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.**

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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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- **Issued:** The patent has been issued by the agency
- **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
Identifying Information

1. Given Name (First Name)
   Anna

2. Surname (Last Name)
Pous

3. Date
   08-January-2021

4. Are you the corresponding author?
   Yes ✔

5. Manuscript Title
   IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID19 PANDEMIC: A CASE REPORT OF SEVERE MENINGOENCEPHALITIS AFTER SWITCHING TO AN EXTENDED-INTERVAL HIGHER FLAT DOSE NIVOLUMAB REGIMEN

6. Manuscript Identifying Number (if you know it)
   TLCR-20-1315-CL

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

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 |
|----------------|--------|----------------|------------------------|--------|----------|
| ROVI           | ✔      | ✔              |                        |        | Conference attendance |
| MSD            | ✔      | ✔              |                        |        | Conference attendance |
| Roche          | ✔      | ✔              |                        |        | Conference attendance |

Intellectual Property -- Patents & Copyrights

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

Pous
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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. Pous reports personal fees from ROVI, personal fees from MSD, personal fees 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)  
   Cristina

2. Surname (Last Name)  
   Izquierdo

3. Date  
   08-January-2021

4. Are you the corresponding author?  
   Yes [✓]  No 

   Corresponding Author's Name  
   Teresa Mopran

5. Manuscript Title  
   IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID19 PANDEMIC: A CASE REPORT OF SEVERE MENINGOENCEPHALITIS AFTER SWITCHING TO AN EXTENDED-INTERVAL HIGHER FLAT DOSE NIVOLUMAB REGIMEN

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Are there any relevant conflicts of interest?  
   Yes [☐]  Yes [✓]  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   Yes [☐]  Yes [✓]  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes [☐]  Yes [✓]  No
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Dr. Izquierdo 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)  Marc
2. Surname (Last Name) Cucurull
3. Date 08-January-2021
4. Are you the corresponding author? ✔ No
5. Manuscript Title
   IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID-19 PANDEMIC: A CASE REPORT OF SEVERE MENINGOENCEPHALITIS AFTER SWITCHING TO AN EXTENDED-INTERVAL HIGHER FLAT DOSE NIVOLUMAB REGIMEN
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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments               |
|----------------|--------|----------------|------------------------|--------|------------------------|
| Roche          |        | ✔              |                        |        | Lecturing              |
| Pharmamar      |        | ✔              |                        |        | Course attendance      |
| MSD            |        | ✔              |                        |        | Course attendance      |

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cucurull reports personal fees from Roche, personal fees from Pharmamar, personal fees from MSD, outside the submitted work.

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date               |
|----------------------------|------------------------|-----------------------|
| Silvia                     | Sanchez                | 08-January-2021       |

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Teresa Moran

5. Manuscript Title
IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID19 PANDEMIC: A CASE REPORT OF SEVERE MENINGOENCEPHALITIS AFTER SWITCHING TO AN EXTENDED-INTERVAL HIGHER FLAT DOSE NIVOLUMAB REGIMEN

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Dr. Sanchez has nothing to disclose.

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### ICMJE Form for Disclosure of Potential Conflicts of Interest

#### Identifying Information

1. Given Name (First Name)  
   Clara

2. Surname (Last Name)  
   Lezcano

3. Date  
   08-January-2021

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

Corresponding Author’s Name  
Teresa Moran

5. Manuscript Title  
   IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID19 PANDEMIC: A CASE REPORT OF SEVERE MENINGOENCEPHALITIS AFTER SWITCHING TO AN EXTENDED-INTERVAL HIGHER FLAT DOSE NIVOLUMAB REGIMEN

6. Manuscript Identifying Number (if you know it)  
   TCR-20-1315-CL

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Are there any relevant conflicts of interest?  
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Dr. Lezcano has nothing to disclose.

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

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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

Issued: The patent has been issued by the agency

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)  Marta
2. Surname (Last Name)  Domenech Viñolas
3. Date  31-January-2021
4. Are you the corresponding author?  ☑ Yes  ☐ No

Teresa Moran

5. Manuscript Title  IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID19 PANDEMIC: A CASE REPORT OF NIVOLUMAB-RELATED MENINGOENCEPHALITIS.
6. Manuscript Identifying Number (if you know it)  TLCR-20-1315-CL

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.)?  ☐ Yes  ☑ No

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                | ☐      | ☑              |                        | ☐      |          |
| Bristol Myers Squibb | ☐      | ☑              |                        | ☐      |          |
| Astrazeneca          | ☐      | ☑              |                        | ☐      |          |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ☑ No
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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Dr. Domenech reports personal fees from Roche, personal fees from Bristol Myers Squibb, personal fees from Astrazeneca, outside the submitted work.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. **Intellectual Property.**

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Llobera
## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Laia                      | Llobera                | 08-January-2021 |

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name

Teresa Moran

5. Manuscript Title

IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID19 PANDEMIC: A CASE REPORT OF SEVERE MENINGOENCEPHALITIS AFTER SWITCHING TO AN EXTENDED-INTERVAL HIGHER FLAT DOSE NIVOLUMAB REGIMEN

6. Manuscript Identifying Number (if you know it)

TLCR-20-1315-CL

### 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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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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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. Llobera 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) Andrea
2. Surname (Last Name) Plaja
3. Date 08-January-2021
4. Are you the corresponding author? Yes ☐ No ☑
5. Manuscript Title IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID19 PANDEMIC: A CASE REPORT OF SEVERE MENINGOENCEPHALITIS AFTER SWITCHING TO AN EXTENDED-INTERVAL HIGHER FLAT DOSE NIVOLUMAB REGIMEN
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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| Angelini       | ☐      | ☑              | ☐                      | ☐      | Meeting attendance |
| MSD            | ☐      | ☑              | ☐                      | ☐      | Meeting attendance |
| Roche          | ☐      | ☑              | ☐                      | ☐      | Meeting attendance |

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. Plaja reports personal fees from Angelini, personal fees from MSD, personal fees 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) Teresa
2. Surname (Last Name) Morán
3. Date 30-January-2021
4. Are you the corresponding author? Yes ✔ No

5. Manuscript Title
IMMUNE-CHECKPOINT INHIBITORS FOR LUNG CANCER PATIENTS AMID THE COVID19 PANDEMIC: A CASE REPORT OF SEVERE MENINGOENCEPHALITIS AFTER SWITCHING TO AN EXTENDED-INTERVAL HIGHER FLAT DOSE NIVOLUMAB REGIMEN

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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments          |
|----------------|--------|----------------|------------------------|--------|-------------------|
| Astra Zeneca   | ☐      | ☑              | ☐                      | ☐      | Advisory Role     |
| Bristol Myers Squibb | ☐ | ☑              | ☐                      | ☐      | Lecturing         |
| Roche          | ☐      | ☑              | ☐                      | ☐      | Meeting attendance|
| MSD            | ☐      | ☑              | ☐                      | ☐      | Lecturing         |

Morán
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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