ICMJE DISCLOSURE FORM

Date: Apr. 25th, 2021
Your Name: Diego Cortinovis
Manuscript Title: Diagnostic and prognostic biomarkers in oligometastatic Non-Small Cell Lung Cancer: a literature review
Manuscript number (if known): TLCR-20-1067

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.) | **X** None                                                                                                                         |
|   | **No time limit for this item.**                                                                                                                                                    |                                                                                                                                  |
|   | **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                                                                                                                         |
|   | Description                                                                                     | MSD | BMS | Astra Zeneca | Roche |
|---|-----------------------------------------------------------------------------------------------|-----|-----|--------------|-------|
| 4 | Consulting fees                                                                               |     |     |              |       |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | MSD Speaker bureau | BMS Speaker bureau | Astra Zeneca Speaker bureau | Roche Speaker bureau |
| 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                              | Eli Lilly Advisor | Amgen Advisor | Novartis Advisor |
| 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:

The author has received personal fees (as speaker bureau and/or advisor) from MSD, BMS, Astra Zeneca, Roche, Eli Lilly, Amgen and Novartis, unrelated to the current work.

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: Apr. 25th, 2021
Your Name: Umberto Malapelle
Manuscript Title: Diagnostic and prognostic biomarkers in oligometastatic Non-Small Cell Lung Cancer: a literature review
Manuscript number (if known): TLCR-20-1067

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.) | _X__None                                                                        |
|   | No time limit for this item.                                                                     |                                                                                  |
|   | 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                                                                        |
|   |   |   |
|---|---|---|
|   | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | **Boehringer Ingelheim, Roche, MSD, Amgen, Thermo Fisher Scientifics, Eli Lilly, Diaceutics, GSK, Merck and AstraZeneca** |
|   |   | **Speakers bureaus** |
|   | **Payment for expert testimony** | **X** **None** |
|   | **Support for attending meetings and/or travel** | **X** **None** |
|   | **Patents planned, issued or pending** | **X** **None** |
|   | **Participation on a Data Safety Monitoring Board or Advisory Board** | **Boehringer Ingelheim, Roche, MSD, Amgen, Thermo Fisher Scientifics, Eli Lilly, Diaceutics, GSK, Merck and AstraZeneca** |
|   |   | **Consultant** |
|   | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | **X** **None** |
|   | **Stock or stock options** | **X** **None** |
|   | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | **X** **None** |
|   | **Other financial or non-financial interests** | **X** **None** |

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

The author has received personal fees (as consultant and/or speaker bureau) from Boehringer Ingelheim, Roche, MSD, Amgen, Thermo Fisher Scientifics, Eli Lilly, Diaceutics, GSK, Merck and AstraZeneca, unrelated to the current work.
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: 9th May, 2021
Your Name: Pagni Fabio
Manuscript Title: Diagnostic and prognostic biomarkers in oligometastatic Non-Small Cell Lung Cancer: a literature review
Manuscript number (if known): TLCR-20-1067

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.

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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.

| Item | Description | Time Frame | Information
|------|-------------|------------|--------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Since the initial planning of the work | __X__None
|      | **No time limit for this item.** | | |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | past 36 months | __X__None
| 3    | Royalties or licenses | | __X__None
| 4    | Consulting fees | | __X__None

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)
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | AstraZeneca, Roche, MSD, Amgen, Merck |
| 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 | AstraZeneca, Roche, MSD, Amgen, Merck |
| 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:

The author has received personal fees (as consultant and/or speaker bureau) from AstraZeneca, Roche, MSD, Amgen and Merck, unrelated to the current work.

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: 9th May, 2021
Your Name: Russo Alessandro
Manuscript Title: Diagnostic and prognostic biomarkers in oligometastatic Non-Small Cell Lung Cancer: a literature review
Manuscript number (if known): TLCR-20-1067

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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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) |
|---|-------------------------------------------------|---------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | _No time limit for this item._ |
| 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 |
|   | Conflict of Interest                                                                 |   |   |
|---|-------------------------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Astra Zeneca, MSD, Novartis |   |
| 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                   | Astra Zeneca, MSD, Novartis |   |
| 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:

The author has received personal fees from Astra Zeneca, MSD and Novartis, unrelated to the current work.

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: 9th May, 2021
Your Name: Banna Giuseppe Luigi
Manuscript Title: Diagnostic and prognostic biomarkers in oligometastatic Non-Small Cell Lung Cancer: a literature review
Manuscript number (if known): TLCR-20-1067

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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.

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|------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|      | 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.) | _X_ None                                                                         |
|      | No time limit for this item.                                                                   |                                                                                  |
|      | 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 | Janssen-Cilag, Boehringer Ingelheim, Roche, AstraZeneca/MedImmune |
| 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 | Bristol-Myers Squibb, Pierre Fabre, Ipsen |

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

The author reports personal fees from Janssen-Cilag, Boehringer Ingelheim, Roche and AstraZeneca/MedImmune, non-financial support from Bristol-Myers Squibb, Pierre Fabre and Ipsen, outside the submitted work.

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.
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Date: 9th May, 2021
Your Name: Sala Elisa
Manuscript Title: Diagnostic and prognostic biomarkers in oligometastatic Non-Small Cell Lung Cancer: a literature review
Manuscript number (if known): TLCR-20-1067

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.

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|---|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.) | _X_ None                                                                         |
|   | **No time limit for this item.**                                                          |                                                                                  |
| **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:

None.

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: 9th May, 2021
Your Name: Rolfo Christian
Manuscript Title: Diagnostic and prognostic biomarkers in oligometastatic Non-Small Cell Lung Cancer: a literature review
Manuscript number (if known): TLCR-20-1067

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|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | X None |
|2 | Grants or contracts from any entity (if not indicated in item #1 above).<br>Lung Cancer Research Foundation-Pfizer Grant 2019<br>NHI U54 grant (Project co-leader) | |
|3 | Royalties or licenses | X None |
|   | Consulting fees                  | __X__None |
|---|----------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | MSD, Astra Zeneca, Roche |
| 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 | Inivata, ArcherDx, MD Serono, BMS, Novartis, Boston Pharmaceuticals |
| 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 | Research Collaboration: GuardantHealth, IALSC; Vice President: ISLB (International Society of Liquid Biopsy); Educational Chair: OLA Oncology Latin American Association - Faculty for ASCO International; Scientific Committee Member at ESO (European School of Oncology) |
Please summarize the above conflict of interest in the following box:

| The author reports grants from Lung Cancer Research Foundation-Pfizer Grant 2019, payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from MSD, Astra Zeneca, Roche, participation on a Data Safety Monitoring Board or Advisory Board from Inivata, ArcherDx, MD Serono, BMS, Novartis, Boston Pharmaceuticals, and other financial or non-financial interests: research collaboration from GuardantHealth, IALSC Vice President: ISLB (International Society of Liquid Biopsy), Educational Chair: OLA Oncology Latin American Association - Faculty for ASCO International Scientific Committee Member at ESO (European School of Oncology). |

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.