

Optimal Pharmacotherapy for Transplant-Ineligible Multiple Myeloma Patients—TR0014-00

Myeloma Canada Patients Input—Evaluation of the Canadian myeloma treatment experience

Name of the Patient Group	Myeloma Canada
Author of the Submission	[REDACTED]
Name of the Primary Contact for This Submission	[REDACTED]
Email	[REDACTED]
Telephone Number	[REDACTED]

1. Information Gathering

All data analyzed in the following report were collected by Myeloma Canada between April 22 and May 10, 2021, through a survey circulated by email and social media among the Canadian (and international) multiple myeloma-patient community. This survey invited patients to share their opinions about different treatments, and treatment features, based on their experiences. The majority of responses (of 555 total) came from Ontario (205), Quebec (122), and Alberta (82), followed by British Columbia (67), New Brunswick (18), Manitoba (17), Saskatchewan (14), Nova Scotia (12), Newfoundland and Labrador (7), and two responses were received from both Yukon, and Northwest Territories. Six patients who completed the survey indicated they lived outside of Canada.

From this total (555), respondents were divided into two sets:

- Subset 1: multiple myeloma patients who received a stem cell transplant (379)
- Subset 2: multiple myeloma patients who did not receive a stem cell transplant (151)

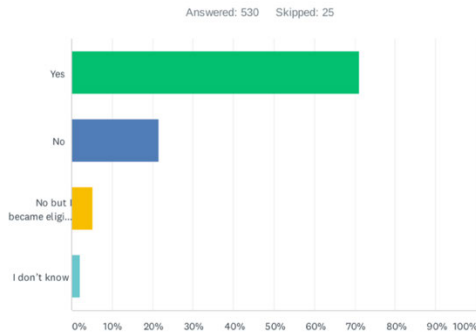
The report will present results from subset 1, but will resume important results from subset 2 in section 4 as a comparative.

2. Stem cell transplant eligibility

Figure 1—Eligibility at diagnosis (Subsets 1 and 2)

The majority of the surveyed patient community (71.13%) was eligible for a stem cell transplant at the time of their multiple myeloma diagnosis. Patients who have not been eligible for or offered a stem cell transplant represents 21.51% of respondents.

Q3 Were you transplant-eligible (offered a transplant by your doctor) when you were first diagnosed



ANSWER CHOICES	RESPONSES	
Yes	71.13%	377
No	21.51%	114
No but I became eligible later	5.28%	28
I don't know	2.08%	11
TOTAL		530

Figure 2—Stem cell transplant as a treatment (Subsets 1 and 2)

When asked, “Did you receive a stem cell transplant?” 530 respondents answered the question and 25 skipped it. A majority (379) of respondents received a stem cell transplant, and among those who did not 107 were not eligible, 41 did not have this option and 3 refused it.

ANSWER CHOICES	RESPONSES	
Yes, as first-line therapy (1st treatment regimen/combination received)	65.28%	346
Yes, as second-line therapy (2nd treatment regimen/combination received following a relapse or refractory disease)	5.28%	28
Yes, as third-line therapy (3rd treatment regimen/combination received following a relapse or refractory disease)	0.94%	5
No, I was ineligible for a stem cell transplant	20.19%	107
No but it is still an option for me	7.74%	41
No, I refuse/refused to have a stem cell transplant	0.57%	3
TOTAL		530

These patients were asked to explain why they did not receive, or they refused a stem cell transplant. The most frequent response was that they were too advanced in age to receive the transplant. Some patient comments include: “I was never told about stem cell treatment”; “My myeloma is still in the smouldering stage and does not affect my daily routine.”; “Body could not create enough stem cells so transplant could not proceed.”; “Was told it is not offered in Canada.”

3. Present treatment experiences

Figure 3—Treatments as first-line therapy (Subset 1)

Transplant-ineligible myeloma patients were asked to choose from a list of myeloma treatment drugs, and record which they had received as first-line therapy. The question was followed by a definition of a

first-line therapy: A first-line therapy is the 1st treatment regimen/combination received. A stem cell transplant is considered a line of therapy. Induction therapy or chemotherapy received to prepare for a stem cell transplant is not considered a line of therapy.

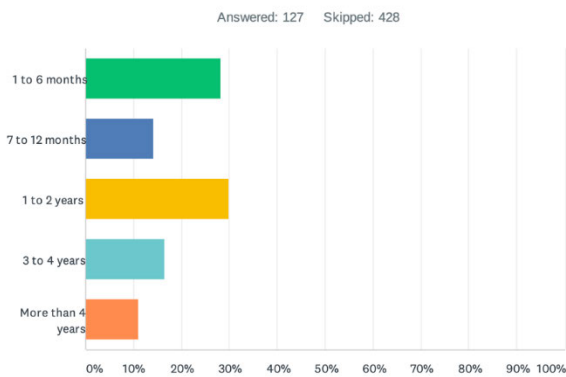
A significant majority of the 143 respondents received either dexamethasone (46.15%) or lenalidomide (Revlimid) (40.56%). Use of CyBorD (cyclophosphamide + bortezomib [Velcade] + dexamethasone) (31.47%) was also frequently reported, as was the use of Bortezomib (Velcade) (23.08%).

ANSWER CHOICES	RESPONSES	
CyBorD (cyclophosphamide + bortezomib [Velcade] + dexamethasone)	31.47%	45
Cyclophosphamide	9.79%	14
Bortezomib (Velcade)	23.08%	33
Dexamethasone	46.15%	66
Melphalan	5.59%	8
Prednisone	6.29%	9
Lenalidomide (Revlimid)	40.56%	58
Thalidomide (Thalidomid)	1.40%	2
Ixazomib (Ninlaro)	0.00%	0
Daratumumab (Darzalex)	9.09%	13
I took part in a clinical trial	11.89%	17
Other (please specify)	18.88%	27
Total Respondents: 143		

Figure 4—Present treatment combination (Subset 1)

Patients were asked how long they had been using their present treatment combination, and only 11% had been doing so for more than four years, while the majority—72.44% of total respondents (127) had been on their current treatment for two years and under.

