

ICMJE DISCLOSURE FORM

Date: 03/26/2021

Your Name: Lauren Slinger

Manuscript Title: The Impact of Molecular Classification of Glioblastoma on the Interpretation of Therapeutic Clinical Trial Results

Manuscript number (if known): _____

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 | |
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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 | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <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 | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 03/30/21

Your Name: Alexander Feldman

Manuscript Title: The Impact of Molecular Classification of Glioblastoma on the Interpretation of Therapeutic Clinical Trial Results

Manuscript number (if known): _____

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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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | P/ayment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| | | | |
| 11 | Stock or stock options | <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 | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 27 Mar 2021

Your Name: Robin Buerki

Manuscript Title: The Impact of Molecular Classification of Glioblastoma on the Interpretation of Therapeutic Clinical Trial Results

Manuscript number (if known): _____

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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 type="checkbox"/> None | IQVIA Health Technology |

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| 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 | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | Istari Pharmaceuticals |
| 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 type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |

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ICMJE DISCLOSURE FORM

Date: 3/28/2021
 Your Name: Craig Horbinski
 Manuscript Title: The Impact of Molecular Classification of Glioblastoma on the Interpretation of Therapeutic Clinical Trial Results
 Manuscript number (if known): _____

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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| 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 | |

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| 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 | |
| 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 | |

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ICMJE DISCLOSURE FORM

Date: 3/30/2021

Your Name: Rimas Lukas

Manuscript Title: The Impact of Molecular Classification of Glioblastoma on the Interpretation of Therapeutic Clinical Trial Results

Manuscript number (if known): _____

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
| | | NIH P50CA221747 Brain Up 2137 | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | American Physician Institute | Board Review CME |
| | | Novocure | Speakers bureau |
| | | EBSCO Publishing | Medical editing |
| | | MedLink Neurology | Medical editing |
| | | Neurodiem | Recorded presentation |
| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
| | | Expert review of medical records | Loyola Medical Center |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Novocure | Advisory board |
| | | SDP | Advisory board |
| 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 type="checkbox"/> None | |
| | | BMS | Drug support for IIT |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 26. March 2021

Your Name: Roger Stupp

Manuscript Title: The Impact of Molecular Classification of Glioblastoma on the Interpretation of Therapeutic Clinical Trial Results

Manuscript number (if known): _____

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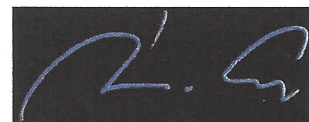
| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts 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 type="checkbox"/> None | CarThera Celularity |



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| | | | CranioVation TriAct GT Medical Technologies Insightec |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | ZaiLabs |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | Novocure |
| 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 type="checkbox"/> None | CarThera |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |

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26. March 2021