

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Baselga 1



| Section 1. | Identifying Inform | nation | | |
|---|--------------------------------------|---|---|---|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Baselga | | 3. Date 13-February-2015 |
| 4. Are you the cor | 4. Are you the corresponding author? | | | |
| 5. Manuscript Title Vemurafenib in I | e Multiple Nonmelanoma | a BRAFV600-Mutated C | Cancers | |
| 6. Manuscript Ider 15-02309 | ntifying Number (if you kr | now it) | | |
| | | | | |
| Section 2. | The Work Under C | onsideration for Pu | blication | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | |
| Section 3. | Relevant financial | activities outside th | ne submitted work. | |
| of compensation clicking the "Add Are there any rel | n) with entities as descri | ibed in the instructions port relationships that | s. Use one line for each entity; a were present during the 36 n | lationships (regardless of amount add as many lines as you need by nonths prior to publication. |
| Section 4. | Intellectual Prope | rty Patents & Cop | yrights | |
| Do you have any | patents, whether plan | ned, pending or issued | d, broadly relevant to the work? | ? ☐ Yes ✓ No |

Baselga 2



| Section 5. Relationships not covered above | | | | |
|---|--|--|--|--|
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? | | | | |
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| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships. | | | | |
| Section 6. Disclosure Statement | | | | |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. | | | | |
| Dr. Baselga has nothing to disclose. | | | | |

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Baselga 3



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Blay 1



| Section 1. Identifying Inform | nation | | | | |
|--|--|--|--|--|--|
| 1. Given Name (First Name) Jean Yves | 2. Surname (Last Name) Blay | 3. Date 12-February-2015 | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Jose Baselga | | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma BRAFV600-Mutated Cancers | | | | | |
| 6. Manuscript Identifying Number (if you know it) 15-02309 | | | | | |
| Section 2. The Work Under C | | | | | |
| The Work Under C | onsideration for Public | cation | | | |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, | | | |
| Section 3. Relevant financial | Relevant financial activities outside the submitted work. | | | | |
| of compensation) with entities as descr | ribed in the instructions. Using port relationships that we lest? Yes | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. | | | |
| Name of Entity | Grant? Personal No | n-Financial other? Comments | | | |
| Roche | ✓ | Advisory Board | | | |
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| Section 4. Intellectual Prope | rty Patents & Copyri | ghts | | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |

Blay 2



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| Dr. Blay reports grant support and personal fees from Roche outside the submitted work. | | | |

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Royalties: Funds are coming in to you or your institution due to your patent

Chan 1



| Section 1. | Identifying Inform | nation | | | | | |
|---|--|-------------------------------|---------------------------------------|--|--|---|-----|
| 1. Given Name (Fi | rst Name) | 2. Surnan Chan | ne (Last Name) |) | | 3. Date 12-February-2015 | |
| 4. Are you the cor | responding author? | Yes | √ No | - | Corresponding Author's Name Jose Baselga | | |
| 5. Manuscript Title Vemurafenib in I | e Multiple Nonmelanoma | a BRAFV600 |)-Mutated Ca | incers | | | |
| 6. Manuscript Ider 15-02309 | ntifying Number (if you kr | now it) | | | | | |
| Section 2. | | | | | | | |
| Section 2. | The Work Under C | onsiderat | ion for Pub | lication | | | |
| any aspect of the s statistical analysis, | ubmitted work (including etc.)? | but not lim | ited to grants, | data monitoring | | ent, commercial, private foundation, etc.) udy design, manuscript preparation, | for |
| • | Are there any relevant conflicts of interest? Ves No | | | | | | |
| | out the appropriate info oe removed by pressin | | | lave more thar | one enti | ty press the "ADD" button to add a ro |)W. |
| Name of Institut | ion/Company | Grant? | Personal N Fees? | lon-Financial Support <mark>?</mark> | Other? | Comments | |
| Roche | | | | | ✓ | Money to Institution for conduct of trial | |
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| Section 3. | Relevant financial | activities | outside the | e submitted | work. | | |
| of compensation clicking the "Add Are there any rel |) with entities as descr | ibed in the port relationest? | instructions. nships that w 'es | Use one line fo vere present d | or each er | cial relationships (regardless of amountity; add as many lines as you need be 36 months prior to publication. | |
| Name of Entity | | Grant? | Personal N Fees? | lon-Financial Support | Other? | Comments | |
| Amgen | | | ✓ | | | Advisory board | |
| illy | | | ✓ | | | Advisory board | |
| Merrimack | | | \checkmark | | | Advisory board | |