Q15 How long have you been on your present treatment combination?

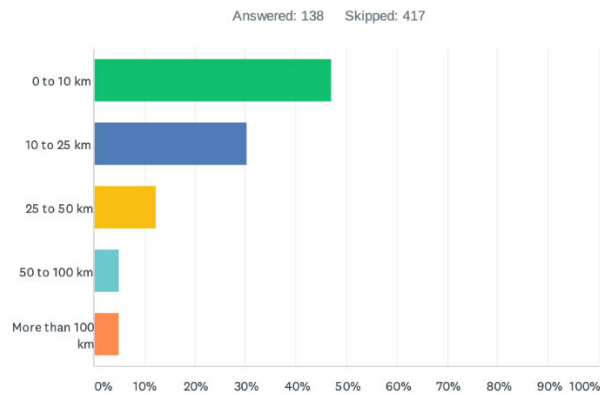


ANSWER CHOICES	RESPONSES	
1 to 6 months	28.35%	36
7 to 12 months	14.17%	18
1 to 2 years	29.92%	38
3 to 4 years	16.54%	21
More than 4 years	11.02%	14
TOTAL		127

Figure 5—Distance travelled to myeloma treatment (Subset 1)

Over half of 143 respondents receive their present treatment at a cancer centre (56.64%). 32.17% of respondents visit a local clinic/hospital to receive their present treatment, and 6.29% visit a pharmacy. The frequency of these visits differs based on many factors, but patients reported weekly or monthly trips most often. 30.77% of patients must travel weekly to receive treatment, and 30.07% of patients must do so once a month.

Q9 Please indicate the distance you have to travel (one-way back and forth) to receive your myeloma treatment.



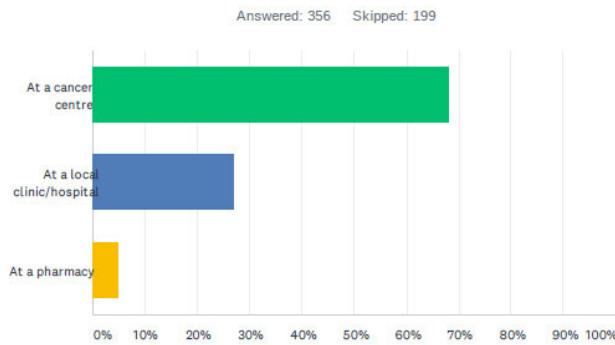
ANSWER CHOICES	RESPONSES	
0 to 10 km	47.10%	65
10 to 25 km	30.43%	42
25 to 50 km	12.32%	17
50 to 100 km	5.07%	7
More than 100 km	5.07%	7
TOTAL		138

Nearly half (47.10%) of total respondents (138) travel a distance between 0 km and 10 km to their myeloma treatment, 32.17% between 10 km and 25 km, and 10.14% need to travel over 50 km. When asked, from 0 (totally disagree) to 100 (totally agree) how much they agreed with the following statement “It is easy for me to travel to receive my current treatment.”; the average patient response was 54%.

Figure 6—Distance travelled to myeloma treatment (Subset 2)

When asked to indicate where they go to receive their myeloma treatment, 67.98% of transplant eligible respondents (356) said they have to visit a cancer centre to receive their treatment.

Q23 Please indicate where you go to receive your myeloma treatment.



ANSWER CHOICES	RESPONSES
At a cancer centre	67.98% 242
At a local clinic/hospital	26.97% 96
At a pharmacy	5.06% 18
TOTAL	356

49.72% of respondents (352) travel to receive their treatment either once a week (65) or once a month (110), 10.23% once in a while, 7.67% every two weeks, 9.09% every 2 months and 6.53% never need to travel. 59 respondents indicated “none of the above” as their answer.

28.36% of total respondents (342) travel a distance between 0 km and 10 km to their myeloma treatment, while 48.83% travel between 10 km and 50 km, and 22.81% of patients need to travel over 50 km. When asked, from 0% (totally disagree) to 100% (totally agree) how much they agreed with the following statement: “It is easy for me to travel to receive my current treatment.”; the average patient response was 56%.

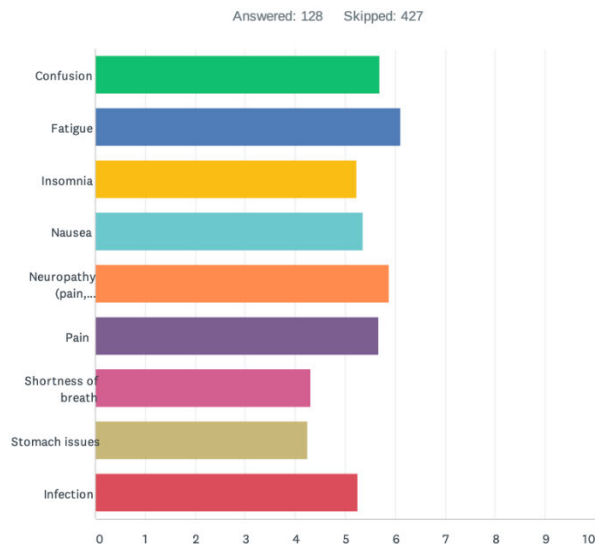
4. Challenging aspects of myeloma

Figure 7—Treatment side effects (Subset 1)

72.87% of respondents (129) felt it was extremely important for their myeloma treatment drugs to improve their overall quality of life. A good quality of life implies that both myeloma symptoms and treatment side effects are minimal and/or manageable; patients frequently named the control of side effects to be important to their myeloma treatment.

