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. Donna Reece

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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?
   - X Yes
   - No
   If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)
   - X 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)
3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

<table>
<thead>
<tr>
<th>Company</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen</td>
<td>$</td>
</tr>
<tr>
<td>Janssen</td>
<td>$</td>
</tr>
<tr>
<td>Celgene</td>
<td>$</td>
</tr>
</tbody>
</table>

for advisory boards and consulting for Health Canada submission

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.
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. Christopher Venner

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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?
   - X Yes
   - □ No

   If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)
   - X 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:
3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

<table>
<thead>
<tr>
<th>Johnson and Johnson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celgene</td>
</tr>
<tr>
<td>Takeda</td>
</tr>
</tbody>
</table>

**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.

Name: Chris Venner

Signature: [Signature]

Date: March 17th 2017
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. Debra Bergstrom

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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?
   - X 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)
3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

<table>
<thead>
<tr>
<th>Company</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen</td>
<td>Not aware of payment amounts (sponsored events were sponsored by multiple parties and administered by another member of the division)</td>
</tr>
</tbody>
</table>

**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.


**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.


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: March 17th 2017
Name: Dr. Debra Bergstrom

Signature:
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. Heather Sutherland

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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?
   - X 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
   - X Honoraria
   - □ Program or Operating Funding (e.g., website)
   - □ Research/educational grants
   - □ Travel grants
   - □ Sponsorship of Events
   - □ Other (please specify)
3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

<table>
<thead>
<tr>
<th>Company/Role</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen, Celgene, Bristol Myers Squibb, Takeda, Amgen, Merck - advisory board attendance for 1 day or less</td>
<td>~$ /day. Janssen, Amgen - payment for travel to present talks on myeloma for local educational events</td>
</tr>
</tbody>
</table>

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: March 17, 2017
Name: Dr Heather Sutherland

Signature: [Signature]
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. Irwindeep Sandhu

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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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?
   
   X Yes
   □ No

   If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

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

<table>
<thead>
<tr>
<th>Company</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celgene</td>
<td></td>
</tr>
<tr>
<td>Janssen</td>
<td></td>
</tr>
<tr>
<td>Takeda</td>
<td></td>
</tr>
<tr>
<td>Novartis</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

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: ____________  Name: ____________________  Signature:____Original Signed____
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 Song

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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Section A: Payment Received

4. 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?

   X Yes
   □ No

   If no, please go to Section B

5. What form of payment did you receive? (Check all that apply.)

   □ Advisory role (e.g., advisory boards, HTA submission advice)
   □ Conference attendance
   □ Royalties
   □ Gifts
   X Honoraria
   □ Program or Operating Funding (e.g., website)
   □ Research/educational grants
   □ Travel grants
   □ Sponsorship of Events
   Other (please specify)
6. Please provide the names of companies and organizations and the amounts of the payments in the box below.

<table>
<thead>
<tr>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

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: March 17th 2017    Name: Dr Kevin Song

Signature: [Signature]
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. Richard LeBlanc

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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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?
   - X Yes
   - □ No

   If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

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

<table>
<thead>
<tr>
<th>Company</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen Inc.</td>
<td>$</td>
</tr>
</tbody>
</table>

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: March 17th 2017 Name: Dr Richard LeBlanc
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. Rodger Tiedemann

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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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?
   X Yes
   □ No
   If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)
   X 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)
3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

<table>
<thead>
<tr>
<th>Company</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen Canada</td>
<td>December 3rd, 2015</td>
<td>$</td>
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<tr>
<td>Janssen Canada</td>
<td>September 26th, 2015</td>
<td>$</td>
</tr>
<tr>
<td>Janssen Canada</td>
<td>March 23, 2015</td>
<td>$</td>
</tr>
</tbody>
</table>

**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: March 17  Name: Dr. Rodger Tiedemann  2017

Signature: [Signature Image]
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. Sindu Kanjeekal

Name of drug and indication under review: Daratumumab (Darzalex®) in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

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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?
   
   X Yes
   
   □ No

   If no, please go to Section B

2. What form of payment did you receive? (Check all that apply.)

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

<table>
<thead>
<tr>
<th>Company</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen</td>
<td>$1000</td>
</tr>
</tbody>
</table>

**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: ____________ Name: ____________________ Signature:___Original Signed____