Chan 2



| Section 4. Intellectual Property Patents & Copyrights | | | | |
|--|--|--|--|--|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |
| Section 5. Relationships not covered above | | | | |
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| Section 6. Disclosure Statement | | | | |
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| Dr. Chan reports other support from Roche during the conduct of the study, and personal fees from Amgen, Lilly and outside the submitted work. | | | | |

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Chau 1



| Section 1. Identifying Inform | mation | | | |
|--|--|--|--|--|
| 1. Given Name (First Name) lan | 2. Surname (Last Name) Chau | 3. Date 13-February-2015 | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Jose Baselga | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma BRAFV600-Mutated Cancers | | | | |
| 6. Manuscript Identifying Number (if you label) | know it) | | | |
| | | | | |
| Section 2. The Work Under 0 | Consideration for Publi | cation | | |
| any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inte | g but not limited to grants, do | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, | | |
| Section 3. Relevant financia | activities outside the | submitted work. | | |
| of compensation) with entities as desc | ribed in the instructions. Ueport relationships that we rest? Yes No | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tre present during the 36 months prior to publication. | | |
| Name of Entity | Grant? Personal No | n-Financial Other? Comments | | |
| Roche | | Honorarium and Advisory board | | |
| | | | | |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Chau 2



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Diamond 1



| Section 1. | Identifying Inform | nation | | | | |
|---|----------------------------|--|--|--|--|--|
| 1. Given Name (Fi Eli | rst Name) | Surname (Last Name) Diamond | 3. Date 11-February-2015 | | | |
| 4. Are you the cor | responding author? | Yes 🗸 No | Corresponding Author's Name Jose Baselga | | | |
| 5. Manuscript Title Vemurafenib in | | a BRAFV600-Mutated Cand | rers | | | |
| 6. Manuscript Ide | ntifying Number (if you kr | now it) | | | | |
| | | | _ | | | |
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| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | | | |
| Section 3. | Relevant financial | activities outside the s | submitted work. | | | |
| of compensation clicking the "Add | n) with entities as descr | ibed in the instructions. Us port relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. | | | |
| Section 4. | Intellectual Prope | rty Patents & Copyri | ghts | | | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | | | |

Diamond 2



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Royalties: Funds are coming in to you or your institution due to your patent

Elez-Fernandez 1



| Section 1. | Identifying Inform | nation | | | |
|--|--|--|--|---|--|
| 1. Given Name (Fii Maria Elena | en Name (First Name) 2. Surname (Last Name) Elena Elez-Fernandez | | | 3. Date 19-February-2015 | |
| 4. Are you the cor | u the corresponding author? Yes V | | Corresponding Author's Name Jose Baselga | | |
| | 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma BRAFV600-Mutated Cancers | | | | |
| 6. Manuscript Ider 15-02309 | ntifying Number (if you kr | now it) | | | |
| | | | | | |
| Section 2. | The Work Under Co | onsideration for Publi | ication | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, d | n a third party (government, cor ata monitoring board, study de | mmercial, private foundation, etc.) for sign, manuscript preparation, | |
| Section 3. | Relevant financial | activities outside the | submitted work. | | |
| of compensation clicking the "Add | the appropriate boxes i) with entities as descri | in the table to indicate wh ibed in the instructions. U port relationships that we | nether you have financial rela Ise one line for each entity; a | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. | |
| Section 4. | Intellectual Proper | rty Patents & Copyri | ghts | | |
| Do you have any | | | roadly relevant to the work? | Yes 🗸 No | |

Elez-Fernandez 2



| Section 5. Relationships not sovered above |
|--|
| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement |
| Disclosure statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Elez-Fernandez has nothing to disclose. |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Elez-Fernandez 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Faris 1



| Section 1. Identifying Inform | nation | | | |
|---|---------------------------------|---|--|--|
| 1. Given Name (First Name) Jason | 2. Surname (Last Name) Faris | 3. Date 15-February-2015 | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Jose Baselga | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | a BRAFV600-Mutated Can | cers | | |
| 6. Manuscript Identifying Number (if you kr 15-02309 | now it) | | | |
| | | | | |
| Section 2. The Work Under C | onsideration for Publi | cation | | |
| | g but not limited to grants, d | n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, | | |
| Section 3. Relevant financial | activities outside the | submitted work. | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . | | | | |
| Are there any relevant conflicts of interest lf yes, please fill out the appropriate infe | | | | |
| Name of Entity | Grant' | n-Financial Other? Comments | | |
| N-of-One | | Consulting | | |
| Roche | | ✓ Travel Expenses | | |
| | | | | |
| Section 4. Intellectual Proper | rty Patents & Copyri | ghts | | |
| Do you have any patents, whether plan | ned, pending or issued, b | roadly relevant to the work? Yes V No | | |