When asked which side effects were most important to avoid. The side effects extremely important to avoid for most respondents were infection (19.3%), fatigue (17.31%), and pain (16.98%).

**Q14 What treatment side effects are most important for you to avoid?
Please RANK from 1 (the most important to avoid) to 9 (the least important to avoid).**



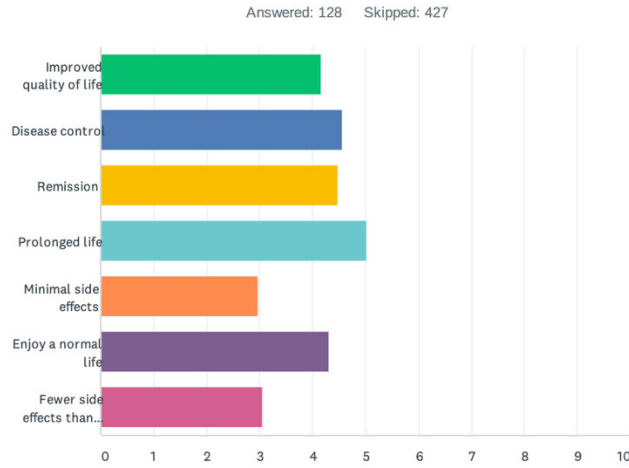
When asked to rank on a scale from 1 (“no impact”) to 5 (“significant impact”), the extent to which they felt myeloma and its symptoms had affected their day-to-day activities and quality of life, since taking their present treatment, data shows that myeloma primarily affects surveyed patients’ ability to travel (27.91%), exercise (22.9%), and work (13.18%).

When asked, “What is the most significant financial implication of your treatment? If there is more than one implication, please check all that apply,” respondents (143) identified parking costs (27.27%), travel costs (18.88%), and drug costs (18.18%) as their most significant financial implications. 48.25% answered they had no financial implications.

Figure 8—Treatment expectations (Subset 1)

When asked to rank what their expectations of their present treatment were before they began taking it, on a scale from most important (1) to least important (7), 33.04% of total respondents (128) indicated prolonged life to be their most important expectation and 25.93% chose remission. Of these expectations, 55.47% of total respondents (128) felt their expectation of disease control had been best fulfilled, followed by 45.31% of patients whose expectations for prolonged life were met, and 38.28% had an improved quality of life.

Q17 Before taking your present treatment, what were your expectations of this treatment? Please rank from most important (1) to least important (7).



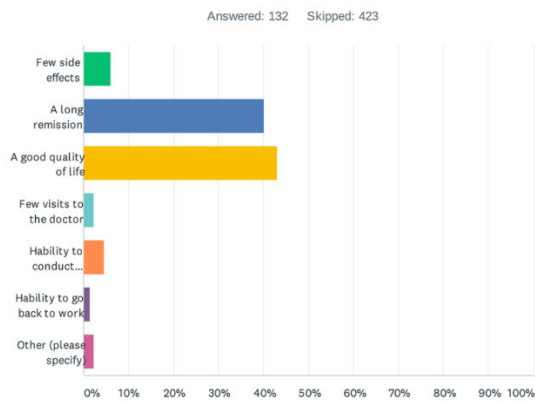
When asked, “Did your myeloma treatment improve your health and well-being?” 18.94% said no, while over half (53.79%) said yes, and 22.73% did not know.

5. Effective treatment

Figure 9—Successful myeloma treatment (Subset 1)

When weighing treatment options and their potential outcomes, patients frequently reported the importance of treatment’s ability to provide them a good quality of life (43.18%) and achieving a long remission (40.13%) as key considerations. To 87.02% of total respondents (131) it is “extremely important” to have access to effective treatments for their myeloma.

Q19 What does a successful treatment look-like for you?



ANSWER CHOICES	RESPONSES
Few side effects	6.06% 8
A long remission	40.15% 53
A good quality of life	43.18% 57
Few visits to the doctor	2.27% 3
Hability to conduct household chores	4.55% 6
Hability to go back to work	1.52% 2
Other (please specify)	2.27% 3
TOTAL	132

6. Conclusion

At the close of the survey, both transplant eligible and ineligible patients were asked the open-ended question, “What is important to you when it comes to treating your myeloma?” The responses provided were very similar between the two groups. A few unified themes became apparent. Of these themes, some have already been covered in detail above: such as the importance of ensuring treatments are effective, while balancing the patient’s quality of life, through minimization of treatment side effects.

Here are a few comments shared by respondents from both subset groups: *“A treatment that allows some quality of life, not just existing”*; *“That treatments are not too difficult with side effects, so I may retain my lifestyle and mobility.”*; *“Living my life as fully and normally as possible.”*; *“Effective disease control with minimal side effects”*; *“Having the energy too do chores and exercise”*; *“Effectiveness of the treatment. Making sure it is the best that modern medicine offer”*; *“That I can travel, ski and ride my bike and still enjoy my life”*; *“That the treatment is effective in keeping me alive and that I have a good quality of life to be with my loved ones, and that I don’t have too much anxiety and worries.”*

The nature of the Canadian healthcare system is such that coverage of treatments by provincial/territorial and private healthcare plans is a crucial consideration for most patients. Also notable was the repeated mention by patients of maintenance therapy’s steep cost. Here are a few comments shared by respondents from both subset groups: *“Quick approval for coverage, as new drugs are approved by Health Canada”*; *“I really appreciate that all my medications for the treatment are covered by Alberta Health Care.”*; *“The maintenance therapy is so expensive to keep up with”*; *“Continued financial support for the Revlamid I take as a ‘maintenance’ drug (has been fantastic).”*

