

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:

C Fernandez

Name of drug and indication under review:

Blinatumomab x

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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment 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 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

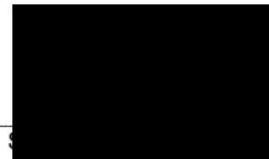
I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential, or perceived conflict of interest situation.

25 January 2020

Conrad Fernandez

Date

Name



Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Dr. Sumit Gupta

Name of drug and indication under review: Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia

Conflict of Interest Declaration

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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 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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment 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 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.

NO.

Section C: Affiliations, Personal or Commercial Relationships

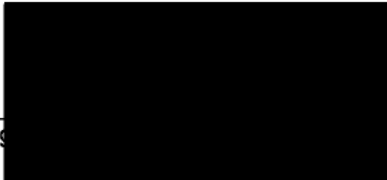
Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the manufacturer's parent corporation, subsidiaries, affiliates, and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations, and outline the nature of these relationships, in the following box.

I am the co-chair of a study, AALL1731, which involves blinatumomab. I have no direct relationship with Amgen, the manufacturer.

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 Jan 31/20

Name S. Gupta

Signature 

Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: _____

Name of drug and indication under review: Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia

Conflict of Interest Declaration

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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 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.)

- | | |
|--|---|
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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 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.

No

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.

No

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

January 31, 2020

Donna Johnston

Date

Name

Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician:

DR. CAROL PORTWINE

Name of drug and indication under review:

Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia

Conflict of Interest Declaration

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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 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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
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| <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 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.

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.

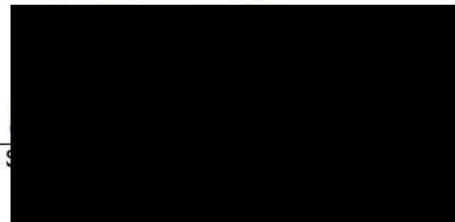
N/A

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.

January 29/20
 CAROL PORTWINE

Date

Name



Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Paul Gibson

Name of drug and indication under review: Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia

Conflict of Interest Declaration

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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 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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submissions on 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 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.

January 29, 2020

Paul Gibson



Date

Name

Signature

Appendix A: pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Alexandra Zorzi

Name of drug and indication under review: Blinatumomab for MRD Positive Acute Lymphoblastic Leukemia

Conflict of Interest Declaration

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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 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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submissions on 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 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.

No

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

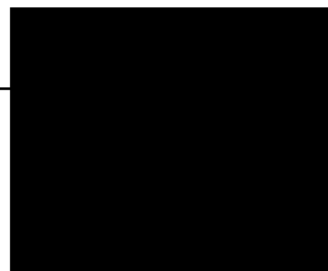
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January 29, 2020

Alexandra Zorzi

Date

Name



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Name of registered clinician: Joseph Brandwein

Name of drug and indication under review: Blinatumomab for MRD+ B-ALL

Conflict of Interest Declaration

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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 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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment 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 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.

No.

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.

No.

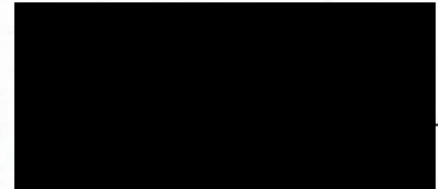
I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential, or perceived conflict of interest situation.

Jan. 3, 2020.

Joseph Brandwein

Date

Name



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pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Click here to enter text. *C. TOMKEUROUKIS*

Name of drug and indication under review: Blinatumomab/MRD ALL

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 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: 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.

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.

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.

Name: Click here to enter text.

Signature: Click here to enter text.

August 22, 2019
C. TOM KOUROUKIS

