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. Tom Kouroukis

Name of drug and indication under review: inotuzumab/ALL

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.

   Click here to enter text.
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: May 18, 2017
Name: Click here to enter text: C. Tom Koukouris, M.D
Signature: Click here to enter text: [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. Jordan Herst

Name of drug and indication under review: inotuzumab/ALL

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.
   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.
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: June 16, 2017
Name: Jordan Herst
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: Click here to enter text.
Janet MacEachern

Name of drug and indication under review: Click here to enter text. inotuzumab/ALL

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 [x]
   - 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.
   Click here to enter text.
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.

Amendment (July 6, 2017): personal holding of Novartis stocks

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.

N O

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.

Amended: July 6, 2017
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. Brian Leber
Name of drug and indication under review: Inotuzumab for relapsed/refractory acute lymphoblastic leukemia

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

<table>
<thead>
<tr>
<th>Company/Organization</th>
<th>Nature of Payment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer Canada</td>
<td>Honorarium for Advisory Board on the treatment of relapsed/refractory acute lymphoblastic leukemia and critical appraisal of Inovate phase III clinical trial published NEJM</td>
<td>$\text{[Redacted]}$</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.

| 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: 20 November 2017  
Name: Dr. Brian Leber

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: Mary Lynn Savoie
Name of drug and indication under review: Inotuzumab (Besponsa) for Acute Lymphoblastic Leukemia

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)
   - □ 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.
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 26th 2017    Name: Mary Lynn Savoie    Signature: