

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. Gail Darling

Name of drug and indication under review: Brigatinib for 1st line rx of alk+ advanced lung CA

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. A 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 a 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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



Oct 14, 2020

Date



Name

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: Stacey Hubay

Name of drug and indication under review: Brigatinib for 1st line rx of alk+ advanced lung CA

Conflict of Interest Declaration

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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 a 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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

none

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

none

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



Oct 14, 2020

Date

Stacey hubay

Name

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. Andrew Robinson

Name of drug and indication under review: Brigatinib for 1st line rx of alk+ advanced lung CA

Conflict of Interest Declaration

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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 a 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.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

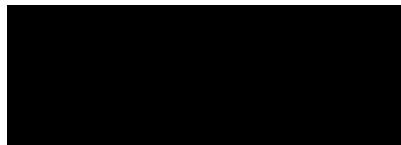
No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



Oct 15, 2020

Date



Andrew Robinson

Name

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:

Geoffrey Liu

Name of drug and indication under review:

Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

Conflict of Interest Declaration

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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 a 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.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input checked="" type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

3. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Takeda Canada	Advisory Board, Health Technology Assessment Submission Advice, Speaker's Bureau, past 10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	years				
Takeda Canada	(To institution, not individual) Observational Study funding, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hoffman La Roche	Advisory Board, Health Technology Assessment Submission Advice, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pfizer	Advisory Board, Health Technology Assessment Submission Advice, part 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AstraZeneca	Advisory Board, Health Technology Assessment Submission Advice, Speaker's Bureau, past 10 years,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AstraZeneca	(To institution, not individual) Observational Study funding, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bristol Myers Squibb	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boehringer Ingerheim	(To institution, not individual) Observational Study funding, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abbvie	Advisory Board, past 10 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Board, Health Technology Assessment Submission Advice, past 10 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMD Serono	Speaker's Bureau, past 10 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory Board, past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glaxo Smith Kline	Advisory Board, past 10 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



14 October, 2020

Date

Geoffrey Liu

Name

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: **Barbara Melosky**

Name of drug and indication under review: **Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).**

Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section A: Payment Received

4. 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?

- Yes
 No

If no, please go to Section B.

5. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

6. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Novartis	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Roche	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No, I do not have holdings or other interests in organizations that may have a direct or indirect interest in the drug under review.

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No, I do not have personal or commercial relationships either with a drug or health technology manufacturer or other interest groups.

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 9th 2020
Date

Barbara Melosky
Name

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 Paul Wheatley-Price

Name of drug and indication under review: Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section A: Payment Received

7. 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?

- Yes
 No

If no, please go to Section B.

8. What form of payment did you receive? (Check all that apply.)

- Advisory role (e.g., advisory boards, health technology assessment 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: _____

9. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000

Astra Zeneca	Advisory Role	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boehringer Ingeiheim	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol-Myers Squibb	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Role	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020
Date

Paul Wheatley-Price
Name

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 Rosalyn Juergens

Name of drug and indication under review: Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

Conflict of Interest Declaration

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section A: Payment Received

10. 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?

- Yes
 No

If no, please go to Section B.

11. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input checked="" type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

12. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol-Myers Squibb	Advisory role and honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Astra Zeneca	Advisory role and honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck Sharp and Dohme	Advisory role and honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory role and honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020
Date

Rosalyn Juergens, MD PhD
Name

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 Jeffrey Rothenstein

Name of drug and indication under review:

Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

Conflict of Interest Declaration

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

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section A: Payment Received

13. 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?

- Yes
 No

If no, please go to Section B.

14. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input checked="" type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

15. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Roche	Advisory Role and Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020

Date

Jeffrey Rothenstein

Name

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 Quincy Chu

Name of drug and indication under review:

Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

Conflict of Interest Declaration

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

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- affiliations, or personal or commercial relationships with drug manufacturers or other interest groups.

