ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Fabrizio
2. Surname (Last Name)  Tabbo'
3. Date  16-July-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Resistance to Anaplastic Lymphoma Kinase inhibitors: knowing the enemy is half the battle won.

6. Manuscript Identifying Number (if you know it)
TLCR-2019-CNSCLC-04(TLCR-20-372)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Tabbo’ has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Maria Lucia

2. Surname (Last Name)  
   Reale

3. Date  
   16-July-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Fabrizio Tabbo'

5. Manuscript Title  
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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|--------|
| Paolo                     | Bironzo                | 16-July-2020 |

4. Are you the corresponding author? [ ] Yes [ ] No

3. Date
16-July-2020

5. Manuscript Title
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| Given Name (First Name) | Surname (Last Name) | Date       |
|-------------------------|---------------------|------------|
| Giorgio Vittorio        | Scagliotti          | 16-July-2020 |

4. Are you the corresponding author?  
   - [X] Yes  
   - [ ] No

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