ICMJE DISCLOSURE FORM

**Date:** July 2, 2021  
**Your Name:** Maurizio Infante  
**Manuscript Title:** Oligometastatic non-small cell lung cancer: from biology to clinical practice  
**Manuscript number (if known):** TLCR-21-533

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) |
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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.)  
No time limit for this item. | __X__ None |
| **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 |
|   | Conflict of Interest                                                                 | 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 |
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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.

[Signature]
ICMJE DISCLOSURE FORM

Date: July 02, 2021
Your Name: Thierry BERGHMANS
Manuscript Title: Oligometastatic non-small cell lung cancer: from biology to clinical practice
Manuscript number (if known): TLCR-21-533

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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 | Inhatarget |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Bayer |
|---|--------------------------------------------------------------------------------------------------|-------|
| 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 | Roche |
|  | Bayer |
|  | Janssen |
| 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 receives consulting fees from Inhatarget, payment from Bayer and participation fees for advisory board from Roche, Bayer and Janssen.

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.