

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/8/10 \_\_\_\_\_

Your Name: \_\_\_\_\_ Xianmin Zhu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Lung cancer with brain metastases remaining in continuous complete remission due to pembrolizumab and temozolomide: a case report \_\_\_\_\_

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	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	

**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: 2022/8/23

Your Name: Shuang Dong

Manuscript Title: Lung cancer with brain metastases remaining in continuous complete remission due to pembrolizumab and temozolomide: a case report

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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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/8/24 \_\_\_\_\_

Your Name: \_\_\_\_\_ Jing Tang \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Lung cancer with brain metastases remaining in continuous complete remission due to pembrolizumab and temozolomide: a case report \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/8/24 \_\_\_\_\_

Your Name: \_\_\_\_\_ Rong Xie \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Lung cancer with brain metastases remaining in continuous complete remission due to pembrolizumab and temozolomide: a case report \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/8/23 \_\_\_\_\_

Your Name: \_\_\_\_\_ Huijing Wu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Lung cancer with brain metastases remaining in continuous complete remission due to pembrolizumab and temozolomide: a case report \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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4	Consulting fees	__X__ None	

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## ICMJE DISCLOSURE FORM

Date: August 11, 2022

Your Name: Paul Hofman

Manuscript Title: Lung Cancer with Brain Metastases Remaining in Continuous Complete Remission due to Pembrolizumab and Temozolomide: A Case Report

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).		Thermo Fisher Scientist (USA); Biocartis (Belgium)
3	Royalties or licenses	<b>None</b>	
4	Consulting fees		Thermo Fisher Scientist; Biocartis; Amgen; Pfizer; AstraZeneca; Janssen; Roche; Eli Lilly; Abbvie

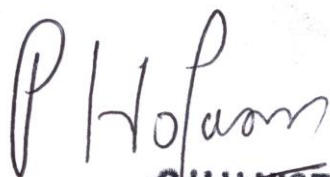
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		Thermo Fisher Scientist; Biocartis; Amgen; Pfizer; AstraZeneca; Janssen; Roche; Novartis; Bayer; BMS
6	Payment for expert testimony		
7	Support for attending meetings and/or travel		AstraZeneca; Janssen; Thermo Fisher Scientist; Biocartis
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:**

Grant and contracts: Thermo Fisher Scientist (USA); Biocartis (Belgium)  
 Consulting fees: Thermo Fisher Scientist; Biocartis; Amgen; Pfizer; AstraZeneca; Janssen; Roche; Eli Lilly; Abbvie  
 Honoraria for speakers bureau: Thermo Fisher Scientist; Biocartis; Amgen; Pfizer; AstraZeneca; Janssen; Roche; Novartis; Bayer; BMS  
 Support for travel: AstraZeneca; Janssen; Thermo Fisher Scientist; Biocartis

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.



~~CHU NICE~~  
Laboratoire de PATHOLOGIE  
CLINIQUE et EXPERIMENTALE  
Professeur P. HOFMAN  
Hôpital PASTEUR  
B.P. 69 06002 NICE - Cedex

## ICMJE DISCLOSURE FORM

Date: 2022/8/16  
 Your Name: Maciej M. Mrugala  
 Manuscript Title: Lung cancer with brain metastases remaining in continuous complete remission due to pembrolizumab and temozolomide: a case report  
 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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3	Royalties or licenses	<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	
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None

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## ICMJE DISCLOSURE FORM

Date: 2022/8/10

Your Name: Sheng Hu

Manuscript Title: Lung cancer with brain metastases remaining in continuous complete remission due to pembrolizumab and temozolomide: a case report

Manuscript number (if known): \_\_\_\_\_

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