

ICMJE DISCLOSURE FORM

Date: November 28, 2021

Your Name: Herbert Pang

Manuscript Title: Assessing Surrogacy using Restricted Mean Survival Time Ratio for Overall Survival in Non-Small Cell Lung Cancer Immunotherapy Studies

Manuscript number (if known): CCO-21-110

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.	HMRP grant of Hong Kong 16172901	To the University of Hong Kong
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	FDA NIH U01 FD007206	outside the submitted work
3	Royalties or licenses	None	
4	Consulting fees	None	

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	Roche	outside the submitted work
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	personal fees from Genentech	outside the submitted work

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

HP reports HMRF grant of Hong Kong 16172901, an NIHU01 grant from FDA, stock options from Roche, and personal fees from Genentech, outside the submitted work.

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: 11/27/2021

Your Name: Guangyu Yang

Manuscript Title: Assessing Surrogacy using Restricted Mean Survival Time Ratio for Overall Survival in Non-Small Cell Lung Cancer Immunotherapy Studies

Manuscript number (if known): CCO-21-110

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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	

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:

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: 29 Nov 2021

Your Name: __James C. HO

Manuscript Title: __ Assessing Surrogacy using Restricted Mean Survival Time Ratio for Overall Survival in Non-Small Cell Lung Cancer Immunotherapy Studies

Manuscript number (if known): __ CCO-21-110

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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	

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:

No conflict of interests 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: 28th November 2021

Your Name: __Tiffany Leung

Manuscript Title: __ Assessing Surrogacy using Restricted Mean Survival Time Ratio for Overall Survival in Non-Small Cell Lung Cancer Immunotherapy Studies

Manuscript number (if known): __ CCO-21-110

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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: 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.	University Postgraduate Fellowships of HKU Foundation	
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	
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:

TL reports University Postgraduate Fellowships of HKU Foundation.

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: November 29, 2021

Your Name: Qian Shi

Manuscript Title: Assessing Surrogacy using Restricted Mean Survival Time Ratio for Overall Survival in Non-Small Cell Lung Cancer Immunotherapy Studies

Manuscript number (if known): CCO-21-110

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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).	Janssen	To Mayo Clinic
		BMS	To Mayo Clinic
		Genetech	To Mayo Clinic
		Noartis	To Mayo Clinic
		Celgene	To Mayo Clinic
3	Royalties or licenses	None	

4	Consulting fees	Regeneron Pharmaceuticals, Inc.	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chugai Pharmaceutical Co., Ltd.	To me
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	Yiviva Inc.	To me
		Hoosier Cancer Research Network	To me
		Boehringer Ingelheim Pharmaceuticals, Inc	To me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Amgen	To me
		Johnson & Johnson	To me
		Merck & co.	To me
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:

Dr. Shi reports consulting/advisory role from Yiviva Inc, Boehringer Ingelheim Pharmaceuticals, Inc, Regeneron Pharmaceuticals, Inc., Hoosier Cancer Research Network (to myself), Honorarium/speaker role from Chugai Pharmaceutical Co., Ltd, stocks from Johnson & Johnson, Amgen, and Merck & CO. (to myself), research funds from Celgene/BMS, Roche/Genentech, Janssen, Novartis (to 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: November 29, 2021

Your Name: __Chen Hu

Manuscript Title: __ Assessing Surrogacy using Restricted Mean Survival Time Ratio for Overall Survival in Non-Small Cell Lung Cancer Immunotherapy Studies

Manuscript number (if known): __CCO-21-110

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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.	NCI/NIH (U10-CA180822)	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	RTOG Foundation	Institution
3	Royalties or licenses	None	
4	Consulting fees	Merck & Co.	Individual
		D1Med Technology Co.	Individual

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:

CH reports support from NCI/NIH (U10-CA180822), grant from RTOG Foundation, and consulting fees from Merck & Co. and D1Med Technology Co.

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: 29 Nov 2021

Your Name: __ Thomas E Stinchcombe

Manuscript Title: __ Assessing Surrogacy using Restricted Mean Survival Time Ratio for Overall Survival in Non-Small Cell Lung Cancer Immunotherapy Studies

Manuscript number (if known): __ CCO-21-110

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

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	Takeda, AstraZeneca, Genentech/Roche, Foundation Medicine, Pfizer, EMD Serono, Novartis, Daiichi Sankyo, Lilly, Medtronic, Puma Biotechnology, Janssen Oncology, Regeneron, Turning Point Therapeutics, Sanofi/Aventis	
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:

TES reports receiving grants or contracts from Genentech/Roche (Institution), AstraZeneca (Institution), Takeda (Institution), Advaxis (Institution), Regeneron (Institution), and Mirati (Institution); and participation on a Data Safety Monitoring Board or Advisory Board of Takeda, AstraZeneca, Genentech/Roche, Foundation Medicine, Pfizer, EMD Serono, Novartis, Daiichi Sankyo, Lilly, Medtronic, Puma Biotechnology, Janssen Oncology, Regeneron, Turning Point Therapeutics, Sanofi/Aventis.

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: 11/27/2021

Your Name: Xiaofei Wang

Manuscript Title: Assessing Surrogacy using Restricted Mean Survival Time versus Hazard Ratio for Overall Survival in Non-Small Cell Lung Cancer Immunotherapy Studies

Manuscript number (if known): CCO-21-110

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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	

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I have no conflict of interest to declare.
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