

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 8/8/2024

Your Name: Darren Filson

Manuscript Title: The Elasticity of Pharmaceutical Innovation: How Much Does Revenue Drive New Drug Development?

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In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">USC Schaeffer Center</td> <td>Payments were made to me</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	USC Schaeffer Center	Payments were made to me			Click the tab key to add additional rows.	
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		EntityRisk, Inc.	Payments were made to me
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 8/13/2024

Your Name: Dana Goldman

Manuscript Title: The Elasticity of Pharmaceutical Innovation: How Much Does Revenue Drive New Drug Development?

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2	<p>Grants or contracts from any entity (if not indicated in item #1 above).</p> <p><input type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 150px; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;"> American Heart Association, Alexion, Amgen, Biomarin, Blue Cross Blue Shield of Arizona, Blue Cross Blue Shield of Massachusetts, BMS, BrightFocus, Bristol Myers Squibb, California Hospital Association, Cedars-Sinai Health System, Charles Koch Foundation, CommonSpirit, Edwards Lifesciences, Gates Ventures, Genentech, Gilead Sciences, Incyte, Johnson & Johnson, Lilly, National Institute on Aging, National Institute of Diabetes and Digestive and Kidney Diseases, Novartis, Pfizer, RA Capital, and Roche. </td> <td style="width: 40%;"></td> </tr> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"></td> </tr> </table>	American Heart Association, Alexion, Amgen, Biomarin, Blue Cross Blue Shield of Arizona, Blue Cross Blue Shield of Massachusetts, BMS, BrightFocus, Bristol Myers Squibb, California Hospital Association, Cedars-Sinai Health System, Charles Koch Foundation, CommonSpirit, Edwards Lifesciences, Gates Ventures, Genentech, Gilead Sciences, Incyte, Johnson & Johnson, Lilly, National Institute on Aging, National Institute of Diabetes and Digestive and Kidney Diseases, Novartis, Pfizer, RA Capital, and Roche.				
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> GRAIL and the National Railway Labor Conference	Paid scientific advisor
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		EntityRisk	Hold equity
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 8/8/2024

Your Name: Darius Lakdawalla

Manuscript Title: The Elasticity of Pharmaceutical Innovation: How Much Does Revenue Drive New Drug Development?

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4	Consulting fees	<input type="checkbox"/> None	
		Amgen	
		Genentech	
		Gilead	
		GRAIL	
		Novartis	
		Otsuka	
		Pfizer	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Gilead	
		Mylan	
		Perrigo	
	Sorrento Therapeutics		
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> None	
		Precision Medicine Group	Owns equity and previously served as a consultant
		EntityRisk, Inc.	Owns equity and serves as Chief Scientific Officer
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 8/8/2024

Your Name: Karen Van Nuys

Manuscript Title: The Elasticity of Pharmaceutical Innovation: How Much Does Revenue Drive New Drug Development?

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Cytokinetics Inc.	Payment to myself for panel participation
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Cytokinetics INC.	Travel expenses to attend 2023 HFSA meeting
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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