

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.

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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.

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Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dipesh

2. Surname (Last Name)
Uprety

3. Date
16-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Leventakos

5. Manuscript Title
Changing Paradigm in Advanced and Metastatic Non-Small Cell Lung Cancer

6. Manuscript Identifying Number (if you know it)
JTD-2019-CPTN-05(JTD-20-1472)

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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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. Uprety has nothing to disclose.

Evaluation and Feedback

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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)
Kaushal

2. Surname (Last Name)
Parikh

3. Date
16-April-2020

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

5. Manuscript Title
Changing Paradigm in Advanced and Metastatic Non-Small Cell Lung Cancer

6. Manuscript Identifying Number (if you know it)
JTD-2019-CPTN-05(JTD-20-1472)

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.

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 |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------|
| Astra-Zeneca | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board fees |

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 5. Relationships not covered above

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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. Parikh reports personal fees from Astra-Zeneca, outside the submitted work; .

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) Anita | 2. Surname (Last Name) Sawkar | 3. Date 16-April-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Dr. Konstantinos Leventakos |
| 5. Manuscript Title Changing Paradigm in Advanced and Metastatic Non-Small Cell Lung Cancer | | |
| 6. Manuscript Identifying Number (if you know it) JTD-2019-CPTN-05(JTD-20-1472) | | |

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Dr. Anita Sawkar 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) Anastasios

2. Surname (Last Name) Dimou

3. Date 20-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Konstantinos Leventakos

5. Manuscript Title Changing Paradigm in Advanced and Metastatic Non-Small Cell Lung Cancer

6. Manuscript Identifying Number (if you know it) _____

Section 2. The Work Under Consideration for Publication

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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/Genentech | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OncoLive | <input type="checkbox"/> | <input checked="" 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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Dr. Dimou reports personal fees from Roche/Genentech, personal fees from OncLive, outside the submitted work; .

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)
Konstantinos

2. Surname (Last Name)
Leventakos

3. Date
16-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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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 |
|-----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Takeda | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Honoraria to Institution |
| Onclive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Honoraria to Institution |

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Dr. Leventakos reports other from Takeda, other from OncLive, during the conduct of the study; .

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