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. Erin Kennedy

Name of drug and indication under review: liposomal irinotecan (Onivyde)/metastatic pancreatic cancer

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)
   □ 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: None
Before completing this template, be sure to register with the pCODR program. Please visit https://www.cadth.ca/pcondr/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.  
May 3, 2017
Name:  Click here to enter text.  
Erin Kennedy
Signature:  Click here to enter text.  
[Signature]
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.

pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Jim Biagi

Name of drug and indication under review: liposomal irinotecan/metastatic pancreatic cancer

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.)
   ☐ 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.
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: May 8 2017
Name: Jim Biagi

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: Brandon Meyers

Name of drug and indication under review: Click here to enter text. [Handwritten text]

Conflict of Interest Declarations
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- 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.
   [Handwritten text]

pCODR Clinician Input on a Drug Review
© February 2016 CADTH-pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW
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.

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.
Click here to enter text.

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: 4/5/17
Name: B. Meyer
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: Dr Barbara Melosky

Name of drug and indication under review: Liposomal Irinotecan

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)
   - Conference attendance
   - Royalties
   - Gifts
   - Honoraria
   - Other, please specify:

   - 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.

   Squ. Advisory Board 2016 $CAD.
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.

\[\text{No}\]

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.

\[\text{No}\]

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: May 9, 2017
Name: Dr Barbara Melosky
Signature: [Signature]
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.

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: ________________________________

Name of drug and indication under review: Irinotecan Liposome (Onivyde)

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
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.

☐ 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>Shire</td>
<td>$[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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></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>Company</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></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: _May 1 2017_  Name: _Mark Rother_  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: Mark Vincent

Name of drug and indication under review: Nanolipospomal irinotecan and pancreatic cancer after gemcitabine

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: ________________________________
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>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merrimack Pharmaceuticals</td>
<td>Honorarium for one advisory board ($XXXXX? As I recall)</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>Company</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></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>
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<tr>
<th>Company</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></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: 11 May 2017
Name: Mark D Vincent
Signature:_________________________