ICMJE DISCLOSURE FORM

Date: May 28, 2021.
Your Name: Takamasa Koga
Manuscript Title: Activity and mechanism of acquired resistance to tarloxtinib in HER2 mutant lung cancer: an *in vitro* study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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.) No time limit for this item. | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 19K16785) |

|   | **Time frame: past 36 months** | |
|---|-----------------------------------------------------------------|-----------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Research grant from Boehringer Ingelheim Through Kindai University Faculty of Medicine. |
| 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:

Dr. Koga has received research funding from Boehringer Ingelheim 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: May 28, 2021.
Your Name: Kenichi Suda
Manuscript Title: Activity and mechanism of acquired resistance to tarloxitinib in HER2 mutant lung cancer: an *in vitro* study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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.) **No time limit for this item.** | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (18K07336) Research funding from Rain Therapeutics Through Kindai University Faculty of Medicine. |
| **Time frame: past 36 months** |                                                                                   |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Research funding from Boehringer Ingelheim Through Kindai University Faculty of Medicine. |
|   |   |   |
|---|---|---|
| 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 | Honoraria from Boehringer Ingelheim  
Honoraria from Chugai  
Honoraria from AstraZeneca |
| 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 | Advisory board of AstraZeneca |
| 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:

Dr. Suda has received research funding from Rain Therapeutics and Boehringer Ingelheim, an honorarium from Boehringer Ingelheim, AstraZeneca, and Chugai outside the submitted work, and has been on the advisory board of AstraZeneca.

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: May 28, 2021.
Your Name: Masaya Nishino
Manuscript Title: Activity and mechanism of acquired resistance to tarloxtinib in HER2 mutant lung cancer: an \textit{in vitro} study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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 \textit{current} manuscript only.

The author’s relationships/activities/interests should be \textit{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.

| #  | Relationship/Activity/Interest | 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.) \textbf{No time limit for this item.} | __x__ None                                                                                      |                                                                                      |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above). | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 20K16398) |                                                                                      |
| 3  | Royalties or licenses                                                        | __x__ None                                                                                      |                                                                                      |
### Table of Conflicts of Interest

|   | Description | Agreement |
|---|-------------|-----------|
| 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:

[Blank space]

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: Mar 28, 2021
Your Name: Toshio Fujino
Manuscript Title: Activity and mechanism of acquired resistance to tarloxotinib in HER2 mutant lung cancer: an *in vitro* study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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). | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 19K16813) |
|   |                                                                                       | Research funding from Apollomics                                                  |
| 3 | Royalties or licenses                                                                  | __x__ None                                                                      |
|   | Nature of Conflict of Interest                                                                 | None |
|---|------------------------------------------------------------------------------------------------|------|
| 4 | Consulting fees                                                                                | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Novartis |
| 6 | Payment for expert testimony                                                                   | None |
| 7 | Support for attending meetings and/or travel                                                   | Novartis |
| 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:

Dr. Fujino has received research funding from Apollomics and an honorarium from Novartis outside of 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.
**ICMJE DISCLOSURE FORM**

Date: May 28, 2021.
Your Name: Shuta Ohara
Manuscript Title: Activity and mechanism of acquired resistance to tarloxitinib in HER2 mutant lung cancer: an *in vitro* study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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).                  | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 20K17764) |
| 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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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: Mar 28, 2021.
Your Name: Akira Hamada
Manuscript Title: Activity and mechanism of acquired resistance to tarloxoatinib in HER2 mutant lung cancer: an in vitro study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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.

| Item | Description | Time frame: Since the initial planning of the work | 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) | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 20K17763) | |
| 3    | Royalties or licenses | __x__None | |

Time frame: past 36 months
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 4 | Consulting fees                                                             | _x_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Lecture fees from AstraZeneca, Lecture fees from Chugai |
| 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:

Dr. Hamada has received lecture fees from AstraZeneca and Chugai outside of 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: May 28, 2021.
Your Name: Junichi Soh
Manuscript Title: Activity and mechanism of acquired resistance to tarloxotinib in HER2 mutant lung cancer: an in vitro study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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) |
|---|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|   | **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).                                            | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 19K09285) |
|   |                                                                                                                   | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 19H03746) |

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| No. | Source of Financial Support                                                                 | Description                                                                 |
|-----|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1   | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 19K09286 ) |                                                                               |
| 2   | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 18K08783 ) |                                                                               |
| 3   | Grants-in-aid for scientific research from the Japan Society for Promotion of Science (grant 18K19581 ) |                                                                               |
| 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:



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: May 28th, 2021
Your Name: Vijaya Tirunagaru
Manuscript Title: Activity and mechanism of acquired resistance to tarloxotinib in HER2 mutant lung cancer: an in vitro study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Rain Therapeutics, Inc. provided compound tarloxotinib and tarloxotinib-E. A research grant was provided to Dr. Suda at Kindai University Faculty of Medicine to support this study. |
|   | No time limit for this item. | Rain Therapeutics, Inc. | |
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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 | Rain Therapeutics, Inc. |
| 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:

Dr. Tirunagaru is currently employee of rain therapeutics and own stock in rain therapeutics.