Section A: Payment Received

19. 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?

- Yes
 No

If no, please go to Section B.

20. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input checked="" type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input checked="" type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

21. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Abbvie	Advisory Board and Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Amgen	Advisory Board and Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astra Zeneca	Advisory Board and Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boehringer Ingeiheim	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol-Myers Squibb	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eisai	Advisory Board and Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Board and Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Board and Honoraria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astra Zeneca	Research Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bristol-Myers Squibb	Educational Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020
Date

Quincy Chu
Name

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 Nicole Bouchard

Name of drug and indication under review:

Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

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. A 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

22. 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?

- Yes
 No

If no, please go to Section B.

23. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input checked="" type="checkbox"/> Conference attendance | <input checked="" type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

24. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Astra Zeneca	Advisory Role/Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bristol-Myers Squibb	Advisory Role/Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Role /Research/Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bayer	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	Conference/Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No	
----	--

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

Expert for INESSS (diagnosis and treatment for Lung Cancer in Quebec)

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020
Date

Nicole Bouchard
Name

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 Normand Blais

Name of drug and indication under review:

Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

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. A 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

25. 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?

- Yes
 No

If no, please go to Section B.

26. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

27. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Novartis	Medical advisor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

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 the 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 following box.

N/A

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



Oct 11 2020

Normand Blais

Date

Name

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 Donna Maziak

Name of drug and indication under review: Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

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. A 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

28. 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?

- Yes
 No

If no, please go to Section B.

29. What form of payment did you receive? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

30. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No	<input type="checkbox"/>
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Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020
Date

Donna Maziak
Name

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 Kevin Jao

Name of drug and indication under review:

Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

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. A 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

31. 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?

- Yes
 No

If no, please go to Section B.

32. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

33. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol-Myers Squibb	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No	<input type="checkbox"/>
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Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020
Date

Kevin Jao
Name

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 Stephanie Snow

Name of drug and indication under review:

Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

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. A 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

34. 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?

- Yes
 No

If no, please go to Section B.

35. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

36. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Amgen	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Astra Zeneca	Advisory Role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bayer	Advisory Role	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boehringer Ingeiheim	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol-Myers Squibb	Advisory Role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eisai	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purdue	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Taiho	Advisory Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeda	Advisory Role	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020
Date

Stephanie Snow
Name

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 Sunil Yadav

Name of drug and indication under review:

Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

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. A 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

37. 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?

- Yes
 No

If no, please go to Section B.

38. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input checked="" type="checkbox"/> Honoraria (Speaking) | <input type="checkbox"/> Other, please specify: _____ |

39. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol-Myers Squibb	Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Astra Zeneca	Advisory Board and Speaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory Board and Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory Board and Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeda	Advisory Board and Speaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

No

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

No

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



September 12th 2020
Date

Sunil Yadav
Name

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 Parneet Cheema

Name of drug and indication under review: Brgatinib for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

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. A 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

40. 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?

- Yes
 No

If no, please go to Section B.

41. What form of payment did you receive? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Advisory role (e.g., advisory boards, health technology assessment submission advice) | <input type="checkbox"/> Program or Operating Funding (e.g., website) |
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Travel grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of events |
| <input checked="" type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

42. Please provide the names of companies and organizations, and the amounts of the payments, in the following table.

Company	Nature or description of activities or interests	Check Appropriate Dollar Range			
		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol Myers Squibb	Advisory board/Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck	Advisory board/Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Astrazeneca	Advisory board/Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche	Advisory board/Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novartis	Advisory board/Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Holdings or Other Interests

Have you received or are 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 them in the following box.

NO

Section C: Affiliations, Personal or Commercial Relationships

Do you have personal or commercial relationships either with a drug or health technology manufacturer (including the 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 following box.

NO

By checking this box, I hereby certify that the information that I have presented here is accurate and complete to the best of my knowledge.



Oct 12, 2020

Parneet Cheema

Date

Name