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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Mark Rother

Date: October 23 2017

Signature: Mark Rother

THANK YOU FOR YOUR VALUABLE INPUT!
Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Bruce Colwell

Date: October 24 2017

Signature: Bruce Colwell

THANK YOU FOR YOUR VALUABLE INPUT!
Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ralph Wong

Date: October 24 2017

Signature: Ralph Wong

THANK YOU FOR YOUR VALUABLE INPUT!
Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Yooj Ko

Date: October 25 2017

Signature: Yooj Ko

THANK YOU FOR YOUR VALUABLE INPUT!
Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

What form of payment did you receive? (check all that apply)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

Name: Mahmoud Abdelsalam

Date: -

Signature: Mahmoud Abdelsalam

THANK YOU FOR YOUR VALUABLE INPUT!
Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

No

What form of payment did you receive? (check all that apply)

N/A

Please provide the name(s) of companies and organizations and the amounts of the payments below:

N/A

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

Yes, Amgen – conference funding; Shire and Pfizer – advisory board consultant

Name: Melanie Seal

Date: November 1 2017

Signature: Melanie Seal

THANK YOU FOR YOUR VALUABLE INPUT!
Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

Yes

What form of payment did you receive? (check all that apply)

Advisory role (e.g. advisory boards, HTA submission advice)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Taiho

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

No

Name: Ronald Burke

Date: November 1 2017

Signature: Ronald Burke

THANK YOU FOR YOUR VALUABLE INPUT!
Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

What form of payment did you receive? (check all that apply)

Please provide the name(s) of companies and organizations and the amounts of the payments below:

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

Name: Rachel Goodwin

Date: -

Signature: Rachel Goodwin

THANK YOU FOR YOUR VALUABLE INPUT!
Conflict of Interest Declaration

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.

Section A: Payment Received

Have you received any payments over the previous two years from any company or organization that may have direct interest in the drug therapy under review?

- 

What form of payment did you receive? (check all that apply)

- 

Please provide the name(s) of companies and organizations and the amounts of the payments below:

- 

Section B: Holdings or Other Interests

Have you received or are you 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 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 name(s) of the companies and organizations and outline the nature of these relationships below.

- 

Name: Sharlene Gill

Date: -

Signature: Sharlene Gill

THANK YOU FOR YOUR VALUABLE INPUT!
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: Jim Biagi

Name of drug and indication under review: trifluridine & tipiracil in mCRC

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.
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:
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**

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:** trifluridine & tipiracil in mCRC

**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: 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.  \( \checkmark \)
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.
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]**
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: trifluridine & tipiracil in mCRC

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: C$####
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: Click here to enter text. 4/5/17
Name: Click here to enter text. B. Meyer
Signature: Click here to enter text.