

ICMJE DISCLOSURE FORM

Date: MARCH 1ST 2021
 Your Name: DR. ELIZABETH SHOLLE
 Manuscript Title: LIQUID BIOPSY IN NON-SMALL CELL LUNG CANCER. CURRENT
 Manuscript number (if known): STATUS AND FUTURE OUTLOOK.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None
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4	Consulting fees	<input checked="" type="checkbox"/> None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

THERE ARE NO CONFLICTS OF INTEREST.

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

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

S. J. Soll

ICMJE DISCLOSURE FORM

Date: 07.03.2021
 Your Name: Dr. Valentin Towcher
 Manuscript Title: LIQUID BIOPSY IN NON-SMALL CELLUNG CANCER. CURRENT
 Manuscript number (if known): STATUS AND FUTURE OUTLOOK.

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ICMJJE DISCLOSURE FORM

Date: Mar 01, 2021

Your Name: Joerg Lindenmann, MD

Manuscript Title: Liquid biopsy in non-small cell lung cancer - current status and future outlook

Manuscript number (if known): TLCR-21-3-CL

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

<p>I declare that I have no conflicts of interest, there are no personal acknowledgments, there are no sources of funding.</p> <p>Joerg Lindenmann, MD.</p>

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

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

ICMJE DISCLOSURE FORM

Date: 1.3.2021
 Your Name: MARTIN VICHLEK
 Manuscript Title: LIQUID BIOPSY IN non-metastatic lung cancer
 Manuscript number (if known): TLCR-21-3-CL

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ICMJE DISCLOSURE FORM

Date: March 1st, 2021
 Your Name: Freyon-Monica Smolle-Juethner, M.D. Prof.
 Manuscript Title: Liquid biopsy in non-small-cell lung cancer. Current status and future
 Manuscript number (if known): outlook

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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W. G. Pini