ICMJE DISCLOSURE FORM

Date: September 11, 2023 Your Name: Guillermo Suay

Manuscript Title: ESMO guidelines for oncogene-addicted metastatic NSCLC: A personalized treatment for each patient

Manuscript number (if known): CCO-23-100

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or nonoraria for	_xnone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
"	testimony	_XNone		
	testimony			
7	Company for attanding	V. Nego		
7	Support for attending meetings and/or travel	_XNone		
8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_XNone		
12	Receipt of equipment,	_XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	_XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	GS has no conflicts of interest to declare.			
٦	GS has no conflicts of interest to declare.			

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: September 10, 2023 Your Name: Francisco Aparisi

Manuscript Title: ESMO guidelines for oncogene-addicted metastatic NSCLC: A personalized treatment for each patient

Manuscript number (if known): CCO-23-100

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2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	Janssen, Pzifer, MSD,	
	meetings and/or travel	TAKEDA, Roche, Gallecto	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	Pzifer	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Please summarize the above conflict of interest in the following box:			

FΑ	A has collaborated with the Pfizer Advisory Board and received travel grants and economic support to attend
on	ncology meetings by Janssen, Pzifer, MSD, TAKEDA, Roche, and Gallecto.

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: September 11, 2023 Your Name: Oscar Juan-Vidal

Manuscript Title: ESMO guidelines for oncogene-addicted metastatic NSCLC: A personalized treatment for each patient

Manuscript number (if known): CCO-23-100

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

lectures, presentations, speakers bureaus, manuscript writing or educational events 8 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests X_None	5	Payment or honoraria for	_XNone	
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writing, gifts or other services 13 Other financial or nonXNone				
services 13 Other financial or nonX_None		. •		
financial interests	13	Other financial or non-	_XNone	
		financial interests		

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

OJ-V reports participation in the Advisory Board of Bristol-Myers Squibb, Merck Sharp & Dohme, Roche/Genentech, AstraZeneca, Pfizer, Eli Lilly, Takeda and Janssen. OJ-V also reports travel grants to attend oncology meetings by Takeda and Astra-Zeneca.

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