Faris 2



| Section 5. | |
|-------------------|--|
| Section 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work? |
| Yes, the follow | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships. |
| Section 6. | |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Faris reports | personal fees from N-of-One and non-financial support from Roche outside the submitted work. |

Evaluation and Feedback

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Faris 3



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Gervais 1



| Section 1. | Identifying Inform | nation | | | |
|---|----------------------------|-----------------------------------|---|-------------------------|--|
| 1. Given Name (Fi Radj | rst Name) | 2. Surname (Last Name) Gervais | | Date 7-February-2015 | |
| 4. Are you the cor | responding author? | Yes 🗸 No | Corresponding Author's Name Jose Baselga | | |
| 5. Manuscript Title Vemurafenib in <i>I</i> | | a BRAFV600-Mutated Cand | ers | | |
| 6. Manuscript Ider 15-02309 | ntifying Number (if you kr | now it) | | | |
| | | | _ | | |
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| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo | | | | | |
| Section 3. | Relevant financial | activities outside the | submitted work. | | |
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| Section 4. | Intellectual Proper | rty Patents & Copyri | yhts | | |
| Do you have any | | | oadly relevant to the work? | Yes ✓ No | |

Gervais 2



| Section 5. Relationships not covered above |
|--|
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| Dr. Gervais has nothing to disclose. |

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Gervais 3



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Hidalgo 1



| Section 1. Identifying Inform | nation | | | |
|---|-----------------------------------|---|--|--|
| Given Name (First Name) Manuel | 2. Surname (Last Name) Hidalgo | 3. Date 12-February-2015 | | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Jose Baselga | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | a BRAFV600-Mutated Cand | rers | | |
| 6. Manuscript Identifying Number (if you kr 15-02309 | now it) | | | |
| | | | | |
| Section 2. The Work Under C | onsideration for Public | cation | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | | |
| Section 4. Intellectual Proper | rty Patents & Copyric | yhts | | |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes 🗸 No | | |

Hidalgo 2



| Section 5. Relationships not sovered above |
|--|
| Relationships not covered above |
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| Dr. Hidalgo has nothing to disclose. |

Evaluation and Feedback

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Hidalgo 3



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Hofheinz 1



| Section 1. Identifying Inform | nation | | | |
|--|------------------------------------|--|--|--|
| 1. Given Name (First Name) Ralf-Dieter | 2. Surname (Last Name) Hofheinz | 3. Date 12-February-2015 | | |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Jose Baselga | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | a BRAFV600-Mutated Cand | cers | | |
| 6. Manuscript Identifying Number (if you ki | now it) | _ | | |
| Section 2. The Work Under C | onsideration for Public | ration | | |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | | |
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| Name of Entity | Grant? Personal No | n-Financial other? Comments | | |
| Roche | ✓ | Lecture honoraria; Advisory boards | | |
| | | | | |
| Section 4. Intellectual Prope | rty Patents & Copyri | ghts | | |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | | |

Hofheinz 2



| Section 5. Polationships not severed above |
|--|
| Relationships not covered above |
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| Dr. Hofheinz reports grant support and personal fees from Roche outside the submitted work. |

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Hofheinz 3



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Royalties: Funds are coming in to you or your institution due to your patent

Hollebecque 1



| Section 1. Identifying Inform | nation | | | |
|---|---------------------------------------|--|--|--|
| Given Name (First Name) Antoine | 2. Surname (Last Name) Hollebecque | 3. Date 12-February-2015 | | |
| 4. Are you the corresponding author? | Yes 🗸 No | Corresponding Author's Name Jose Baselga | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | a BRAFV600-Mutated Cand | cers | | |
| 6. Manuscript Identifying Number (if you kr 15-02309 | now it) | | | |
| | | | | |
| Section 2. The Work Under C | onsideration for Public | cation | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | |
| Section 3. Relevant financial | activities outside the | submitted work. | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | | |
| Section 4. Intellectual Proper | | al co | | |
| Intellectual Proper | rty Patents & Copyri | gnts | | |
| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No | | |

