ICMJE DISCLOSURE FORM

Date: 20.12.2021
Your Name: Yan Li
Manuscript Title: High efficacy of alectinib in a patient with advanced lung adenocarcinoma with 2 rare ALK fusion sites: a case report
Manuscript number (if known): _____ TLR-21-1039 ____________________________________________

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.) | Shandong Key Research and Development Program (No. 2019GSF108251) |
| | **No time limit for this item.** | Technology support from Xiaoxing Su and Yan Lei of Berry Oncology Corporation for Bioinformatics |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_None |
| 3 | Royalties or licenses | _x_None |
| 4 | Consulting fees | _x_None |
|   | 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
|---|---|---------------------------------------------------------------------------------------------------------------------------------|---------|
|   | 6  | Payment for expert testimony | _X_ None |
|   | 7  | Support for attending meetings and/or travel | _X_ None |
|   | 8  | Patents planned, issued or pending | _X_ None |
|   | 9  | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
|   | 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|   | 11 | Stock or stock options | _X_ None |
|   | 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|   | 13 | Other financial or non-financial interests | _X_ None |

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

Yan Li reports funding from the Shandong Key Research and Development Program (No. 2019GSF108251). We have received technology support from Xiaoxing Su and Yan Lei of Berry Oncology Corporation for Bioinformatics.

**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: 20.12.2021
Your Name: Peng Duan
Manuscript Title: High efficacy of alectinib in a patient with advanced lung adenocarcinoma with 2 rare ALK fusion sites: a case report
Manuscript number (if known): TLCR-21-1039

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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|   | **Time frame: past 36 months**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _x_None                                                                         |
| 3 | Royalties or licenses                                                                        | _x_None                                                                         |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | _x_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_ None |
| 6 | Payment for expert testimony | _x_ None |
| 7 | Support for attending meetings and/or travel | _x_ None |
| 8 | Patents planned, issued or pending | _x_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _x_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |
| 11 | Stock or stock options | _x_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_ None |
| 13 | Other financial or non-financial interests | _x_ None |

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**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: 20.12.2021
Your Name: Yan Guan
Manuscript Title: High efficacy of alectinib in a patient with advanced lung adenocarcinoma with 2 rare ALK fusion sites: a case report
Manuscript number (if known): _____TLCR-21-1039___________________________

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2 Grants or contracts from any entity (if not indicated in item #1 above).<br>_x_None

3 Royalties or licenses<br>_x_None

4 Consulting fees<br>_x_None

**Time frame: past 36 months**
|   |                                                                                      |     |
|---|--------------------------------------------------------------------------------------|-----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_None |
| 6 | Payment for expert testimony                                                          | _x_None |
| 7 | Support for attending meetings and/or travel                                          | _x_None |
| 8 | Patents planned, issued or pending                                                    | _x_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | _x_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_None |
| 11| Stock or stock options                                                                | _x_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services      | _x_None |
| 13| Other financial or non-financial interests                                            | _x_None |

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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: 20.12.2021
Your Name: Qing Chen
Manuscript Title: High efficacy of alectinib in a patient with advanced lung adenocarcinoma with 2 rare ALK fusion sites: a case report
Manuscript number (if known): TLCR-21-1039

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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| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). _x_None |                                                                                  |
| 3 | Royalties or licenses _x_None |                                                                                  |
| 4 | Consulting fees _x_None |                                                                                  |
| #  | Description                                                                 | X_stamp |
|----|-----------------------------------------------------------------------------|---------|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None    |
| 6  | Payment for expert testimony                                               | None    |
| 7  | Support for attending meetings and/or travel                                | None    |
| 8  | Patents planned, issued or pending                                         | None    |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board           | None    |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None    |
| 11 | Stock or stock options                                                      | None    |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None    |
| 13 | Other financial or non-financial interests                                  | None    |

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

The author received technology support from Xiaoxing Su and Yan Lei of Berry Oncology Corporation for Bioinformatics.

