

Food and Drug Administration Advisory Committee Member
Acknowledgment of Financial Interests

Name of Advisory Committee Member: Kathleen Neville, M.D.

Committee: Pediatric Subcommittee of the Oncologic Drugs Advisory Committee

Meeting Date: June 28, 2016

I acknowledge that contingent upon public disclosure of the following financial interest(s) related to the agenda item: Information will be presented to gauge investigator interest in exploring potential pediatric development plans for five chemical entities including, atezolizumab, I may be considered for participation in the advisory committee meeting described above.

<u>Type of Interest</u>	<u>Nature</u>	<u>Magnitude</u>
I. Personal/Immediate Family		
None		
II. Other Imputed Interests		
Contract/Grant	Roche, sponsor	\$0 – 50,000 per year

I hereby request that FDA make this information publicly available on my behalf if the agency grants a waiver allowing me to participate in the session described above. I understand that without public disclosure of this interest, I will not participate in the advisory committee session described above.

_____/S/_____
Signature

__6/27/2016_____
Date