Hollebecque 2



| Section 5. | | | | | | |
|---------------------------|--|--|--|--|--|--|
| Rection 5. | elationships not covered above | | | | | |
| | ionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work? | | | | | |
| Yes, the followin | Yes, the following relationships/conditions/circumstances are present (explain below): | | | | | |
| ✓ No other relation | nships/conditions/circumstances that present a potential conflict of interest | | | | | |
| | script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements s may ask authors to disclose further information about reported relationships. | | | | | |
| Section 6. Di | sclosure Statement | | | | | |
| Based on the above below. | disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | | | |
| Dr. Hollebecque has | s nothing to disclose. | | | | | |

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Hollebecque 3



Instructions

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Hyman 1



| Section 1. Identifying Inform | nation | | | | |
|--|---------------------------------|---|--|--|--|
| 1. Given Name (First Name) David | 2. Surname (Last Name) Hyman | 3. Date 11-February-2015 | | | |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Jose Baselga | | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | a BRAFV600-Mutated Cano | ers | | | |
| 6. Manuscript Identifying Number (if you ki | now it) | _ | | | |
| Section 2. The Work Under C | | | | | |
| The Work Under C | onsideration for Public | cation | | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? | | | | | |
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| Name of Entity | Grant? Personal Noi | Other? Comments | | | |
| <u> Chugai</u> | | Consulting | | | |
| Santa Maria Biotherapeutics | | Consulting | | | |
| PUMA Biotherapeutics | | ✓ Travel | | | |
| | | | | | |
| Section 4. Intellectual Prope | rty Patents & Copyric | yhts | | | |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? 🗸 Yes 🗌 No | | | |

Hyman 2



If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Excess fows can be removed by | pressing the | . A Dutt | 011. | | | | |
|---|---------------|-------------|---------------|----------------|--------------------|----------------------------|----|
| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments | |
| Detecting and Monitoring Mutations in Histiocytosis (PCT/US2014/061281) | ✓ | | | | | | |
| | | | | | | | |
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| Are there other relationships or potentially influencing, what you | | | | eive to have | influenced, or tha | at give the appearance of | |
| Yes, the following relationsh | • | | | • | | -+ | |
| ✓ No other relationships/cond | itions/circur | nstances | tnat presen | t a potentiai | connict of interes | SL | |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. | | | | | | | |
| Section 6. Disclosure S | | | | | | | |
| Disclosure S | tatement | | | | | | |
| Based on the above disclosures, below. | this form wi | ll automa | atically gene | erate a disclo | sure statement, v | which will appear in the b | ox |
| | | | | | | | |
| Dr. Hyman reports personal fees Biotherapeutics outside the sub monitoring mutations in histioc | mitted work | k. In addit | ion, Dr. Hyn | | | | |
| | | | | | | | |

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Italiano 1



| Section 1. Identifying Inform | nation | | | | | |
|---|---|--|--|--|--|--|
| Given Name (First Name) Antoine | 2. Surname (Last Name) Italiano | 3. Date 11-February-2015 | | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Jose Baselga | | | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | a BRAFV600-Mutated Cand | rers | | | | |
| 6. Manuscript Identifying Number (if you king 15-02309 | now it) | | | | | |
| | | | | | | |
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| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, | | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | | | | |
| of compensation) with entities as descr | ibed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. | | | | |
| Section 4. Intellectual Prope | rty Patents & Copyric | ghts | | | | |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | | | | |

Italiano 2



| Section 5. Bolot | |
|-----------------------------------|---|
| Relat | ionships not covered above |
| | ships or activities that readers could perceive to have influenced, or that give the appearance of what you wrote in the submitted work? |
| Yes, the following re | lationships/conditions/circumstances are present (explain below): |
| ✓ No other relationship | os/conditions/circumstances that present a potential conflict of interest |
| | ot acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ay ask authors to disclose further information about reported relationships. |
| Section 6. Disclo | osure Statement |
| Based on the above disc below. | losures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Italiano has nothing | to disclose. |

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Italiano 3



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Lasserre 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| 1. Given Name (First Name) Susan | 2. Surname (Last Name) Lasserre | 3. Date 13-February-2015 |
| 4. Are you the corresponding author? | Yes 🗸 No | Corresponding Author's Name Jose Baselga |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma | a BRAFV600-Mutated Cand | cers |
| 6. Manuscript Identifying Number (if you kr 15-02309 | now it) | |
| | | |
| Section 2. The Work Under Co | onsideration for Publi | cation |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
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| Name of Entity | Grant? Personal No | on-Financial Other? Comments |
| Hoffmann La Roche | | Employee |
| | | |
| Section 4. Intellectual Proper | rty Patents & Copyri | ghts |
| Do you have any patents, whether plan | ned, pending or issued, bi | roadly relevant to the work? Yes V No |

