to

Date:	2022/8/10)	
	ne: Xianm		
Manuscri	pt Title: Lung car	cer with brain metastas	ses remaining in continuous complete remission due to
		omide: a case report	
Manuscri	pt number (if known):		
In the int	erest of transparency.	we ask you to disclose all	relationships/activities/interests listed below that are
			ns any relation with for-profit or not-for-profit third
			the manuscript. Disclosure represents a commitment
to transp	arency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a
relations	hip/activity/interest, it	is preferable that you do	so.
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		o the author's relationship	os/activities/interests as they relate to the <u>current</u>
<u>manuscri</u>	<u>pt only</u> .		
The author	nr's relationshins/activ	vities/interests should be a	defined broadly. For example, if your manuscript pertains
	- ·	_	all relationships with manufacturers of antihypertensive
=		tion is not mentioned in t	•
	,		
In item #:	1 below, report all sup	port 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	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
1 1		Time frame: Since the initia	I planning of the work
	upport for the present uscript (e.g., funding,	XNone	
	ision of study materials,		
	ical writing, article		
	essing charges, etc.)		

Time frame: past 36 months

_X__None

_X__None

X__None

No time limit for this item.

Grants or contracts from

in item #1 above). Royalties or licenses

Consulting fees

any entity (if not indicated

2

5	5 Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
9	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			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	ase summarize the above co	nflict of interest in the follo	owing box:		
	lana				
'	None				

Date:	_ 2022/8/23	
Your Name:	Shuang Dong _	
Manuscript Title:	Lung cancer with	brain metastases remaining in continuous complete remission due to
pembrolizumab ar	nd temozolomide: a	case report
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)
		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.	XNone	
		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	5 Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
9	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			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	ase summarize the above co	nflict of interest in the follo	owing box:		
	lana				
'	None				

Date	e: 2022/8/2	4				
You	r Name: Jing 1	Tang				
pen	Manuscript Title: Lung cancer with brain metastases remaining in continuous complete remission due to pembrolizumab and temozolomide: a case report Manuscript number (if known):					
relate part	ted to the content of your r ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment lf you are in doubt about whether to list a so.			
	following questions apply touscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.			
	em #1 below, report all sup time frame for disclosure is	= = = = = = = = = = = = = = = = = = = =	d in this manuscript without time limit. For all other items,			
		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 initi	al 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.	XNone				
		Time frame: pas	t 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				

_X__None

Consulting fees

4

5	5 Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
9	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			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	ase summarize the above co	nflict of interest in the follo	owing box:		
	lana				
'	None				

Date:	2022/8/24	
Your Name:	Rong Xie	
Manuscript Title:	Lung cancer wit	h brain metastases remaining in continuous complete remission due to
pembrolizumab a	nd temozolomide:	a case report
Manuscript numbe	r (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 <u>current manuscript only</u>.

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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)
		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.	XNone	
		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	5 Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
9	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			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	ase summarize the above co	nflict of interest in the follo	owing box:		
	lana				
'	None				

Dat	e: 2022/8/23	3	
Υοι	ır Name: Huijir	ng Wu	
Ма	nuscript Title: Lung can	cer with brain metasta	ses remaining in continuous complete remission due to
pei	mbrolizumab and temozol	omide: a case report	•
•	nuscript number (if known):		
In t	he interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
rela	ated to the content of your m	nanuscript. "Related" mea	ans any relation with for-profit or not-for-profit third
par	ties whose interests may be	affected by the content o	f the manuscript. Disclosure represents a commitment
	-		If you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do	so.
The	following questions annly to	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
	nuscript only.	o the author's relationship	psy activities/interests as they relate to the <u>current</u>
The	author's relationships/activ	rities/interests should be	defined broadly. For example, if your manuscript pertains
to t	he epidemiology of hyperter	nsion, you should declare	all relationships with manufacturers of antihypertensive
me	dication, even if that medica	tion is not mentioned in t	he manuscript.
			d in this manuscript without time limit. For all other items,
the	time frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initia	al planning of the work
1	All support for the present	X None	an planning of the work
-	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

any entity (if not indicated

_X__None

_X__None

_X__None

5	5 Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
9	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			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	ase summarize the above co	nflict of interest in the follo	owing box:		
	lana				
'	None				

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	
2	Grants or contracts from		Thermo Fisher Scientist (USA); Biocartis (Belgium)
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
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 Payment for expert		Thermo Fisher Scientist; Biocartis; Amgen; Pfizer; AstraZeneca; Janssen; Roche; Novartis; Bayer; BMS
	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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

LECONSIDE CO PATHOLOGIE CLINIQUE et EXPERIMENTALE Professeur P. HOFMAN

Höpital PASTEUR B.P. 69 00002 NICE - Cedex

Date:	2022/8/16
Your Name:	Maciej M. Mrugala
• —	Lung cancer with brain metastases remaining in continuous complete remission due to nd temozolomide: a case report
Manuscript numbe	r (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)
		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.	XNone	
		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 honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
9	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		
12	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:			
	None			
'	None			

Date:	2022/8/10	
Your Name:	Sheng Hu	
pembrolizumab aı	Lung cancer with brain metastases remaining in continuous complete remission due temozolomide: a case report if known):	to
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5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
9	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		
12	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:			
	None			
'	None			