The Canadian MM patient community also has specific concerns both about themselves being kept aware of new/developing therapies, and that these treatment options are approved by Health Canada and covered by provincial/territorial health insurance making them available and accessible as soon as possible. Similarly, patients are concerned that these treatment options are explained so they can make an informed decision. Here are a few comments shared by respondents from both subset groups: *“Understanding what is going on and what the goals are”*; *“Access to current treatment options available such as car-t.”*; *“Up to date and current treatment options on par with the US.”*

To many patients, another aspect of importance is the constant interplay between the myeloma’s evolution, its treatments, and the patient’s overall health (physical and emotional). Similarly, numerous members of the surveyed patient population expressed a desire for mental health-related side effects of both MM and its treatments, to be openly discussed and support offered. Here are a few comments shared by respondents from both subset groups: *“Not mentioned are mental health impacts w[ith] anxiety/depression, living w[ith] well managed Myeloma but never knowing when ultimate relapse will occur.”* *“Reduced anxiety”* *“Fewer mental side effects”*; *“Access to ongoing supports (including mental health therapy) after initial diagnosis and treatments.”*

Optimal Pharmacotherapy for Transplant-Ineligible Multiple Myeloma Patients—TR0014-00

Myeloma Canada Patients Input—Summary of Existing Patient-Survey (2016 to 2021)

Name of the Patient Group	Myeloma Canada
Author of the Submission	██████████
Name of the Primary Contact for This Submission	██████████
Email	██████████
Telephone Number	██████████

1. Information Gathering

All data analyzed in the following report were collected by Myeloma Canada between 2016 and 2021, through six surveys circulated amongst members of the national (and in some cases international) multiple myeloma-patient community. These six surveys invited patients to share their experiences with, and opinions towards, certain treatment options; and are as follows: 2021 idecabtagene vicleucel (ide-cel, bb2121), 2020 isatuximab with pomalidomide (Pomalyst) and dexamethasone, 2020 daratumumab (Darzalex) administered by a subcutaneous injection, 2019 pomalidomide (Pomalyst) with bortezomib (Velcade) and dexamethasone, 2019 daratumumab (Darzalex) with lenalidomide (Revlimid) and dexamethasone, and 2016 carfilzomib (Kyprolis).

Province/Territory	2021 Idecabtagene vicleucel	2020 isatuximab	2020 daratumumab	2019 daratumumab	2019 pomalidomide	2016 carfilzomib	All
Ontario	144	145	93	104	72	127	685
British Columbia	68	43	44	36	48	29	266
Alberta	57	53	44	20	14	31	219
Quebec	33	83	44	19	6	9	194
Other countries	43	3	1	1	0	117	165
Manitoba	5	10	10	13	14	5	57
Nova Scotia	11	8	3	4	5	17	48
Saskatchewan	11	9	2	8	3	3	36
Newfoundland & Labrador	5	7	3	7	7	5	34
New Brunswick	5	10	3	2	3	1	24
Prince Edward Island	4	1	0	2	1	0	8
Northwest Territories	2	1	0	0	1	0	4
Nunavut	0	1	0	0	0	0	1
Yukon	0	1	0	0	0	0	1
Total							1742

Table 1: Distribution of patient responses by province/territory

The majority of responses came from Ontario (685), British Columbia (266), Alberta (219) and Quebec (194), while only one response was received from both Yukon, and Nunavut respectively. This distribution of survey responses closely mimics the relative population size¹ of each province/territory, but it should be noted that patients from Quebec are slightly underrepresented in the data. In this report, we will refer to the data as a summary, or by referencing each survey with their related year.

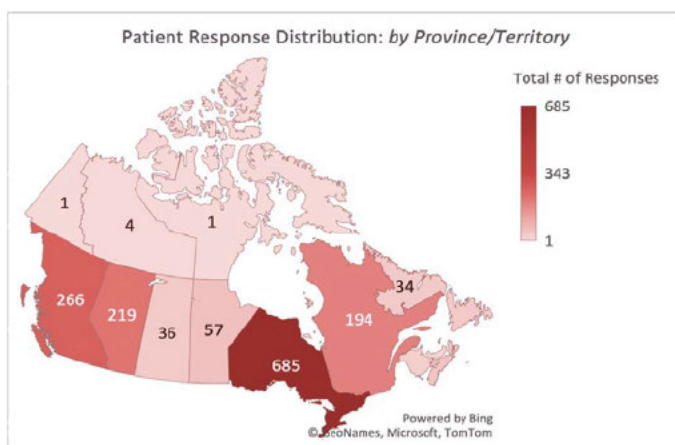


Figure 1: Geographic distribution of Canadian survey responses

¹ According to Statistics Canada's reporting for the first quarter of 2021, the most populous province/territory is Ontario, followed (in order) by Quebec, British Columbia, and Alberta. Nunavut is the least and Yukon, second-least populous territory.

2. Experiences of transplant-ineligible individuals living with multiple myeloma

Challenging aspects of the disease

Multiple myeloma [MM] is a disease with a relapsing-remitting course of progression, meaning it oscillates between, symptomatic periods of cancerous growth [relapse] which require treatment, and periods of disease dormancy that do not [remission]; there is no cure for MM to date. The dynamism—and very nature—of myeloma is such that different therapies will become increasingly and decreasingly effective differently for each patient. Thus, the process of finding a “right treatment” to curb disease progression, is constant as the “right treatment” for any single case of myeloma is *always changing*. In 2016, 92% of surveyed patients agreed that it was extremely important for them to have choices when deciding what treatment regimen is right for them.

Numerous patients also reported coping with a loss of, or reduction in—their autonomy & independence—as demonstrated by the 54% of surveyed patients who indicated they are currently in need of a caregiver or family member’s assistance to live their day-to-day lives.

