

ICMJE DISCLOSURE FORM

Date: Feb 9th 2024

Your Name: Thaïs Baert

Manuscript Title: Alterations in the MAPK pathway: promising biomarkers for MEK1/2 inhibition

Manuscript number (if known): GPM-23-50

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> Roche	Payment to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Lilly Novartis Astrazeneca	Payment to institution Payment to institution Payment to institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	GSK MSD Astrazeneca	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Thaïs Baert received a grant from Roche. The author receives honoraria for lectures from Lilly, Novartis and Astrazeneca. Thaïs Baert receives support for attending meetings from GSK, MSD and Astrazeneca. All payments were made to the Thaïs Baert' institution.

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

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: Jan. 25th, 2024

Your Name: Tine Ottenbourgs

Manuscript Title: Alterations in the MAPK pathway: promising biomarkers for MEK1/2 inhibition

Manuscript number (if known): GPM-23-50

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

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: 08/02/2024

Your Name: Toon Van Gorp

Manuscript Title: Alterations in the MAPK pathway: promising biomarkers for MEK1/2 inhibition

Manuscript number (if known): GPM-23-50

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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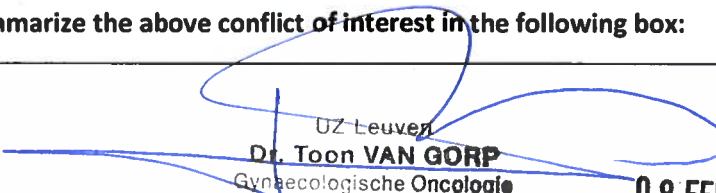
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees		


5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<p>Consulting/advising with AstraZeneca, BioNTech, Eisai Co, Ltd, GSK, ImmunoGen, Inc, Incyte Corporation, MSD/Merck & Co, Inc, OncXerna Therapeutics, Inc, Seagen Inc, and Tubulis GmbH, Zentalis. Travel, accommodations, and/or expenses from AstraZeneca, GSK, ImmunoGen, Inc, MSD/Merck, and PharmaMar. Research funding from Amgen Inc, AstraZeneca, and Roche. All payments institutional.</p>	
6	Payment for expert testimony	<p><input checked="" type="checkbox"/> None</p>	
7	Support for attending meetings and/or travel	<p>Consulting/advising with AstraZeneca, BioNTech, Eisai Co, Ltd, GSK, ImmunoGen, Inc, Incyte Corporation, MSD/Merck & Co, Inc, OncXerna Therapeutics, Inc, Seagen Inc, and Tubulis GmbH, Zentalis. Travel, accommodations, and/or expenses from AstraZeneca, GSK, ImmunoGen, Inc, MSD/Merck, and PharmaMar. Research funding from Amgen Inc, AstraZeneca, and Roche. All payments institutional.</p>	
8	Patents planned, issued or pending	<p><input checked="" type="checkbox"/> None</p>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<p>Consulting/advising with AstraZeneca, BioNTech, Eisai Co, Ltd, GSK,</p>	

		ImmunoGen, Inc, Incyte Corporation, MSD/Merck & Co, Inc, OncXerna Therapeutics, Inc, Seagen Inc, and Tubulis GmbH, Zentalis. Travel, accommodations, and/or expenses from AstraZeneca, GSK, ImmunoGen, Inc, MSD/Merck, and PharmaMar. Research funding from Amgen Inc, AstraZeneca, and Roche. All payments institutional.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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



 UZ Leuven
Dr. Toon VAN GORP
 Gynaecologische Oncologie
 +32 3 386 4111


08 FEB 2024

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

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: 08 FEB 2024
 Your Name: ELS VAN NIEWERTHUYSEN
 Manuscript Title: Alterations in the NADK pathway: planning branches
 Manuscript number (if known): for NCK 1/2 inhibitors.

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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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:

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