

pCODR Patient Advocacy Group Conflict of Interest Declarations

| Name of registered patient advocacy group: | | | | Ovarian Cancer Canada |
|--|--|---|---|---|
| Name o | f drug and indic | atior | n under review: | Bevacizumab (Avastin) for Cervical Cancer |
| | | | | |
| nflict | of Interest | De | clarations | |
| riew pro tential o ormatio | cess must disclo conflicts of inter n submitted. Co | se ar est t nflic | ny conflicts of inte hat may influence t of interest declar | rest. Patient advocacy groups must declare any or have the appearance of influencing the ration is requested for transparency — it does not |
| amples | of conflicts of in | teres | st include, but are | not limited to: |
| hor • aff | noraria, gifts, ar iliations or perso | nd sa | lary; | I industry e.g., educational or research grants, itionships with drug manufacturers or other interest |
| ction A | Payment Rece | ived | | |
| | | | | payments over the previous two years from any tor indirect interest in the drug under review? |
| | Yes No | | | |
| If no, | please go to Sec | tion | В | |
| What f | orm of payment | did | this patient advoca | acy group receive? (Check all that apply.) |
| | Operating Funds Rovalties | | website) | |
| | • | | grants | |
| | | | • | |
| , | maintal riew protential commation gate or affined from A: Has the companion of the compani | Mame of drug and indice Inflict of Interest Inflict of Interest Indicate the objectivity Index process must disclorate the use of conflicts of interport of the orgate or preclude the use of the orgate of conflicts of interport of the orgate of the orgate of the organization of the | Mame of drug and indication on flict of Interest Decimal process must disclose and tential conflicts of interest to the process must disclose and tential conflicts of interest to the process must disclose and tential conflicts of interest to the process of the | Name of drug and indication under review: Defict of Interest Declarations Maintain the objectivity and credibility of the riew process must disclose any conflicts of interest declar grate or preclude the use of the patient advocate amples of conflicts of interest include, but are In financial support from the pharmaceutical honoraria, gifts, and salary; In affiliations or personal or commercial relations or personal or commercial relations. In a this patient advocacy group received any company or organization that may have directed any company or organization that may have directed. In a this patient advocacy group received any company or organization that may have directed. In a this patient advocacy group received any company or organization that may have directed. In a program Funding website) Royalties Program Funding website) Royalties Research/education grants Gifts Sponsorship of Ev |

| 3. Please provide the names of companies and organizations and the amounts of the payments in the box below. |
|---|
| Funding from Roche: 01/07/2013 - Program Funding - 04/09/2013 - Program Funding for World Ovarian Cancer Day - this funding was for a global initiative and Ovarian Cancer Canada served as the secretariat for the monies 01/02/2014 - Program Funding - 01/15/2014 - Operational Funds - 05/13/2014 - Program Funding for World Ovarian Cancer Day - this funding was for a global initiative and Ovarian Cancer Canada served as the secretariat for the monies 07/28/2014 - Program Funding - 11/01/2014 - Operational Funds - |
| Section B: Holdings or Other Interests |
| Has this patient advocacy group 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. |
| |
| Section C: Affiliations, personal or commercial relationships |
| Does this patient advocacy group 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. |
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| I hereby certify that I have authority to disclose all relevant information with respect to any matter involving this patient advocacy group with a company, organization or entity that may place this patient advocacy group in a real, potential or perceived conflict of interest situation. Date: Dec. 12/14 Name: Wy GWW Signature: |
| \mathcal{J} |