Date: <u>June 9t</u>	h, 2024
Your Name:	Izabela Chmielewska
Manuscript Title:	Exploring Immunotherapy Efficacy in Non-Small Cell Lung Cancer Patients with BRAF
Mutations: A Case	e Series and Literature Review
Manuscrint numb	per (if known): TI CR-24-253-CI

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 as they relate to the <u>current manuscript only</u>.

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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)
		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.	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	X_None	
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 meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	_	

None.			

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

Date: <u>May 27</u>	th , 2024
Your Name:	Paweł Krawczyk
Manuscript Title:	Exploring Immunotherapy Efficacy in Non-Small Cell Lung Cancer Patients with BRAF
Mutations: A Case	e Series and Literature Review
Manuscrint numb	per (if known): TI CR-24-253-CI

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	_	

None.			

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

Date: May 29 th , 2024					
Your Name: Magdalena Wójcik-Superczyńska					
Manuscript Title: Exploring Immunotherapy Efficacy in Non-Small Cell Lung Cancer Patients with I	3RAF				
Mutations: A Case Series and Literature Review					
Manuscript number (if known):TLCR-24-253-CL					

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		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.	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	X_None	
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 meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	_	

None.			

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

Date: <u>May 29</u>	th , 2024
Your Name:	Anna Grenda
Manuscript Title:	Exploring Immunotherapy Efficacy in Non-Small Cell Lung Cancer Patients with BRAF
Mutations: A Cas	e Series and Literature Review
Manuscrint numb	per /if known): TI CR-24-253-CI

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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)
		Time frame: Since the initia	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	X_None	
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 meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	_	

None.			

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

Date: <u>May 29</u>	th , 2024
Your Name:	Michał Gil
Manuscript Title:	Exploring Immunotherapy Efficacy in Non-Small Cell Lung Cancer Patients with BRAF
Mutations: A Case	e Series and Literature Review
Manuscrint numb	per (if known): TI CP-24-253-CI

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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)
		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.	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	X_None	
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 meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	_	

None.			

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

Date: 28th Ma	ate: 28 th May 2024		
Your Name:	Katarzyna Stencel		
Manuscript Tit	tle:		
Manuscript nu	ımber (if known):		

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.

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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	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
AND REAL PROPERTY.			
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

6. Acerel

5	Payment or honoraria for	W Manne	
lectures, presentations,		xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert		
	testimony	xNone	
	testimony		
7	Support for attending	No.	
,	meetings and/or travel	_xNone	
	100		
8	Patents planned, issued or		
0	pending	x_None	
	pending		
9	Porticipation and Date		
Э	Participation on a Data	x_None	
	Safety Monitoring Board or Advisory Board		
10			
10	Leadership or fiduciary role in other board, society,	_xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options	x_None	
12	Receipt of equipment,	x None	
	materials, drugs, medical	x_None	
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	POLICE THE PROPERTY OF THE PRO
32x	financial interests		
	and a supplied to the second s		**************************************
	*		

None	

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

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

4- Heurel

Date: May 28 ^t	^h , 2024
Your Name:	Robert Kieszko
Manuscript Title:	Exploring Immunotherapy Efficacy in Non-Small Cell Lung Cancer Patients with BRAF
Mutations: A Case	e Series and Literature Review
Manuscrint numb	er (if known): TI CR-24-253-CI

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		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		
	,		
_			
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	X None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	_		

None.			

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

Date: _	May	29 th , 2024	
Your Na	ame:	Tomasz	Jankowski
Manus	cript Tit	le:	Exploring Immunotherapy Efficacy in Non-Small Cell Lung Cancer Patients with BRAF
Mutation	ons: A C	ase Series	and Literature Review
Manus	cript nu	mber (if kn	own): TLCR-24-253-CL

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		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		
	,		
_			
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	X None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	_		

None.			

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

Date: <u>June 24th, 2024</u>	
Your Name: <u>Janusz Milano</u>	<u>wski</u>
Manuscript Title:	Exploring Immunotherapy Efficacy in Non-Small Cell Lung
<u>Cancer Patients with BRAF Mu</u>	stations: A Case Series and Literature Review
Manuscript number (if known): <u>TLCR-24-253-CL</u>
	, we ask you to disclose all relationships/activities/interests listed content of your manuscript. "Related" means any relation with

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	Time frame: S	ince the initial planning of the	e 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	
	Tim	e 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 lectures,	X None				
	presentations, speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert testimony	XNone				
7	Support for attending meetings	X None				
	and/or travel					
8	Patents planned, issued or pending	XNone				
9	Participation on a Data	X None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role in other board, society, committee or	XNone				
	advocacy group, paid or unpaid					
11	Stock or stock options	X None				
	·					
12	Receipt of equipment, materials, drugs, medical writing, gifts or	X_None				
	other services					
13	Other financial or non-financial	X None				
	interests					
Dlea	Please summerize the above conflict of interest in the following bow					
Please summarize the above conflict of interest in the following box:						
None.						

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