*“To be able to function and be autonomous”
“To remain as independent as possible during treatment.”*

The surveyed population of multiple myeloma patients feel that infection is the most important aspect of their disease to control. The data show kidney problems, followed by mobility issues, and pain are also of significant concern to many patients. It is also notable that the recorded values for each disease aspect are high—indicating patients have a relatively high level of concern about all disease aspects listed.

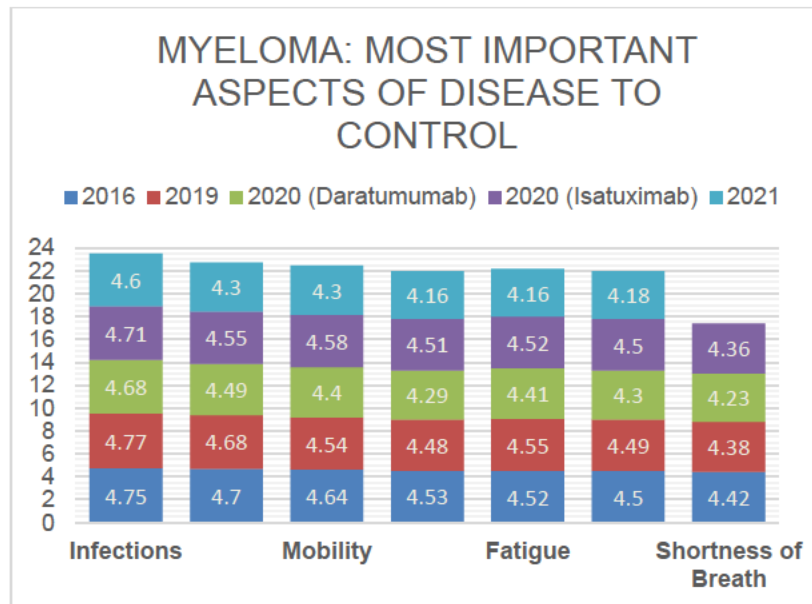


Figure 2: The data represented above are from five surveys, one collected in January 2021, two in 2020, and one in each 2019, and 2016; in which patients ranked each “aspect of disease to control” by importance on a scale from 5 [“most important”] to 1 [“not important”]. The values for each aspect are the total weighted average responses of patients. Data for “shortness of breath” was not collected in 2021.

Effects on quality of life and day-to-day life

The aggregate data indicates that myeloma primarily affects surveyed patients' abilities to work, and travel. Of secondary significance for patients are myeloma's impact upon exercise, volunteering, and concentration. It is not possible to accurately track changes in patient response over time with the existing data, but the impact of COVID-19 on most recent responses should necessarily be taken into consideration. Myeloma patients are severely immunocompromised due to their disease and its treatments—therefore their ability to travel and to work, is even more meaningfully curtailed, which could bear especial influence upon patients' evaluation in 2020 and 2021.

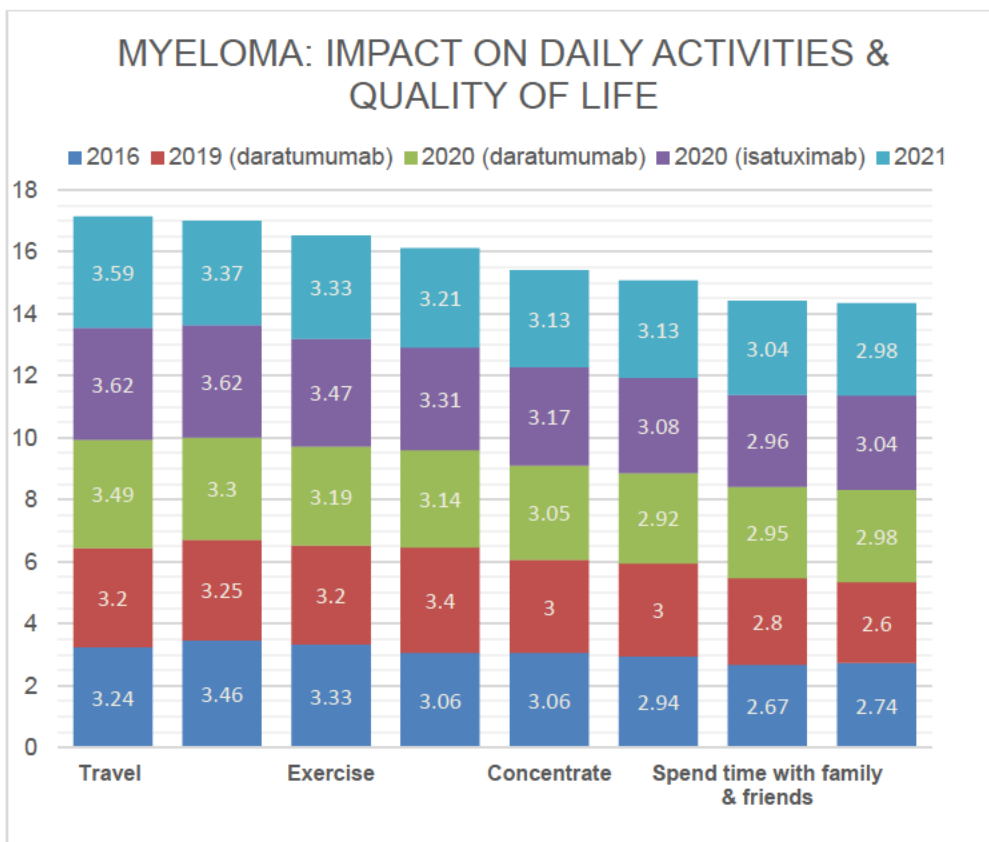


Figure3: The same five surveys (2021, 2020 daratumumab, 2020 isatuximab, 2019 daratumumab, & 2016) also asked patients to rank on a scale from 1 ("no impact") to 5 ("significant impact"), the extent to which they felt myeloma and its symptoms had affected their day-to-day activities and quality of life. Values shown in the graph below for each survey (series), are the patients' weighted average response for each "activity".

