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.
   
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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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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

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
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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

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            |
|------------------|--------|-----------------|------------------------|--------|---------------------|
| Astra-Zeneca     |        | Yes             |                        |        | 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

Parikh
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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):

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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; .

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Anita                     | Sawkar                 | 16-April-2020 |

4. Are you the corresponding author? [ ] Yes [✓] 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)

## 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

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

   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

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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   ✔ Yes
   ✔ No

If yes, please fill out the appropriate information below.

| Name of Entity          | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-------------------------|--------|----------------|------------------------|--------|----------|
| Roche/Genentech         |        | ✔              |                        |        |          |
| OncLive                 |        | ✔              |                        |        |          |

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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**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)  
   JTD-2019-CPTN-05(JTD-20-1472)

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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                      |        |                |                        | ✔      | Honoraria to Institution |
| OncLive                     |        |                |                        | ✔      | Honoraria to Institution |

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**Section 4. Intellectual Property -- Patents & Copyrights**

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

Evaluation and Feedback
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