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 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 box.

1) Medical Advisory Committee for Lung Cancer Canada
2) Ad hoc advisory work and education for Roche, BMS, Merck, AZ, BI.

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Part I, potential, or perceived conflict of interest situation.

November 12, 2018  Jeffrey Rothenstein
Date  Name  Signature
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 Quincy Chu
Crizotinib (Xalkori)
First Line ROS Positive Advanced NSCLC
As a single agent as first-line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC).

Name of drug and indication under review:

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. A 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 Receipt

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 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:

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following box.
Advisory and honorarium: Astra Zeneca, Boehringer Ingelheim, BMS, Eisai, Eli Lilly, Merck, Novartis, Pfizer, Roche, Takeda, DSMB: PMH and Merck KgAa
Research Funding: Astra Zeneca.

Section B: Holdings or Other Interests
Have you received or are 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 them in the following box.

Nil.

Section C: Affiliations, Personal or Commercial Relationships
Do you have personal or commercial relationships either with a drug or health 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 box.

Nil

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: 1 Nov 2018

Name

Signature
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 Kevin Jao

Crizotinib (Xalkori)
First Line ROS Positive Advanced NSCLC
As a single agent as first-line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC).

Name of drug and indication under review:

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. A 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 Receive

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 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:

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

Crizotinib (Xalkori)
First Line ROS Positive Advanced NSCLC
As a single agent as first-line treatment for patients with ROS1-positive advanced non-small cell lung cancer (NSCLC).

Name of drug and indication under review:

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. A 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 a direct or indirect interest in the drug under review?
   □ Yes
   □

   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 submission advice)

   □
   □
   □
   □
   □ Honoraria

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following box.
Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

None

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health 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 box.

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.

Nov 9, 2018

Geoffrey Liu

Date Name Signature