3. Patients' preferences and experiences with previous therapies

Challenges affecting patients' perspective and preferences

The relapsing-remitting nature of multiple myeloma is such that its implications for each patient—and their severity, are prone to vast fluctuation based on every individual's path of disease progression, and response to treatment types. As a result, numerous MM patients reportedly experience some level of challenge in comprehending the wealth of complex information about myeloma, treatment options relevant to them, and how to proceed. Evidence for this can be found in patient responses to the open-

ended question, “What is important to you when it comes to your myeloma treatment?” Related comments include: “Being informed”; “Being up to date with my own condition and symptom management”; “Support and care of health professionals sharing all relevant information.”; “Doctors having information on most current available treatments [including info on Clinical Trials available].”; “Doctors having time to follow you and your treatment.”; “Having trust in my oncology team, giving me the right path of treatment.”

Health outcomes

When weighing treatment options and their potential outcomes, patients frequently reported the importance of effectiveness of treatment in achieving and maintaining remission, minimization of side effects, and quality of life as key considerations. More specifically, it is important to many patients that treatment be successful in keeping myeloma growth and symptoms at bay—without imposing side effects so intolerable they severely curtail one’s quality of life.

*“Keeping the impact of both MM and the treatments low”
“Prolonging my life but with the best quality of life possible.”*

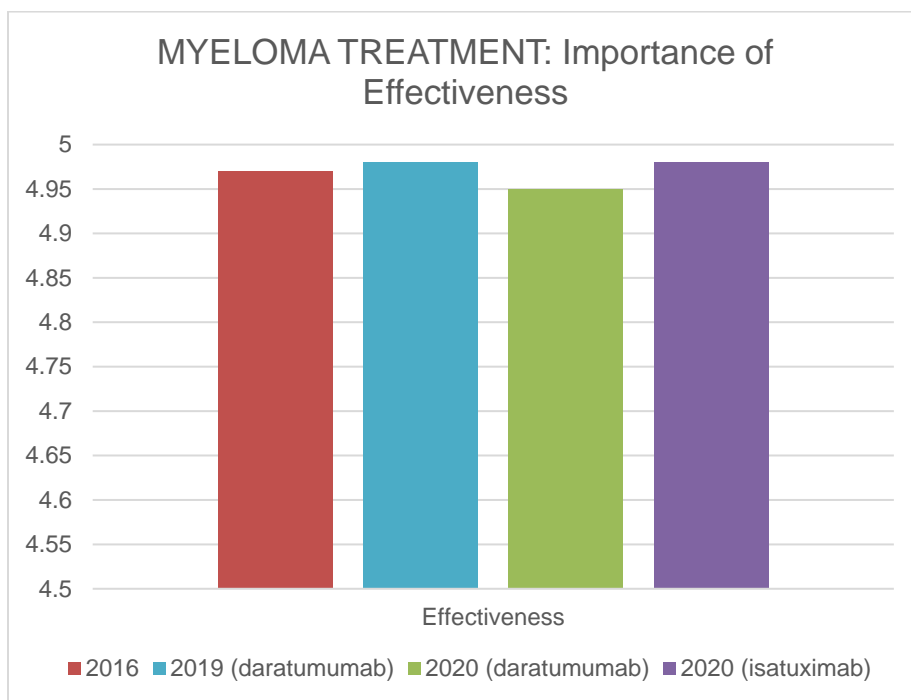


Figure 4: Data is from the 2020 daratumumab, 2020 isatuximab, 2019 daratumumab, & 2016 surveys. Patients were posed the question: “How important is it to you to have access to effective treatments?” and were asked to answer on a scale from 1 (“not important”) to 5 (“very important”). Values shown in the graph above for each survey (series), are the weighted average of patients’ responses.

Treatment features

Transplant-ineligible MM patients receive treatment through three main routes of administration: orally [by pill], by subcutaneous injection, and by intravenous transfusion [IV]. The data indicate therapies delivered orally are typically less taxing for the patient, because they are more easily transportable, and

require comparatively fewer hospital trips. Thus, orally delivered treatments are often the more desirable option for patients located further from a cancer centre. As well, self-administered, another advantage for patients who wish myeloma treatment to minimally occupy their time.

“Portability as in oral so that I can be where I want to be when I want or need to be somewhere.”
“Injections put you on a schedule—regimented. I cannot just ‘pick up and go wherever.’”

The data also show IV infusion is generally the least desirable route of administration for the majority of patients, more time for them than consuming than injections. Patients were asked to provide their opinion on if, and how, administration of their myeloma treatment might have a positive impact on the management of their daily activities. In the 2020 daratumumab survey, 60% of [30] respondents agreed they felt it would impact them positively, as opposed to 30% of patients who disagreed. Related comments include: *“Less time at the hospital”*; *“Reducing a cancer centre visit from multiple hours to possibly an hour or less is very attractive for me.”*; *“Much easier to plan a day around a 5-minute injection than 7 hours of intravenous”*; *“When I started it was infusion twice per week and an hour drive each way to receive it so that was somewhat negative in the winter months”*; *“I so appreciate the short treatment time which allows me to continue with my life.”*