Lasserre 2



| Section 5. Relationships not sovered above |
|--|
| Relationships not covered above |
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| Disclosure Statement |
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| Ms. Lasserre reports personal fees from F. Hoffmann La Roche outside the submitted work. |

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Lasserre 3



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Makrutzki 1



| Section 1. Identifying Inform | nation | |
|---|---|--|
| 1. Given Name (First Name) Martina | 2. Surname (Last Name) Makrutzki | 3. Date 12-February-2015 |
| 4. Are you the corresponding author? | Yes 🗸 No | Corresponding Author's Name Jose Baselga |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | a BRAFV600-Mutated Cand | cers |
| 6. Manuscript Identifying Number (if you ki | now it) | _ |
| Section 2 | | |
| Section 2. The Work Under C | onsideration for Public | cation |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter- | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, |
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| of compensation) with entities as descr | ibed in the instructions. Us port relationships that wei est? | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Name of Entity | Grant? Personal Noi | n-Financial other? Comments |
| Hoffmann La-Roche | | Employee |
| | | |
| Section 4. Intellectual Prope | rty Patents & Copyri | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Makrutzki 2



| Section 5. Relationships not sovered above |
|--|
| Relationships not covered above |
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| Dr. Makrutzki reports personal fees from F. Hoffmann La-Roche outside the submitted work. |

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Makrutzki 3



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| Section 1 | | | | | |
|---|--|-------------------------------------|--------------------------|-------------|---|
| Section 1. Identifying Inform | ation | | | | |
| 1. Given Name (First Name) Igor | 2. Surnai Puzanov | me (Last Nar / | ne) | | 3. Date 12-February-2015 |
| 4. Are you the corresponding author? | Yes | √ No | Correspond Jose Basel | - | or's Name |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma | a BRAFV60 | 0-Mutated | Cancers | | |
| 6. Manuscript Identifying Number (if you kr 15-02309 | now it) | | | | |
| | | | | | |
| Section 2. The Work Under Co | onsidera | tion for P | ublication | | |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not linest? | nited to gran | nts, data monitoring | g board, st | ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
| Roche | ✓ | √ | | | To institution for clinical trial conduct; Steering Committee |
| | | | | | |
| Section 3. Relevant financial | activitie | s outside t | the submitted | work. | |
| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should replace there any relevant conflicts of interesting the please fill out the appropriate info | ibed in the port relation est? ✓ | e instruction onships tha Yes | ns. Use one line fo | or each er | ntity; add as many lines as you need by |
| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
| GlaxoSmithKline | √ | | | | Institution, clinical trial |
| Bristol-Myers Squibb | √ | | | | Institution, clinical trial |
| Amgen | ✓ | \checkmark | | | Institution, clinical trial; advisory board, steering committee trial |



| Name of Entity | Grant• | Personal Fees | Non-Financial Support? | Other? | Comments | |
|--|-------------|------------------|------------------------|------------|------------------------------------|--------|
| Merck | ✓ | | | | Institution, clinical trial | |
| Genentech | ✓ | | | | Institution, clinical trial | |
| | | | | | | |
| Section 4. Intellectual Propert | y Paten | ts & Cop | pyrights | | | |
| Do you have any patents, whether planno | ed, pending | g or issue | ed, broadly releva | nt to the | work? Yes 🗸 No | |
| Section 5. Relationships not co | overed ab | oove | | | | |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. | | | | | | nents. |
| Section 6. Disclosure Statemen | nt | | | | | |
| Based on the above disclosures, this form below. | | natically (| generate a disclos | sure state | ment, which will appear in the box | |
| Dr. Puzanov reports grant support and p GlaxoSmithKline, Bristol-Myers Squibb, N the submitted work. | | | • | | , , | |



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Raje 1



| Section 1. Identifying Inform | nation | |
|---|---|--|
| Given Name (First Name) Noopur | 2. Surname (Last Name) Raje | 3. Date 12-February-2015 |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Jose Baselga |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | a BRAFV600-Mutated Cand | rers |
| 6. Manuscript Identifying Number (if you ki | now it) | |
| | | |
| Section 2. The Work Under C | onsideration for Public | cation |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financial | activities outside the s | submitted work. |
| of compensation) with entities as descr | ibed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. |
| Section 4. Intellectual Prope | rty Patents & Copyric | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? |

Raje 2



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| Relationships not covered above |
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| Dr. Raje has nothing to disclose. |

