ICMJE DISCLOSURE FORM

Date: 2023-01-18 Your Name: Joanna Socha Manuscript Title: Is RAPCHEM on the right path to de-escalation? 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None			
	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 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:

I have no conflicts of interest.

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.

Signature (electronic): Joanna Socha

ICMJE DISCLOSURE FORM

Date: 30/01/2023 Your Name: Elżbieta Senkus Manuscript Title: Is RAPCHEM on the right path to de-escalation? 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None			
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None			
3	Royalties or licenses	Springer	personal		
4	Consulting fees	X None			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Cancérodigest, Curio Science, Egis, Eli Lilly, Exact Sciences, Gilead, high5md, MSD, Novartis, Pfizer	personal
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	Egis, Gilead, Novartis, Pfizer, Roche	personal
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca, Eli Lilly, Exact Sciences, Novartis, Oncompass Medicine	personal
10	Leadership or fiduciary role in other board, society, committee or advocacy	Stowarzyszenie Różowy Motyl	unpaid
	group, paid or unpaid		
11	Stock or stock options	AstraZeneca, Eli Lilly, Pfizer	
12	materials, drugs, medical	AstraZeneca, Eli Lilly	personal
	writing, gifts or other services		
13	Other financial or non- financial interests	Amgen, AstraZeneca, Eli Lilly, Novartis, OBI Pharma, Pfizer, Roche, Samsung	contracted research – personal and institutional

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.