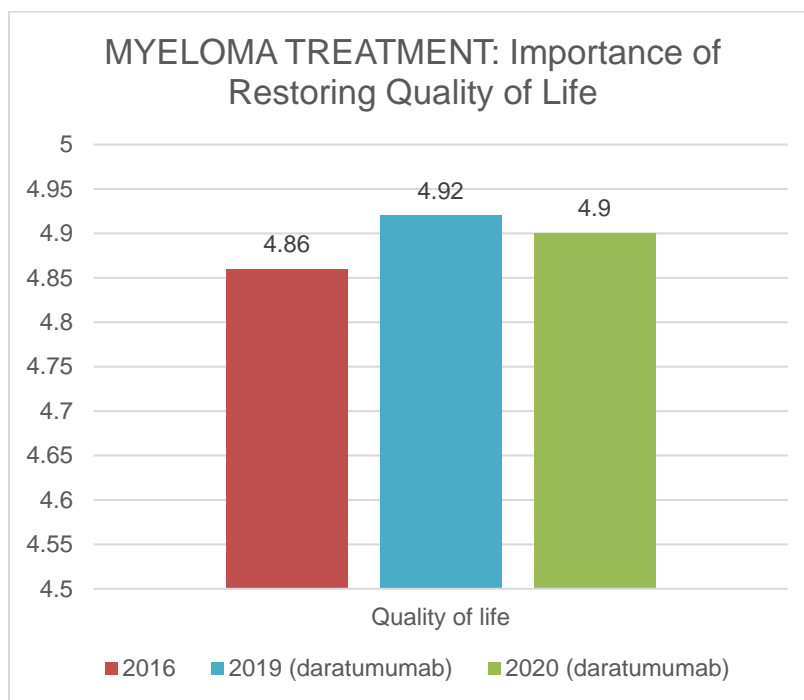


Figure 5: Data is from the 2020 daratumumab, 2019 daratumumab, and 2016 surveys. Patients were asked to answer on a scale from 1 (“not important”) to 5 (“very important”), the question: “If you are taking a drug or were to consider taking a drug for your myeloma, how important is it to bring about improvement to your overall quality of life?” Values shown in the graph above for each survey (series), are the weighted average of patients’ responses.

4. Other considerations for transplant-ineligible patients

Myeloma treatments, insurance coverage and related expenses vary a lot depending on each patient’s situation and where they live. Financial concerns are an important consideration to many patients when

deciding upon a treatment regimen. On average, drug costs had the most widely reported financial impact upon patients; followed by parking costs, loss of income due to absence from work, and travel costs.

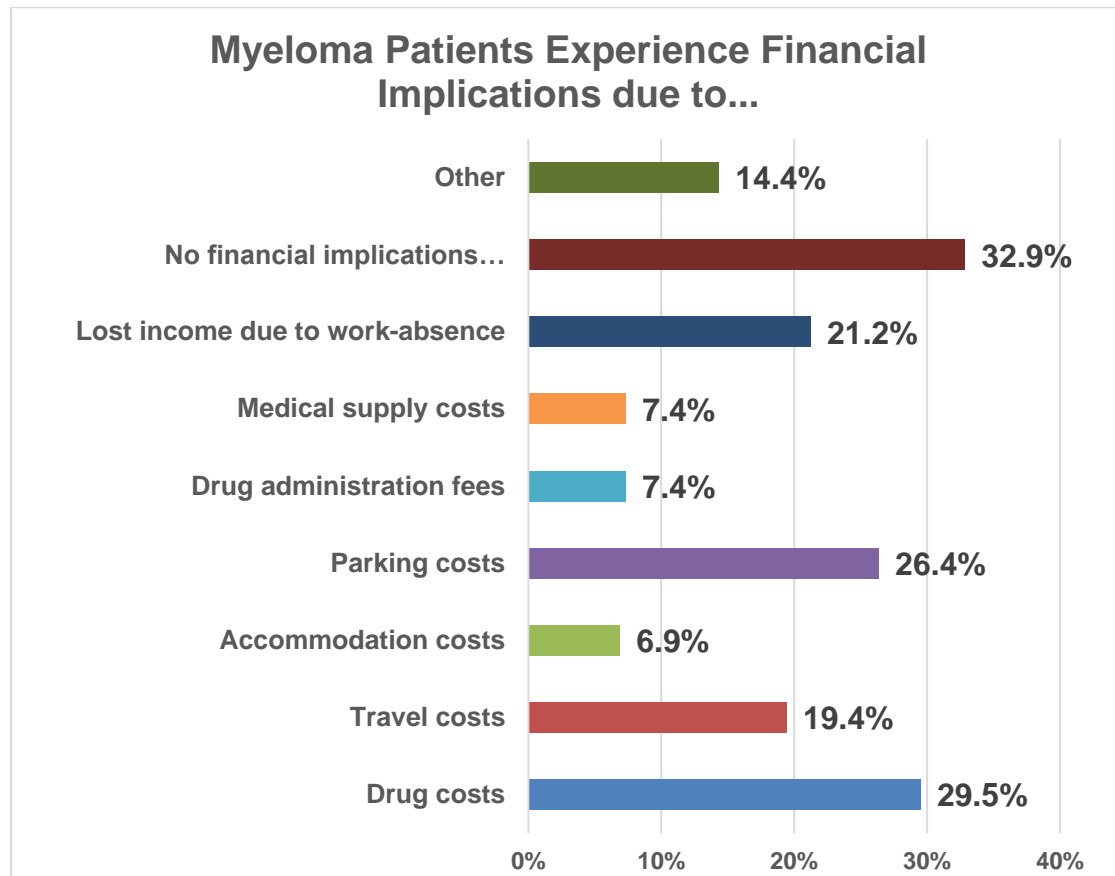


Figure 6: The data represented above are from responses to a question asking patients to indicate **all** financial implications of myeloma they had experienced [“check all that apply”]. This question appeared in the 2016, 2019, 2020 daratumumab, 2020 isatuximab & 2021 surveys and their results are graphed to depict the overall average percent of patient responses for each “financial implication.”