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Raje 3



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| Section 1. Identifying Inform | ation | | | | |
|---|---------------------|---------------|--------------------------|------------|--|
| 1. Given Name (First Name) Martin | 2. Surna Schuler | me (Last Nar | ne) | | 3. Date 12-February-2015 |
| 4. Are you the corresponding author? | Yes | ✓ No | Correspond Jose Basel | _ | or's Name |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma | BRAFV60 | 0-Mutated | Cancers | | |
| 6. Manuscript Identifying Number (if you kno | ow it) | | | | |
| | | | | | |
| Section 2. The Work Under Co | nsidera | tion for P | ublication | | |
| Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not lin | nited to grar | | | |
| Section 3. Relevant financial a | activitie | s outside ' | the submitted | work. | |
| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep | oed in the | instruction | ns. Use one line fo | or each er | ntity; add as many lines as you need by |
| Are there any relevant conflicts of intere | st? | Yes | No | | |
| If yes, please fill out the appropriate info | rmation k | elow. | | | |
| Name of Entity | Grant? | Personal | Non-Financial | Other? | Comments |
| Roche | | Fees? | Support? | | Participation in scientific meeting |
| Novartis | ✓ | ✓ | | | Research grants paid to institution. Scientific advice (compensated), CME Presentations (honoraries) |
| Celgene | | ✓ | | | Scientific advice (compensated), CME Presentations (honoraries) |
| Boehringer Ingelheim | ✓ | ✓ | | | Research grants paid to institution. Scientific advice (compensated), CME Presentations (honoraries) |
| illy | | ✓ | | | Scientific advice (compensated), CME |



| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
|---|-------------|-------------------|------------------------|------------|------------------------------------|------|
| AstraZeneca | | ✓ | | | Scientific advice (compensated) | |
| PRA Health Sciences | | \checkmark | | | DMC Board Member (compensated) | |
| | | | | | | |
| Section 4. Intellectual Propert | y Pate | ents & Cop | pyrights | | | |
| Do you have any patents, whether plann | ed, pend | ing or issue | ed, broadly releva | nt to the | work? Yes 🗸 No | |
| Section 5. Relationships not c | overed | above | | | | |
| Are there other relationships or activities potentially influencing, what you wrote i | n the sub | mitted wo | rk? | | | |
| No other relationships/conditions/circumstances that present a potential conflict of interest | | | | | | |
| At the time of manuscript acceptance, jo On occasion, journals may ask authors to | | | | | | nts. |
| Section 6. Disclosure Stateme | nt | | | | | |
| Based on the above disclosures, this form below. | n will auto | omatically (| generate a disclos | sure state | ment, which will appear in the box | |
| Dr. Schuler reports grant support and pe Lilly, AstraZeneca, and PRA Health Scien | | | | - | | |
| | | | | | | _ |



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Sirzen 1



| Section 1. | Identifying Inform | nation | | | | |
|---|----------------------------|----------------------------------|--------------------------|-----------------------------|--|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Sirzen | | 3. Date 12-February-2015 | | |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's | s Name | | |
| 5. Manuscript Title Vemurafenib in <i>I</i> | | a BRAFV600-Mutated Can | cers | | | |
| 6. Manuscript Ider 15-02309 | ntifying Number (if you kr | now it) | | | | |
| | ı | | | | | |
| Section 2. | The Work Under C | onsideration for Publi | cation | | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo | | | | | | |
| Section 3. | Relevant financial | activities outside the | submitted work. | | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below. | | | | | | |
| Name of Entity | | Grant | n-Financial Other? | Comments | | |
| Hoffmann-La Roche | | | Er | mployee | | |
| Section 4. | Intellectual Proper | rty Patents & Copyri | ghts | | | |
| Do you have any | patents, whether plan | ned, pending or issued, b | roadly relevant to the w | ork? ☐ Yes ✓ No | | |

Sirzen 2



| Section 5. Relationships not severed above |
|--|
| Relationships not covered above |
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| Dr. Sirzen reports personal fees from F.Hoffmann-La Roche outside the submitted work. |

