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## **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.

P + BV						
process, all participants in the pCOD any potential conflicts of interest that r erest declaration is requested for tran	may influence or have the appearance					
ited to:						
r other entities (e.g., educational or re	search grants, honoraria,					
with drug manufacturers or other inter	est groups.					
<ul><li>Section A: Payment Received</li><li>1. Have you received any payments over the previous two years from any company or organization that may have a direct or indirect interest in the drug under review?</li></ul>						
If no, please go to Section B.						
that apply.)						
☐ Program or Operating Funding (e.g., website)						
☐ Research/educational grants						
☐ Travel grants						
☐ Sponsorship of events						
	Institutional research funding for clinical trials					
i	any potential conflicts of interest that rerest declaration is requested for transited to: r other entities (e.g., educational or rewith drug manufacturers or other interest two years from any company or organization of the program or Operating Funding (e.g., website)  Research/educational grants  Travel grants  Sponsorship of events					

(K)



Have you received or are in		
		f more than \$10,000 (excluding mutual funds) for organizations that ? If yes, please list them in the following box.
Section C: Affiliations,	Personal or Commercial Rela	ationships
parent corporation, subsidia	ries, affiliates, and associated corp	a drug or health technology manufacturer (including the manufacturer's porations) or other interest groups? If yes, please provide the names of ese relationships, in the following box.
		ith respect to any matter involving a Party that may place me in a real,
potential, or perceived confli October 17, 2019	Kerry Savage	
	,	
Date	Name	Signature



Before completing this template, be sure to <u>register</u> with the pCODR program.

Please visit <a href="https://www.cadth.ca/pcodr/registration">https://www.cadth.ca/pcodr/registration</a> 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: (McShafetp enter text.

**Name of drug and indication under review:** Brentuximab-vedotin, for frontline treatment of CD30+ PTCL, in combination with CHP

### **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;

•		ria, gifts, and salary; ons or personal or commercial relationship	s with o	drug manufacturers or other interest groups.
	Have	: Payment Received you received any payments over the pr ization that may have direct or indirect		
	☐ Yes	_	. IIILEI E	st in the drug under review :
	If no, p	olease go to Section B.		
2. What form of payment did you receive? (Check all that apply.)			hat 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 ento	er text.	
	in the	box below.	organi	izations and the amounts of the payments
CIII	ck here	to enter text.		

pCODR Clinician Input on a 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.

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:** 2019 Oct 22

Name: Mona Shafey



# 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. Pam Skrabek

**Name of drug and indication under review:** Brentuximab-vedotin, for frontline treatment of CD30+PTCL, in combination with CHP

### **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;

affiliatio	ns or personal or commercial relationship	s with c	Irug manufacturers or other interest groups.
ction A:	Payment Received		
Have y organi ☐ Yes	you received any payments over the prozation that may have direct or indirect ⊠ No		
What f	orm of payment did you receive? (Che	ck all th	nat 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	er text.	
<ol> <li>Please provide the names of companies and organizations and the amounts of the payments in the box below.</li> </ol> N/A			
	ction A: Have y organi  Yes  If no, p  What f	Ction A: Payment Received  Have you received any payments over the proorganization that may have direct or indirect  Yes No  If no, please go to Section B.  What form of payment did you receive? (Che Advisory role (e.g., advisory boards, HTA submission advice)  Conference attendance Royalties Gifts Honoraria Other, please specify: Click here to enter the box below.	Have you received any payments over the previous organization that may have direct or indirect interest   ☐ Yes



### **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: November 1, 2019

Name: Dr. Pamela Skrabek



# 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. Anthea Peters

Name of drug and indication under review: Brentuximab-vedotin, for frontline treatment of CD30+ PTCL, in combination with CHP

### **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,

Se 1.		<ul> <li>Payment Received</li> <li>you received any payments over the payments</li> </ul>	revious	s two years from any company or
		ization that may have direct or indirect		
	☐ Yes	s ⊠ No		
	If no, p	please go to Section B.		
2.	What	form of payment did you receive? (Ch	eck all t	hat 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 ent	er text.	
3.	Pleas	e provide the names of companies and	l organ	izations and the amounts of the payments
•		box below.		
Cli	ck 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: November 1, 2019

Name: Anthea Peters



# 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: John Kuruvilla

Name of drug and indication under review: Brentuximab-vedotin, for frontline treatment of CD30+ PTCL, in combination with CHP

### Conflict of Interest Declarations

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Examples of conflicts of interest include, but are not limited to:

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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.

Se	ction A	: Payment Received		
1.	organ ⊠ Yes	you received any payments over the prization that may have direct or indirect		
2.	What	form of payment did you receive? (Ch	eck all t	hat apply.)
	$\boxtimes$	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
	$\boxtimes$	Honoraria		
		Other, please specify: Click here to ent	er text.	
<b>3</b> . Se	in the	e provide the names of companies and box below. enetics: approx.	l organ	izations and the amounts of the payments
	ODR Clini	ician Input on a Drug		



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### 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

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: Neil Berinstein

Name of drug and indication under review: Brentuximab-vedotin, for frontline treatment of CD30+ PTCL, in combination with CHP

### **Conflict of Interest Declarations**

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Examples of conflicts of interest include, but are not limited to:

	honora	ria, gifts, and salary;		ner entities e.g., educational or research grants drug manufacturers or other interest groups.
Se	ction A	: Payment Received		
	Have	you received any payments over the prization that may have direct or indirect		
	If no, p	please go to Section B.		
2.	What	form of payment did you receive? (Ch	eck all	hat apply.)
	$\boxtimes$	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 ent	er text.	
3.		e provide the names of companies and box below.	l organ	izations and the amounts of the payments
Se	attle Ge	enetics-\$ .		



### **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.

Lown shares in Seattle Genetis

### 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: November 1, 2019

Name: Neil Berinstein



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# pCODR Clinician Conflict of Interest Declarations

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Name of registered clinician: Click here to enter text. C. TOMKOUROUKIS

Name of drug and indication under review: Brentuximab/TCL

### **Conflict of Interest Declarations**

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	honora	ria, gifts, and salary;			
•	affiliation	ons or personal or commercial relationship	ps with	drug manufacturers or other interest groups.	
Se	ction A	: Payment Received			
1.		you received any payments over the p lization that may have direct or indirects			
	If no,	please go to Section B.			
2.	What	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	X	Research/educational grants-	
		Royalties		Travel grants	
		Gifts		Sponsorship of Events	
		Honoraria		A CONTRACTOR OF THE CONTRACTOR	
		Other, please specify: Click here to ent	ter text		
3.	Pleas	e provide the names of companies and	d organi	zations and the amounts of the payments	
	in the	box below.			
Cli	ck here	to enter text.			



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### 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.

C. TOM KOUROUKUS

Date:

Click here to enter text.

Name:

Click here to enter text.

Signature:

Click here to enter text.