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: Elaine McWhirter

Name of drug and indication under review: Avelumab in metastatic MCC

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.)
   ☑ Advisory role (e.g., advisory boards, HTA submission advice)
   ☐ Conference attendance
   ☐ Royalties
   ☐ Gifts
   ☐ Honoraria
   ☐ Other, please specify: Click here to enter text.
   ☐ Program or Operating Funding (e.g., website)
   ☐ Research/educational grants
   ☐ Travel grants
   ☐ Sponsorship of Events

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.
   BMS – ______ over 2 years
   Merck – ______ over 2 years
   GSK/Novartis – ______ over 2 years
   Roche – ______ over 2 years
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.
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.
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: Nov 16, 2016
Name: Elaine McWhirter
Signature: [Signature]
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: Marcus Butler

Name of drug and indication under review: Avelumab in metastatic MCC

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.)
☒ Advisory role (e.g., advisory boards, HTA 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: Presentations to industry

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.
Bristol-Myers Squibb (BMS): Advisory Boards: ($___ in 2015; $___ in 2016)
Merck: Advisory Boards: ($___ in 2015; $___ in 2016)
Merck Educational Programs: Merck Supported Ad Boards (___ in 2015); Merck Supported Education ($___ in 2015; ___ in 2016);
BMS Supported Education: ($___ in 2015)
Novartis: Advisory Boards ($ in 2015; $ in 2016)
Novartis Presentations: ($ in 2016)
Immunocore: Advisory Board ($ US in 2016)
Immunovaccine: Advisory Board ($ in 2015)
EMD Serono: Advisory Board ($ in 2016)

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.
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.
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: 13 November 2016
Name: Marcus Butler
Signature:
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: Dr Tara Baetz

Name of drug and indication under review: Avelumab in metastatic MCC

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.)
   ✔ Advisory role (e.g., advisory boards, HTA 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: Click here to enter text

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.
Bristol Myers Squibb – honoraria for giving educational talks
Merck – advisory board role
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: November 14, 2016
Name: Tara Baetz
Signature: [Signature]

Tara Baetz
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: Teresa Petrella

Name of drug and indication under review: Avelumab in metastatic MCC

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.)
   - Advisory role (e.g., advisory boards, HTA 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: Click here to enter text.

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.
   BMS $ .
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: Nov 15, 2016
Name: Teresa Petrella
Signature:
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: Xinni Song

Name of drug and indication under review: Avelumab in melasialic MCC

Conflicts 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.)
   □ Advisory role (e.g., advisory boards, HTA submission advice)
   □ Conference attendance
   □ Royalties
   □ Gifts
   □ Honoraria
   □ Program or Operating Funding (e.g., website)
   □ Research/educational grants
   □ Travel grants
   □ Sponsorship of Events
   □ 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.
BMS, Merck, Novartis - range from $10,000 to $50,000
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.
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.
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: Nov 15, 2016
Name: Xinni Song
Signature: [Signature]

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: Nov 15, 2016
Name: Xinni Song
Signature: [Signature]