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: May 28th, 2021
Your Name: Avanish Vellangi
Manuscript Title: Activity and mechanism of acquired resistance to tarloxotinib in HER2 mutant lung cancer: an in vitro study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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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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) |
|---|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|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. | Rain Therapeutics, Inc. provided compound tarloxotinib and tarloxotinib-E. A research grant was provided to Dr. Suda at Kindai University Faculty of Medicine to support this study. |
|2  | Grants or contracts from any entity (if not indicated in item #1 above). | Rain Therapeutics, Inc. Employee |
|3  | Royalties or licenses | _X_ None |

Time frame: Since the initial planning of the work

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 | Rain Therapeutics, Inc. |
| 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:

Mr. Vellanki is currently employee of rain therapeutics and own stock in rain therapeutics.

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: May 28th, 2021
Your Name: Robert C. Doebele
Manuscript Title: Activity and mechanism of acquired resistance to tarloxotinib in HER2 mutant lung cancer: an in vitro study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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.

| 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.) | Rain Therapeutics, Inc. | Rain Therapeutics, Inc. provided compound tarloxotinib and tarloxotinib-E. A research grant was provided to Dr. Suda at Kindai University Faculty of Medicine to support this study. |

| Time frame: past 36 months |
|-----------------------------|
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | Rain Therapeutics, Inc. | Employee |
| 3 Royalties or licenses | U.S. Provisional Patent | Pending and licensed to Rain Therapeutics |
|   | Application No. 62/712,531 |
|---|---------------------------|
|   | Foundation Medicine       |
|   | The University of Colorado (for biologic materials derived in Dr. Doebele's laboratory) |
|   | Ignyta                    |
|   | The University of Colorado (for biologic materials derived in Dr. Doebele's laboratory) |
|   | Scorpion Therapeutics     |
|   | The University of Colorado (for biologic materials derived in Dr. Doebele's laboratory) |
|   | Voronoi                   |
|   | The University of Colorado (for biologic materials derived in Dr. Doebele's laboratory) |
|   | Pearl River               |
|   | The University of Colorado (for biologic materials derived in Dr. Doebele's laboratory) |
|   | Black Diamond Therapeutics|
|   | The University of Colorado (for biologic materials derived in Dr. Doebele's laboratory) |
|   | Genentech                 |
|   | The University of Colorado (for biologic materials derived in Dr. Doebele's laboratory) |

| 4 | Consulting fees |
|---|---------------|
|   | Genentech/Roche | Myself |
|   | Ignyta         | Myself |
|   | Blueprint Medicines | Myself |
|   | Green Peptide  | Myself |
|   | AstraZeneca    | Myself |
|   | Anchiano       | Myself |
|   | Takeda/Millenium | Myself |
|   | Bayer          | Myself |

| 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 |
|----|------------------------|
|    | Rain Therapeutics, Inc. |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
|---|--------------------------------------------------------------------------------|-----------|
| 12 |                                                                                  |           |

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

Dr. Doebele is currently an employee of Rain Therapeutics and owns stock in Rain Therapeutics and has received personal fees from Genentech/Roche, Ignyta, Blueprint Medicines, Green Peptide, AstraZeneca, Anchiano, Takeda/Millenium, and Bayer outside the submitted work; in addition, Dr Doebele has a patent for U.S. Provisional Patent Application No. 62/712,531 pending and licensed to Rain Therapeutics. The University of Colorado has received licensing fees from Foundation Medicine, Ignyta, Scorpion Therapeutics, Voronoi, Pearl River, Black Diamond Therapeutics, and Genentech for biologic materials derived in Dr. Doebele's laboratory.

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: May 28, 2021
Your Name: Tetsuya Mitsudomi
Manuscript Title: Activity and mechanism of acquired resistance to tarloxotinib in HER2 mutant lung cancer: an *in vitro* study
Manuscript number (if known): TLCR-21-216-R1-MS-1798

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                                                                                |
|   | **Time frame: Since the initial planning of the work**                                                                                           |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Boehringer-Ingelheim Institution                                               |
|   |                                                                                            | MSD Institution                                                                 |
|   |                                                                                            | Taiho Institution                                                                 |
|   |                                                                                            | Chugai Institution                                                                |
|   |                                                                                            | Eli-Lilly Institution                                                             |
|   |                                                                                            | Ono Institution                                                                  |
| 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 | ____None |
|   | AstraZeneca | myself |
|   | Boehringer Ingelheim | myself |
|   | Novartis | myself |
|   | MSD | myself |
|   | BMS | myself |
|   | Ono | myself |
|   | Chugai | myself |
|   | Merck Biopharma | myself |
|   | Takeda | myself |
|   | Pfizer | myself |
|   | Eli-Lilly | myself |
| 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 | ____None |
|   | AstraZeneca | myself |
|   | Amgen | myself |
|   | Janssen pharma | myself |
|   | MSD | myself |
|   | Puma Biotech | myself |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____None |
|   | IASLC | unpaid |
| 11 | Stock or stock options | _x_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____None |
|   | Boehringer Ingelheim | reagent |
| 13 | Other financial or non-financial interests | _x_ 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.