

ICMJE DISCLOSURE FORM

Date: November 4th, 2023

Your Name: Sergio Martinez-Recio

Manuscript Title: OLIGOMETASTATIC DISEASE: GROWING CONSENSUS TO CURE THE INCURABLE IN A MULTIDISCIPLINARY APPROACH

Manuscript number (if known): CCO-23-118

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. | __X__ None | |
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| 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 | |
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| 4 | Consulting fees | __X__ None | |
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|----|--|---|--|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Sanofi BMS Takeda | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | Merck Sanofi Pfizer BMS Lilly | |
| 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:

Sergio Martinez-Recio has taken part as an invited speaker for Sanofi, BMS and Takeda and has received support from Merck, Sanofi, Lilly, BMS, Pfizer for meeting registration, accommodation and/or travel expenses.

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: 28 November 2023

Your Name: Andrés Barba Joaquín

Manuscript Title: OLIGOMETASTATIC DISEASE: A NEED FOR CONSENSUS TO CURE THE INCURABLE IN A MULTIDISCIPLINAY APPROACH

Manuscript number (if known): CCO-23-118

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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.

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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. | ___ None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___ None | |
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| | | | |
| 3 | Royalties or licenses | ___ None | |
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| 4 | Consulting fees | ___ None | |
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|----|--|-------------|--------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | BMS | educational events |
| | | MSD | educational events |
| | | Pfizer | educational events |
| | | Sanofi | educational events |
| | | Piere Fabre | educational events |
| | | Novartis | educational events |
| | | Takeda | educational events |
| | | Astrazeneca | educational events |
| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | BMS | |
| | | MSD | |
| | | Sanofi | |
| | | Pfizer | |
| | | Astrazeneca | |
| 8 | Patents planned, issued or pending | ___ None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | BMS | Advisory Board |
| | | MSD | Advisory Board |
| | | Sanofi | Advisory Board |
| 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 | |
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| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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Please summarize the above conflict of interest in the following box:

Andres Barba has taken part as invited speaker for BMS, MSD, Pfizer, Sanofi, Pierre fabre, Novartis, Takeda and Astra Zeneca; has received support from BMS, MSD, Sanofi, Pfizer and Astra Zeneca for meeting registration, accommodation and/or travel expenses; and has taken part in an Advisory Board for BMS, MSD and Sanofi, all outside the present manuscript

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: 06/11/2023

Your Name: Núria Farré

Manuscript Title: OLIGOMETASTATIC DISEASE: A NEED FOR CONSENSUS TO CURE THE INCURABLE IN A MULTIDISCIPLINARY APPROACH

Manuscript number (if known): CCO-23-118

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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. | ___ None | |
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| | | | |
| 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 | ___ None | |
| | | | |

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|----|--|----------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
| 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 | ___ 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:

| |
|--|
| Núria Farré declares no conflict of interest |
|--|

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: 06 November 2023

Your Name: MARGARITA MAJEM TARRUELLA

Manuscript Title: OLIGOMETASTATIC DISEASE: A NEED FOR CONSENSUS TO CURE THE INCURABLE IN A MULTIDISCIPLINARY APPROACH

Manuscript number (if known): CCO-23-118

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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.

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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. | None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Roche | |
| | | AstraZeneca | |
| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |

| | | | |
|----|--|--------------|--------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Roche | educational events |
| | | MSD | educational events |
| | | Pfizer | educational events |
| | | Sanofi | educational events |
| | | Pierre Fabre | educational events |
| | | Novartis | educational events |
| | | Takeda | educational events |
| | | Astrazeneca | educational events |
| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | Astrazeneca | |
| | | MSD | |
| | | Sanofi | |
| | | | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 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 | |
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Please summarize the above conflict of interest in the following box:

Margarita Majem has received grants from Roche and Astra Zeneca; has taken part as invited speaker for Roche, MSD, Pfizer, Sanofi, Pierre Fabre, Novartis, Takeda and Astra Zeneca; and has received support for attending meetings and/or travel from Astra Zeneca, MSD and Sanofi.

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.