Date:	March.	29 th , 2024
Your Nam	ne:	Maciej Krzakowski
Manuscri	pt Title:	How to optimally treat with an EGFR and MET receptor inhibitor?
Manuscri	nt numl	per (if known): TI CR-24-204

In the interest of transparency, we 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 following questions apply to the author's relationships/activities/interestsas they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	XNone	
В	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
-	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
	meetings and, or traver				
8	Patents planned, issued or	X None			
O	pending	XNone			
	F				
9	Participation on a Data				
9	Safety Monitoring Board or	_X_ None			
	Advisory Board				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
- וח	Please summarize the above conflict of interest in the following box:				
PIE	ase summanze the above o	ominici or miterest in the for	iowing box:		
	None.				

Date: March. 29 th , 2024				
Your Name: Magdalena Zaborowska-Szmit				
Manuscript Title: How to optimally treat with an EGFR and MET receptor inhibitor?				
Manuscript number (if known): TLCR-24-204				

In the interest of transparency, we 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 following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
-	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel	^NOTIE		
	meetings and/or travel			
8	Patents planned, issued or	X None		
0	pending	XNOTIC		
	, - U			
9	Participation on a Data	X None		
9	Safety Monitoring Board or	^NOTIE		
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	and railing the the above to			
	None.			
	- - -			

Date: March. 29 th , 2024	
Your Name: Sebastian Szmit	
Manuscript Title: How to optimally treat with an EGFR and MET receptor inhibitor?	
Manuscript number (if known): TLCR-24-204	

In the interest of transparency, we 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 following questions apply to the author's relationships/activities/interests they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone Time frame: past	26 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	XNone	50 months
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	V N			
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel	^NOTIC			
	meetings and or travel				
8	Patents planned, issued or	X None			
	pending				
	. .				
9	Participation on a Data	X None			
,	Safety Monitoring Board or	A_NOTE			
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	- Lease summarize the above connect of interest in the following box.				
	None.				

Date: March. 29 th , 2024				
Your Name: Piotr Jaskiewicz				
Manuscript Title: How to optimally treat with an EGFR and MET receptor inhibitor?				
Manuscrint number (if known): TI CR-24-204				

In the interest of transparency, we 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 following questions apply to the author's relationships/activities/interestsas they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
	None.		

None.			

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

Piotr Jaskiewicz MD, PhD

Date: Ma	rch. 29 th , 2024			
Your Name: _	Dariusz M. Kowalski			
Manuscript Title: How to optimally treat with an EGFR and MET receptor inhibitor?				
Manuscript number (if known): TLCR-24-204				

In the interest of transparency, we 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 following questions apply to the author's relationships/activities/interestsas they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	,		
	Patents planned, issued or pending	XNone	
0	Double institute on a Date	Name	Advisory Doord, Doob o Direy Areas DNAC MCD
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	Advisory Board: Roche, Pfizer, Amgen, BMS, MSD, Boehringer-Ingelheim, Takeda, Astra-Zeneca, Johnson&Johnson, Sanofi-Aventis, Medison
10	Leadership or fiduciary role	XNone	
C	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descipt of accions and	V Name	
	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

The author reports participation on the Advisory Board of Roche, Pfizer, Amgen, BMS, MSD, Boehringer-Ingelheim, Takeda, Astra-Zeneca, Johnson&Johnson, Sanofi-Aventis, and Medison.

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