

ICMJE DISCLOSURE FORM

Date: 4/18/2022

Your Name: [Katarina Nguyen]

Manuscript Title: [Oligoprogression in Non-Small Cell Lung Cancer: A Narrative Review]

Manuscript Number (if known): [Click or tap here to enter text.]

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 4/18/2022

Your Name: [Gukan Sakthivel]

Manuscript Title: [Oligoprogression in Non-Small Cell Lung Cancer: A Narrative Review]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 4/18/2022

Your Name: [Michael Milano]

Manuscript Title: [Oligoprogression in Non-Small Cell Lung Cancer: A Narrative Review]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 4/18/2022

Your Name: [Haoming Qiu]

Manuscript Title: [Oligoprogression in Non-Small Cell Lung Cancer: A Narrative Review]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 4/18/2022

Your Name: [Deepinder Singh]

Manuscript Title: [Oligoprogression in Non-Small Cell Lung Cancer: A Narrative Review]

Manuscript Number (if known): [Click or tap here to enter text.]

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.