The reported prevalence of both parking and travel cost-implications can be viewed together as a broader category of treatment-transport costs and indicates the preponderance of surveyed patients experience *some* amount financial drain as a result of necessary visits to a cancer centre/hospital. This makes sense in the context of Fig. 7, showing at least half of surveyed patients must make monthly or bi-monthly trips to a cancer centre in order to receive treatment. This does not include other myeloma-related trips to a hospital/cancer centre, so we can reasonably presume the number of these trips is higher.

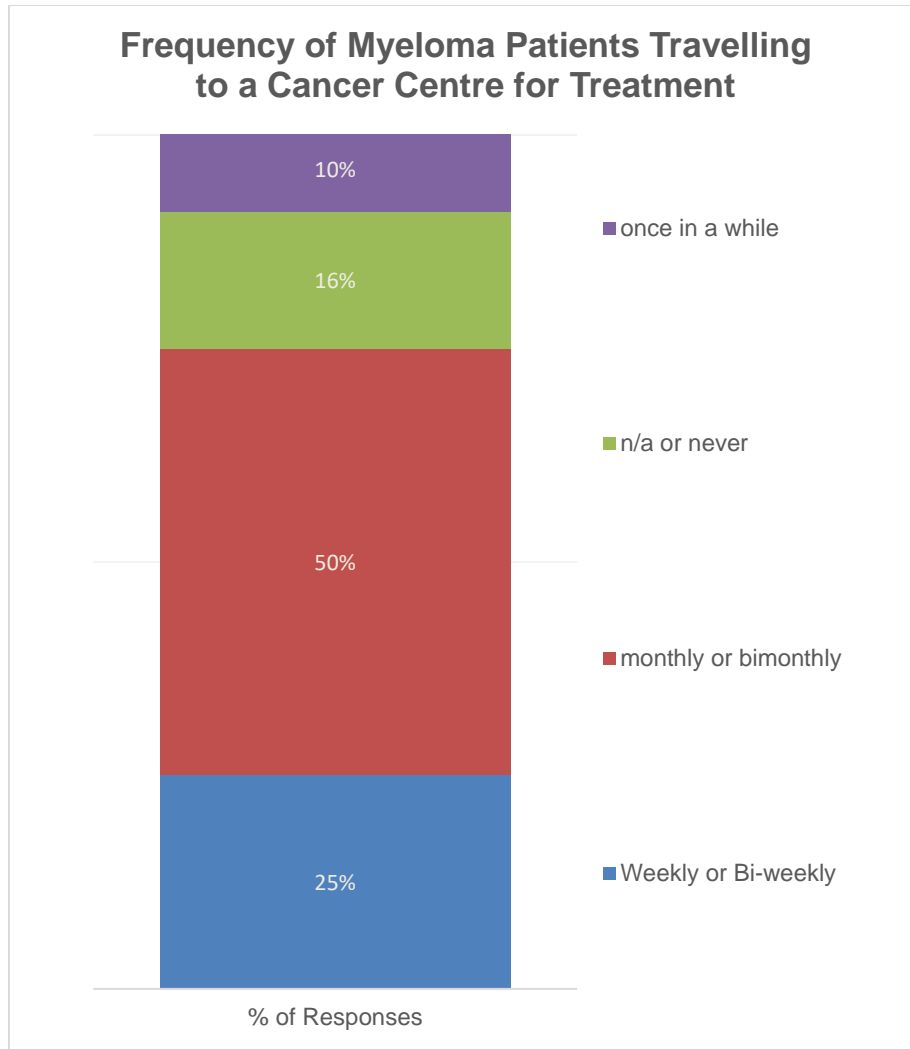


Figure 7: The data shown above is from the 2021 idecabtagene vicleucel survey.

The nature of the Canadian healthcare system is such that coverage of treatments by provincial/territorial and private healthcare plans is an important financial-adjacent consideration for patients.

"[It is important to have] coverage for effective medications which are prohibitively expensive."

"Funding in Ontario for myeloma drugs, new and existing"

"The fact that CCO refuses to fund further treatment due to cost."

The Canadian MM patient community thus has specific concerns about being kept aware of new/developing therapies, and that these become available and accessible treatment options (approved, and covered), as soon as possible. Related comments include: *"I am very excited about CAR-T. I'm at 4 lines of treatment and would love to have this available here in Canada."*; *"Being proactive with the latest appropriate treatments and knowledge."*; *"Availability, coverage and safety of the treatment."*

5. Conclusion

Through all the patient responses from all datasets, there were a number of recurrent themes regarding what is most critical to patients as they experience multiple myeloma and its treatment. Of most frequent mention by patients was the importance of balancing effective disease control with limited treatment side effects, to ensure that the patient can maintain a good overall quality of life. Patient comments indicate a way this can be achieved is by treating the whole patient. In other words, treatment should necessarily take into account the patient's mental health and other comorbidities.

Patients also frequently described lacking the understanding of myeloma and its treatment they desired, this especially due to the fluctuational nature of multiple myeloma and the correspondingly changeable treatments for it. As well, many patients reported experiencing difficulty getting the information they needed to better understand their situation, from their doctors, a statement that repeatedly came in conjunction with patients stating the extreme importance of having a good relationship and communication with their medical team. In summation, MM patients are seeking a treatment approach that includes their emotional, physical, and intellectual selves in all stages of the myeloma treatment process.

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH reimbursement review process, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it. **No**
2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it. **No**
3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Amgen Canada Inc.				x
Sanofi				x
Janssen				x
Bristol-Myers Squibb Canada Co.				x
Celgene				x
Takeda Canada Inc.				x
Merck Canada Inc.			x	
Pfizer Canada			x	
Karyopharm Therapeutics				x
Novartis	x			
GlaxoSmithKline Inc.			x	
Leo Pharma Inc.		x		
Rapid Novor Inc.			x	

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Martine Elias
 Position: Executive Director
 Patient Group: Myeloma Canada
 Date: July 10, 2021