

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Ronellenfitsch	3. Date 04-December-2019
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
6. Manuscript Identifying Number (if you know it) 130787-JCI-CMED-RV-2		

Section 2. The Work Under Consideration for Publication

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 No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
UCB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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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Section 6. Disclosure Statement

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Dr. Ronellenfitsch reports grants from UCB, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Stefan	2. Surname (Last Name) Fröhling	3. Date 04-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ronellenfitsch
5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
6. Manuscript Identifying Number (if you know it) 130787-JCI-CMED-RV-2		

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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
DKFZ-HIPO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant H021 from DKFZ-HIPO

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?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer, Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting or advisory board membership
Amgen, Eli Lilly, PharmaMar, and Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria
AstraZeneca, Pfizer, and PharmaMar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Funding

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen, Eli Lilly, PharmaMar, and Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel or accommodation expenses

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Fröhling reports grants from DKFZ-HIPO, during the conduct of the study; personal fees and other from Bayer, Roche, personal fees from Amgen, Eli Lilly, PharmaMar, and Roche, grants from AstraZeneca, Pfizer, and PharmaMar, other from Amgen, Eli Lilly, PharmaMar, and Roche, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Albrecht	2. Surname (Last Name) Stenzinger	3. Date 03-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ronellenfitsch
5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
6. Manuscript Identifying Number (if you know it) 130787-JCI-CC-1		

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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

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
BMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Illumina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Seattle Genomics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Thermo Fisher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Stenzinger reports personal fees from Astra Zeneca, grants and personal fees from Bayer, grants and personal fees from BMS, personal fees from Illumina, personal fees from Novartis, personal fees from Seattle Genomics, personal fees from Takeda, personal fees from Thermo Fisher, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Hanno

2. Surname (Last Name)

Glimm

3. Date

04-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ronellenfisch

5. Manuscript Title

Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

6. Manuscript Identifying Number (if you know it)

130787-JCI-CMED-RV-2

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1. Given Name (First Name)
David

2. Surname (Last Name)
Reuss

3. Date
04-December-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael Ronellenfitsch

5. Manuscript Title
Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

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130787-JCI-CMED-RV-2

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
NF1 antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cell Marque Corporation	Dr. Reuss reports having licensed the NF1 antibody to Merck (Cell Marque Corporation). All terms are being managed by the University of Heidelberg in accordance with its conflict of interest policies.

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Reuss reports In addition, Dr. Reuss has a patent NF1 antibody licensed to Cell Marque Corporation.

Evaluation and Feedback

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2. The work under consideration for publication.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joachim 2. Surname (Last Name) Steinbach 3. Date 04-December-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Michael Ronellenfitsch

5. Manuscript Title
Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

6. Manuscript Identifying Number (if you know it)
130787-JCI-CMED-RV-2

Section 2. The Work Under Consideration for Publication

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 No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novocure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ad board
UCB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abbvie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Grant
Medac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lectures
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lectures

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Steinbach reports personal fees from Novocure, grants from UCB, other from Abbvie, other from Medac , other from Roche, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Michel

2. Surname (Last Name)

Mittelbronn

3. Date

04-December-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Michael Ronellenfisch

5. Manuscript Title

Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

6. Manuscript Identifying Number (if you know it)

130787-JCI-CMED-RV-2

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

Section 3.

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Are there any relevant conflicts of interest?

Yes

No

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mittelbronn has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Andreas

2. Surname (Last Name)
von Deimling

3. Date
04-December-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael Ronellenfitsch

5. Manuscript Title
Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
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Section 1. Identifying Information

1. Given Name (First Name)

Benedikt

2. Surname (Last Name)

Brors

3. Date

04-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ronellenfisch

5. Manuscript Title

Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

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Dr. Brors has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wilko	2. Surname (Last Name) Weichert	3. Date 06-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ronellenfisch
5. Manuscript Title Targetable ERBB2 mutations in neurofibroma/schwannoma hybrid nerve sheath tumors		
6. Manuscript Identifying Number (if you know it) 130787-JCI-CMED-RV-2		

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche, MSD, BMS, AstraZeneca, Pfizer, Merck, Lilly, Boehringer, Novartis, Takeda, Amgen, Astellas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Boards and Speakers Bureau
Roche, MSD, BMS, Bruker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grants to institution.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Weichert reports personal fees from Roche, MSD, BMS, AstraZeneca, Pfizer, Merck, Lilly, Boehringer, Novartis, Takeda, Amgen, Astellas and grants from Roche, MSD, BMS, Bruker outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Evelin	2. Surname (Last Name) Schröck	3. Date 04-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ronellenfitsch
5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
6. Manuscript Identifying Number (if you know it) 130787-JCI-CMED-RV-2		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Schröck has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Victor-Felix

2. Surname (Last Name)
Mautner

3. Date
04-December-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael Ronellenfitsch

5. Manuscript Title
Targetable ERBB2 mutations in neurofibroma/schwannoma hybrid nerve sheath tumors

6. Manuscript Identifying Number (if you know it)
130787-JCI-CMED-RV-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mautner has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) Brandts	3. Date 04-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ronellenfisch
5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
6. Manuscript Identifying Number (if you know it) 130787-JCI-CMED-RV-2		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Volker	2. Surname (Last Name) Endris	3. Date 04-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ronellenfitsch
5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
6. Manuscript Identifying Number (if you know it) 130787-JCI-CMED-RV-2		

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermo Fisher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Illumina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Endris reports personal fees from Astra Zeneca, personal fees from MSD, personal fees from Novartis, personal fees from Thermo Fisher, other from Illumina, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marlies	2. Surname (Last Name) Wagner	3. Date 04-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ronellenfisch
5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
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Are there any relevant conflicts of interest? Yes No

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Dr. Wagner has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gerhard

2. Surname (Last Name)

Marquardt

3. Date

04-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

6. Manuscript Identifying Number (if you know it)

130787-JCI-CMED-RV-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Marquardt has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marcos	2. Surname (Last Name) Tatagiba	3. Date 04-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ronellenfisch
5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
6. Manuscript Identifying Number (if you know it) 130787-JCI-CMED-RV-2		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Tatagiba has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Martin

2. Surname (Last Name)
Schuhmann

3. Date
04-December-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael Ronellenfisch

5. Manuscript Title
Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

6. Manuscript Identifying Number (if you know it)
130787-JCI-CMED-RV-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Schuhmann has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Schittenhelm

3. Date

04-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ronellenfitsch

5. Manuscript Title

Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

6. Manuscript Identifying Number (if you know it)

130787-JCI-CMED-RV-2

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Dr. Schittenhelm has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Laura

2. Surname (Last Name)

Gieldon

3. Date

09-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ronellenfisch

5. Manuscript Title

Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

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Dr. Geldon has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Barbara

2. Surname (Last Name)

Hutter

3. Date

04-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ronellenfisch

5. Manuscript Title

Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors

6. Manuscript Identifying Number (if you know it)

130787-JCI-CMED-RV-2

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5. Manuscript Title Targetable ERBB2 Mutations in Neurofibroma/Schwannoma Hybrid Nerve Sheath Tumors		
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Martina

2. Surname (Last Name)

Kirchner

3. Date

04-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ronellenfitsch

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