

ICMJE DISCLOSURE FORM

Date: 03/28/2023

Your Name: Aaron J. Franke

Manuscript Title: Re-ORIENT-ing Antitumor Immunity in EGFR-mutant NSCLC: Are Antiangiogenics the Key?

Manuscript number (if known): CCO-23-28

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 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		<input checked="" type="checkbox"/> None	

	Payment for expert testimony		
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		Single payment (\$1800) advisory board for OncoLive discussing the current management of atypical EGFR mutant NSCLC
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

Single payment (\$1800) advisory board for OncoLive discussing the current management of atypical EGFR mutant NSCLC

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: 3/30/2023

Your Name: Erin Schenk MD, PhD

Manuscript Title: Re-ORIENT-ing Antitumor Immunity in EGFR-mutant NSCLC: Are Antiangiogenics the Key?

Manuscript number (if known): CCO-23-28

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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.) No time limit for this item.	<p>____ None</p> <p>2021 LUNgevity Career Development Award #25B1267, 2022 Hamoui Foundation/LUNgevity Clinic Research Award Program for RET-positive Lung Cancer, and NCI R01CA254730-01</p>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
3	Royalties or licenses	____ None	
4	Consulting fees	Actinium, Bionest Partners, ExpertConnect, FCB Health, Guidepoint Network, the KOL Connection Ltd, Prescient Advisory	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	OncLive, Physicians' Education Resource, Takeda, Roche/Genetech, IDEO Oncology, Sanofi/Regeneron, MJH Life Sciences	
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	BioAtla, Regeneron, Janssen, and G1 therapeutics	
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:

ELS is supported by 2021 LUNGeivity Career Development Award #25B1267, 2022 Hamoui Foundation/LUNGeivity Clinic Research Award Program for RET-positive Lung Cancer, and NCI R01CA254730-01. E.L.S. reports speaker fees from OncLive, Physicians' Education Resource, Takeda, Roche/Genetech, IDEO Oncology, Sanofi/Regeneron, MJH Life Sciences, consultant fees from Actinium, Bionest Partners, ExpertConnect, FCB Health, Guidepoint Network, the KOL Connection Ltd, Prescient Advisory, served on an advisory board for BioAtla, Regeneron, Janssen, and G1 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.