

ICMJE DISCLOSURE FORM

Date: 29 Sep 2022

Your Name: Naohiro Watanabe

Manuscript Title: Emerging therapies for non-small cell lung cancer harboring EGFR exon 20 insertion mutations

Manuscript number (if known): ATM-2022-56

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). | Janssen Oncology | Research grant for investigational study to institution |
| | | ONO Pharmaceutical | Research grant for investigational study to institution |
| | | Pfizer | Research grant for investigational study to institution |
| | | Dizal Pharma | Research grant for investigational study to institution |
| 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 | |

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

Dr Watanabe reports research funding from Janssen Oncology, ONO Pharmaceutical, Pfizer, and Dival Pharma outside the submitted work.

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 Sep 2022

Your Name: Yoshitsugu Horio

Manuscript Title: Emerging therapies for non-small cell lung cancer harboring EGFR exon 20 insertion mutations

Manuscript number (if known): ATM-2022-56

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. | <u> </u> X <u> </u> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Eli Lilly | Research grant for investigational study to institution |
| | | AbbVie | Research grant for investigational study to institution |
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| 3 | Royalties or licenses | <u> </u> X <u> </u> None | |
| | | | |
| 4 | Consulting fees | <u> </u> X <u> </u> 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 | |

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

Dr. Horio reports research funding from Eli Lilly and AbbVie pharmaceuticals outside the submitted work.

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 Sep 2022

Your Name: Yutaka Fujiwara

Manuscript Title: Emerging therapies for non-small cell lung cancer harboring EGFR exon 20 insertion mutations

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 | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Amgen | Research grant for investigational study to institution |
| | | AnHeart Therapeutics | Research grant for investigational study to institution |
| | | Bristol-Myers Squibb | Research grant for investigational study to institution |
| | | Chugai Pharmaceutical | Research grant for investigational study to institution |
| | | Eli Lilly | Research grant for investigational study to institution |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
| 5 | Payment or honoraria for lectures, presentations, | Amgen | honoraria for lectures |
| | | Astra Zeneca | honoraria for lectures |

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| | speakers bureaus, manuscript writing or educational events | Bristol-Myers Squibb | honoraria for lectures |
| | | Chugai Pharmaceutical | honoraria for lectures |
| | | Daiichi Sankyo | honoraria for lectures |
| | | Eli Lilly | honoraria for lectures |
| | | MSD | honoraria for lectures |
| | | Novartis | honoraria for lectures |
| | | ONO Pharmaceutical | honoraria for lectures |
| | | Pfizer | honoraria for lectures |
| | | Takeda | honoraria for lectures |
| | | Taiho | honoraria for lectures |
| | | Yakult | honoraria for lectures |
| 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 | Astra Zeneca | Advisory Board |
| | | Chiome Bioscience | Advisory Board |
| | | Daiichi Sankyo | Advisory Board |
| | | ONO Pharmaceutical | Advisory Board |
| | | Otsuka Pharmaceutical | 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 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 summarize the above conflict of interest in the following box:

Dr. Fujiwara reports personal fees from Astra Zeneca, personal fees from Daiichi Sankyo, personal fees from ONO Pharmaceutical, personal fees from Otsuka Pharmaceutical, grants and personal fees from Chugai Pharmaceutical, personal fees from Novartis, personal fees from Yakult, grants and personal fees from Bristol-Myers Squibb, personal fees from Pfizer, personal fees from Takeda, grants from AnHeart Therapeutics, grants and personal fees from Eli Lilly, personal fees from Chiome Bioscience, grants and personal fees from Amgen, personal fees from Taiho, personal fees from MSD, outside the submitted work;

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.