ICMJE DISCLOSURE FORM

Date: ____ 29/07/2021 ____________________________________________________________

Your Name: ____ Konstantinos Rounis __________________________________________

Manuscript Title: ____ Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study ____________________________________________

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.

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 | 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                                                                           |

Time frame: Since the initial planning of the work

Time frame: past 36 months
Please summarize the above conflict of interest in the following box:

I do not have any conflict of interest
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: 28/07/2021

Your Name: Dimitrios Makrakis

Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

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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|   | 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 | __X__None                                                                                     |                                                                                 |

Time frame: Since the initial planning of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

**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 |   |
|---|-----------------------------------|---|
| 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:

**No conflicts to declare**

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: 29/7/2021
Your Name: Alexandros-Pantelis Tsigkas
Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

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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|   | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---|---------------------------------------------------|---------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _X_ None |
| 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:

No conflict of interest to declare

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: 28/7/2021
Your Name: Alexandra Georgiou
Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

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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|   | 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.) No time limit for this item. | _x__ None |

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

| 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                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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:

No conflict of interest to declare

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: 28-7-2021
Your Name: Nikolaos Galanakis
Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

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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|---|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | **No time limit for this item.**                                                                 |                                                                                  |

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

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

**Time frame: past 36 months**
|   |                                                                                           | None |
|---|-------------------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 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:

I declare that I have no conflict of interest.

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: 29/07/2021
Your Name: Chara Papadaki

Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

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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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | _X__None |
| 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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
| No. | Conflict of Interest                                                                 | Agreement Status |
|-----|-------------------------------------------------------------------------------------|------------------|
| 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:

I declare no conflict of interest

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

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ICMJE DISCLOSURE FORM

Date:____29/07/2021__________________________________________________________

Your Name:____Alexia Monastirioti

Manuscript Title:____ Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

Manuscript number (if known):______________________________________________

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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: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
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| 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:

I do not have any conflict of interest to declare
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_ 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: _____29/07/2021__________________________

Your Name: _______ Lampros Vamvakas

Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

Manuscript number (if known): ________________________________

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| 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 |
| 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:**

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ICMJE DISCLOSURE FORM

Date:____29/07/2021__________________________

Your Name:____Konstantinos Kalbakis__________________________

Manuscript Title:____ Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

Manuscript number (if known):__________________________________________

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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                                                                           |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 4 | Consulting fees                                                             |    | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          |    | None |
|   | manuscript writing or educational events                                    |    |      |
| 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 |    | None |
|   | group, paid or unpaid                                                        |    |      |
|11 | Stock or stock options                                                       |    | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other     |    | None |
|   | services                                                                     |    |      |
|13 | Other financial or non-financial interests                                   |    | None |

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_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: _____29/07/2021__________________________________________________________

Your Name: _____Nikolaos Vardakis

____________________________________________________________________________

Manuscript Title: _____ Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

____________________________________________________________________________

Manuscript number (if known): ________________________________________________

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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 |

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

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**Time frame: past 36 months**

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| No. | Description                                                                 | Select None |
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| 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:**

I do not have any conflict of interest to declare
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:____29/07/2021______________________________________________________________

Your Name: ___ Meropi Kontogianni _______________________________________________

Manuscript Title: ___ Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

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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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) |
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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). | _X__None                                                                              |
|   |                                                                                         |                                                                                   |
| 3 | Royalties or licenses                                                                       | _X None                                                                                  |

Time frame: past 36 months
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|---|---|---|
| 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:

No conflict of interest
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: **29 July 2021**

Your Name: Ioannis Gioulbasanis

Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

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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| **Time frame: Since the initial planning of the work** |
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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 |
| 4 | Consulting fees | _x_ None |
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|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:

The author has no conflict of interest to declare.

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: **29 July 2021**
Your Name: **Dimitrios Mavroudis**
Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

Manuscript number (if known): ________________________________

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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 |
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| 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:**

No relevant conflict of interest with the present 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: 30 July 2021
Your Name: Sofia Agelaki
Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **Time frame: Since the initial planning of the work** | |
| 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 |
|   | **Time frame: past 36 months** | |
|   | Description                                                                 | 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:

No relevant conflict of interest with the present 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.