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| Section 1. Identifying Infor | mation | | |
|--|--|------------------------------------|---|
| 1. Given Name (First Name) Vivek | 2. Surname (Last Name) Subbiah | | 3. Date 12-February-2015 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Autl Jose Baselga | nor's Name |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanom | na BRAFV600-Mutated Can | cers | |
| 6. Manuscript Identifying Number (if you land) | know it) | | |
| | | | |
| Section 2. The Work Under (| Consideration for Publi | cation | |
| any aspect of the submitted work (includin statistical analysis, etc.)? | ng but not limited to grants, da | | nent, commercial, private foundation, etc.) for study design, manuscript preparation, |
| Are there any relevant conflicts of inte | | | |
| If yes, please fill out the appropriate in Excess rows can be removed by pressi | • | ve more than one en | tity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant | n-Financial Support? | Comments |
| Roche/Genentech | | | Research support |
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| | ribed in the instructions. U eport relationships that we rest? | se one line for each o | ncial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication. |
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| Name of Entity | Grant' | n-Financial Other | Comments |
| Roche/Genentech | | | Research support |
| Nanocarrier | | | Research support |
| Novartis | | | Research support |



| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | | |
|---|------------|-------------------|------------------------|------------|------------------|--|--|
| GlaxoSmithKline | | | | √ | Research support | | |
| Northwest Biotherapeutics | | | | ✓ | Research support | | |
| Bayer | | | | ✓ | Research support | | |
| Vegenics | | | | ✓ | Research support | | |
| Section 4. Intellectual Property Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | | | |
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| Yes, the following relationships/cond | itions/cir | cumstance | es are present (exp | olain belo | ow): | | |
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| Section 6. Disclosure Stateme | nt | | | | | | |
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| Dr. Subbiah reports other support from I Genentech, Nanocarrier, Novartis, Glaxo work. | | | | | | | |



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3. Relevant financial activities outside the submitted work.

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Other: Anything not covered under the previous three boxes

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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent



| Section 1. | Identifying Inforn | nation | | | | | | |
|---|---------------------------|----------------------|--------------------|------------------------|------------|--|--|--|
| 1. Given Name (Fi | rst Name) | 2. Surnar Taberne | ne (Last Nan ro | ne) | | 3. Date 12-February-2015 | | |
| 4. Are you the corresponding author? Yes ✓ No | | | | | ding Autho | or's Name | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma BRAFV600-Mutated Cancers | | | | | | | | |
| 6. Manuscript Ider 15-02309 | ntifying Number (if you k | now it) | | | | | | |
| Section 2. | The Work Under C | onsiderat | tion for P | ublication | | | | |
| Did you or your ins | | | | | (governm | ent, commercial, private foundation, etc.) for | | |
| | ubmitted work (including | | | | | udy design, manuscript preparation, | | |
| - | evant conflicts of inter | est? | ∕es 🗸 I | No | | | | |
| | | | | | | | | |
| | l | | | | | | | |
| Section 3. | Relevant financial | activities | outside 1 | the submitted | work. | | | |
| of compensation |) with entities as descr | ibed in the | instruction | ns. Use one line fo | or each ei | cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication. | | |
| - | evant conflicts of inter | • | · | No | 3 | | | |
| If yes, please fill o | out the appropriate inf | ormation b | elow. | | | | | |
| Name of Entity | | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | | |
| Amgen | | | √ | | | Consulting / Advisory role | | |
| Boehringer Ingelhein | 1 | | √ | | | Consulting / Advisory role | | |
| Celgene | | | ✓ | | | Consulting / Advisory role | | |
| Chuga | | | ✓ | | | Consulting / Advisory role | | |
| mclone | | | ✓ | | | Consulting / Advisory role | | |
| illy | | | ✓ | | | Consulting / Advisory role | | |
| Merck | | | ✓ | | | Consulting / Advisory role | | |
| Merck Serono | | | ✓ | | | Consulting / Advisory role | | |



| Name of Entity | Grant? | Personal | Non-Financial | Other? | Comments | |
|---|-------------|--------------|---------------------|------------|-----------------------------------|--|
| · · | | Fees? | Support? | | | |
| Millennium | | ✓ | | | Consulting / Advisory role | |
| Novartis | | \checkmark | | | Consulting / Advisory role | |
| Roche | | ✓ | | | Consulting / Advisory role | |
| Sanofi | | ✓ | | | Consulting / Advisory role | |
| Taiho | | ✓ | | | Consulting / Advisory role | |
| Section 4. Intellectual Properto | | | | nt to the | work? Yes V | |
| Section 5. Relationships not o | overed | above | | | l. | |
| Are there other relationships or activities potentially influencing, what you wrote | | | | nfluence | d, or that give the appearance of | |
| Yes, the following relationships/cond | ditions/cir | cumstance | es are present (exp | olain belo | ow): | |
| No other relationships/conditions/ci | rcumstan | ces that pre | esent a potential | conflict o | finterest | |
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| Dr. Tabernero reports personal fees from Amgen,Boehringer Ingelheim, Celgene, Chuga, Imclone, Lilly, Merck, Merck Serono, Millennium, Novartis, Roche, Sanofi, and Taiho outside the submitted work. | | | | | | |



