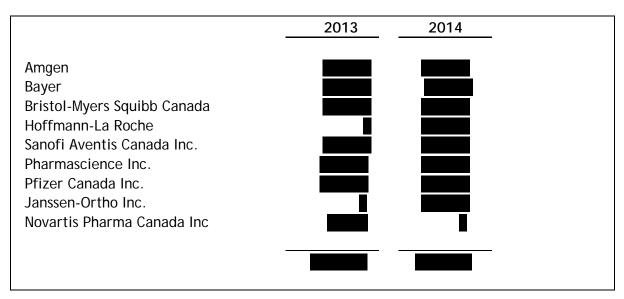


pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:			dvocacy	Colorectal Cancer Association of Canada (CCAC)		
Name of drug and indication under review:			under review:	Bevacizumab (Avastin®) + Capecitabine (Xeloda®)		
Conflic	t of Interest	Dec	larations			
eview pro ootential nformatio	ocess must disclo conflicts of inter on submitted. Co	se any est th nflict	y conflicts of inte at may influence	pCODR process, all participants in the pCODR erest. Patient advocacy groups must declare any or have the appearance of influencing the ration is requested for transparency — it does not cy group input.		
xamples	of conflicts of in	terest	include, but are	not limited to:		
ho • af	noraria, gifts, an	nd sala	ary;	Il industry e.g., educational or research grants, ationships with drug manufacturers or other interest		
Section A	: Payment Recei	ived				
				payments over the previous two years from any t or indirect interest in the drug under review?		
	Yes No					
If no,	please go to Sec	tion E	3			
2. What	form of payment	did tl	his patient advoc	acy group receive? (Check all that apply.)		
	Operating Funds Royalties	$\sqrt{}$	Program Funding website) Research/educat grants			
	Gifts		grants Sponsorship of Ev	vents		
	Honoraria		Other, please spe	ecify:		

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.



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.

NO		

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.

NO		

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.

1

Date: 2015/03/04 Name: Barry D. Stein Signature