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      13.12.2021
Your Name:  Anna Grenda
Manuscript Title: High efficacy of alectinib in a patient with advanced lung adenocarcinoma with 2 rare ALK fusion sites: a case report
Manuscript number (if known)  TLCR-21-1039

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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|   | No time limit for this item.                                                                     |                                                                                 |

**Time frame: Since the initial planning of the work**

|   |   |   |
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| 2 |  |   |
|   | Grants or contracts from any entity (if not indicated in item #1 above).                      | None |
| 3 | Royalties or licenses                                                                          | None |

**Time frame: past 36 months**

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|---|---|---|
| 2 |  |   |
|   |   |   |
| 3 | Royalties or licenses                                                                          | None |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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

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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: __07.12.2021___________________________
Your Name: _______Petros Christopoulos______________________________________________________________
Manuscript Title: __ Good efficacy of alectinib in a case of advanced lung adenocarcinoma two rare ALK fusions: HIP1-ALK and LTBP1-ALK___________________________
Manuscript number (if known):__________________________________________________________________

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Roche research grant (to institution) |
|   |                                                                                       | Takeda research grant (to institution)                                         |
|   |                                                                                       | AstraZeneca research grant (to institution)                                    |
|   |                                                                                       | Novartis research grant (to institution)                                      |
| 3 | Royalties or licenses __x__ None                                                      |                                                                                  |
| 4 | Consulting fees __x__ None                                                            |                                                                                  |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Roche | speaker’s honoraria to myself |
|---|--------------------------------------------------|-------|-------------------------------|
|   |                                                  | Takeda| speaker’s honoraria to myself |
|   |                                                  | AstraZeneca | speaker’s honoraria to myself |
|   |                                                  | Novartis| speaker’s honoraria to myself |
| 6 | Payment for expert testimony                      | _x__None |                               |
| 7 | Support for attending meetings and/or travel       | AstraZeneca | to myself                     |
|   |                                                  | Takeda | to myself                     |
|   |                                                  | Novartis | to myself                     |
|   |                                                  | Eli Lilly | to myself                     |
| 8 | Patents planned, issued or pending                | _x__None |                               |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Pfizer | advisory board |
|   |                                                  | Chugai | advisory board |
|   |                                                  | Boehringer Ingelheim | advisory board |
|   |                                                  | Roche | advisory board |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x__None |                                       |
| 11| Stock or stock options                            | _x__None |                               |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x__None |                               |
| 13| Other financial or non-financial interests         | _x__None |                               |

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

Petros Christopoulos has received research funding from AstraZeneca, Novartis, Roche, and Takeda, speaker’s honoraria from AstraZeneca, Novartis, Roche, Takeda, support for attending meetings from AstraZeneca, Eli Lilly, Novartis, Takeda, and personal fees for participating to advisory boards from Boehringer Ingelheim, Chugai, Pfizer and Roche, all outside the submitted work. We have received technology support from Xiaoxing Su and Yan Lei of Berry Oncology Corporation for Bioinformatics.

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

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|    | **No time limit for this item.**                                                                 |                                                                                  |

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|----|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2  | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None |
| 3  | Royalties or licenses | _x_ None |

**Time frame: past 36 months**
|   |   |   |
|---|---|---|
| 4 | Consulting fees | x None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x None |
| 6 | Payment for expert testimony | x None |
| 7 | Support for attending meetings and/or travel | x None |
| 8 | Patents planned, issued or pending | x None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | x None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x None |
| 11 | Stock or stock options | x None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | x None |
| 13 | Other financial or non-financial interests | x None |

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ICMJE DISCLOSURE FORM

Date: 20.12.2021
Your Name: Qisen Guo
Manuscript Title: High efficacy of alectinib in a patient with advanced lung adenocarcinoma with 2 rare ALK fusion sites: a case report
Manuscript number (if known): TLCR-21-1039

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_None |
| 3 | Royalties or licenses | _x_None |
| 4 | Consulting fees | _x_None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_None |
| 6 | Payment for expert testimony | _x_None |
| 7 | Support for attending meetings and/or travel | _x_None |
| 8 | Patents planned, issued or pending | _x_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _x_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_None |
| 11 | Stock or stock options | _x_None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_None |
| 13 | Other financial or non-financial interests | _x_None |

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