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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Veronese 1



| Section 1. Identifying Inform | mation | | | | | | |
|---|------------------------------------|---|--|--|--|--|--|
| 1. Given Name (First Name) Maria Luisa | 2. Surname (Last Name) Veronese | 3. Date 13-February-2015 | | | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Jose Baselga | | | | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma BRAFV600-Mutated Cancers | | | | | | | |
| 6. Manuscript Identifying Number (if you label 15-02309 | know it) | _ | | | | | |
| | | | | | | | |
| Section 2. The Work Under (| Consideration for Public | cation | | | | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo | | | | | | | |
| Section 3. Relevant financia | l activities outside the s | submitted work. | | | | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below. | | | | | | | |
| Name of Entity | Grant? Personal No | n-Financial Other? Comments | | | | | |
| Roche | | Employee | | | | | |
| | | | | | | | |
| Section 4. Intellectual Prope | erty Patents & Copyri | ghts | | | | | |
| Do you have any patents, whether pla | nned, pending or issued, br | roadly relevant to the work? Yes V No | | | | | |

Veronese 2



| Section 5. Polationships not sovered above |
|--|
| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement |
| Disclosure Statement |
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| Dr. Veronese reports personal fees from Roche outside the submitted work. |

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Veronese 3



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patent



| Section 1. Identifying Inform | ation | | | | | | |
|--|--|------------------------|-----------|--|--|--|--|
| 1. Given Name (First Name) Jürgen | 2. Surname (Last Nan Wolf | ne) | | 3. Date 15-February-2015 | | | |
| 4. Are you the corresponding author? | Yes ✓ No Corresponding Author's Name Jose Baselga | | | | | | |
| 5. Manuscript Title Vemurafenib in Multiple Nonmelanoma BRAFV600-Mutated Cancers | | | | | | | |
| 6. Manuscript Identifying Number (if you known 15-02309 | ow it) | | | | | | |
| | | | | | | | |
| Section 2. The Work Under Co | onsideration for Pu | ublication | | | | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | | | | |
| If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button. | | | | | | | |
| Name of Institution/Company | Grant? Personal Fees? | Non-Financial Support? | Other? | Comments | | | |
| Roche | V | | | Advisory Board and Lecture Fees; Research Support | | | |
| | | | | | | | |
| Section 3. Relevant financial a | activities outside t | :he submitted v | work. | | | | |
| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interesting the series of the series | bed in the instruction ort relationships that st? Yes I | ns. Use one line fo | r each er | ntity; add as many lines as you need by | | | |
| Name of Entity | Grant? Personal Fees? | Non-Financial Support? | Other? | Comments | | | |
| AstraZeneca | | | | Advisory Board and Lecture Fees | | | |
| Bristol-Myers Squibb | | | | Advisory Board and Lecture Fees | | | |
| Boehringer-Ingelheim | ✓ | | | Advisory Board and Lecture Fees; Research Support | | | |



| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
|---|--------------|----------------|------------------------|-----------|--|--|
| Novartis | √ | ✓ | | | Advisory Board and Lecture Fees; Research Support | |
| Pfizer | ✓ | ✓ | | | Advisory Board and Lecture Fees; Research Support | |
| Roche | \checkmark | / | | | Advisory Board and Lecture Fees; Research Support | |
| Bayer | ✓ | | | | Research Support | |
| Clovis | | ✓ | | | Advisory Board and Lecture Fees | |
| Merck Sharp & Dohme | | ✓ | | | Advisory Board and Lecture Fees | |
| Section 4. Intellectual Propert Do you have any patents, whether plann | • | | | nt to the | work? ☐ Yes ✓ No | |
| | ea, peria | g or 1330.c | a, broadly refera | | Works Tes Vine | |
| Section 5. Relationships not c | overed | above | | | | |
| Are there other relationships or activities potentially influencing, what you wrote i | | | | nfluence | d, or that give the appearance of | |
| Yes, the following relationships/cond | | | | | | |
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| Dr. Wolf reports grant support and personal fees from Roche during the conduct of the study; personal fees from AstraZeneca, Bristol-Myers Squibb, Clovis and Merck Sharp & Dohme, grant support and personal fees from Boehringer-Ingelheim, Novartis, Pfizer, and Roche, and grant support from Bayer outside the submitted work. | | | | | | |



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