

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:

Mary Lynn Savoie

Name of drug and indication under review:

blinatumomab (Blincyto) resubmission for the treatment of all adult patients with Philadelphia chromosome-negative relapsed or refractory B-precursor acute lymphoblastic leukemia (ALL), including those who have had one prior line of therapy (i.e., adult patients who are refractory or patients who are in first or later relapse).

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
- Program or Operating Funding (e.g., website)
- Research/educational grants
- Travel grants
- Sponsorship of Events
- Other, please specify:

Sponsorship of the Canadian Society Hematology of which I am the current president

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

Amgen - \$ [REDACTED] total for 2 ad boards  
\$ [REDACTED] honorarium for a post conference round table  
CHS received a total of \$ [REDACTED] 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.

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: 2017/03/06      Name: Mary Lynn Savoie

Signature:

