ICMJE DISCLOSURE FORM						
Dat	Date: <u>July 26, 2021</u>					
Υοι	ır Name: Yukun Kuang					
Ma	nuscript Title: A rapid and o	durable response to caboza	antinib in an osimertinib-resistant lung cancer patient	with MET		
D12	228N mutation: a case repo	<u>rt</u>				
Ma	nuscript number (if known)):		-		
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer If you are in doubt about whether to list a o so.			
	following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to t me	he epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in t	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other i	sive		
the	time frame for disclosure i	s 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 initial	planning of the work			
L	All support for the present	None				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	nrocessing charges etc)	1				

5	Payment or honoraria for	None			
	lectures, presentations, speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
	•				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
10	Advisory Board	Mana			
10	Leadership or fiduciary role in other board, society,	None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
	·				
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
12	services	Nana			
13	Other financial or non- financial interests	None			
	ilitaticiai litterests				
Ple	Please summarize the above conflict of interest in the following box:				
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	D				

Dr. Kuang has nothing to disclose.		

	ICMJE DISCLOSURE FORM				
Da	te: <u>July 26, 2021</u>				
Yo	ur Name: <u>Jiyu Wang</u>				
Ma	nuscript Title: A rapid and o	durable response to caboza	antinib in an osimertinib-resistant lung cancer patient	with MET	
<u>D1</u>	228N mutation: a case repo	<u>rt</u>			
Ma	nuscript number (if known)	:		-	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" med e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer If you are in doubt about whether to list a o so.		
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to		ension, you should declare	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript.		
	item #1 below, report all su e time frame for disclosure i	-	d in this manuscript without time limit. For all other i	items,	
		Name all entities with	Specifications/Comments	1	
		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	planning of the work		
	All support for the present	None			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)	I		I	

		•			
5	Payment or honoraria for	None			
	lectures, presentations, speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
o	pending	None			
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	None			
13	financial interests	None			
	manda micresis				
Ple	Please summarize the above conflict of interest in the following box:				

Dr. Wang has nothing to disclose.		

Date:	<u>July 26, 2021</u>
Your N	lame: <u>Peihang Xu</u>
Manus	script Title: A rapid and durable response to cabozantinib in an osimertinib-resistant lung cancer patient with MET
D1228	N mutation: a case report
Manus	script 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 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.

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

Dr. Xu has nothing to disclose.		

Date: <u>July 26, 2021</u>	
Your Name: Yifan Zhen	g
Manuscript Title: A rapid a	nd durable response to cabozantinib in an osimertinib-resistant lung cancer patient with MET
D1228N mutation: a case r	<u>eport</u>
Manuscript number (if kno	wn):

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>.

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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
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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	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
_					
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment,	None			
12	materials, drugs, medical	NOTIE			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
-	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
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- 1					

Dr. Zheng has nothing to disclose.		

Date: _	<u>July 26, 2021</u>
Your Na	ame: <u>Lihong Bai</u>
Manuso	cript Title: A rapid and durable response to cabozantinib in an osimertinib-resistant lung cancer patient with MET
D1228N	l mutation: a case report
Manuso	cript 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 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.

		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.	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	Dayment or honoraria for	None			
Э	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
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8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
10	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Dla	Please summarize the above conflict of interest in the following boy:				

Dr. Bai has nothing to disclose.		

Date:	<u>July 26, 2021</u>
Your N	ame: Xue Sun_
Manus	ript Title: A rapid and durable response to cabozantinib in an osimertinib-resistant lung cancer patient with ME
D1228	I mutation: a case report
Manus	cript 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 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.	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	Dayment or honoraria for	None			
Э	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
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8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
10	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Dla	Please summarize the above conflict of interest in the following boy:				

Dr. Sun has nothing to disclose.		

Date:	<u>July 26, 2021</u>
Your N	Name: Zimu Li
Manu	script Title: A rapid and durable response to cabozantinib in an osimertinib-resistant lung cancer patient with MET
D1228	SN mutation: a case report
Manu	script 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 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.

		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.	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,	None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
0	Datanta ulammad iasuad an	Nene	
8	Patents planned, issued or pending	None	
	periumg		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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Ple	ase summarize the above co	onflict of interest in the fo	llowing box:

Dr. Li has nothing to disclose.		

Date: _	<u>July 26, 2021</u>
Your N	ame: RunJing Gan
Manus	cript Title: A rapid and durable response to cabozantinib in an osimertinib-resistant lung cancer patient with MET
D1228	N mutation: a case report
Manus	cript 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>.

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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)
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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,	None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or pending	None	
	periumg		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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Ple	ase summarize the above co	onflict of interest in the fo	llowing box:

Dr. Gan has nothing to disclose.		

Date:	<u>July 26, 2021</u>	
Your N	Name: <u>Huixia Li</u>	
Manu	script Title: A rapid and durable response to cabozantinib in an osimertinib-resistant lung cancer patient with M	ΕT
D1228	BN mutation: a case report	
Manu	script 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 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)
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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,	None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or pending	None	
	periumg		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
·			
Ple	ase summarize the above co	onflict of interest in the fo	llowing box:

Dr. Li has nothing to disclose.		

Date: _	<u>July 26, 2021</u>
Your N	ame: <u>Zunfu Ke</u>
Manus	cript Title: <u>A rapid and durable response to cabozantinib in an osimertinib-resistant lung cancer patient with MET</u>
D1228	N mutation: a case report
Manus	cript 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>.

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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)
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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	

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5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
0	pending	None		
	pending			
9	Participation on a Data	None		
9	Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
10	in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of Stock options	None		
12	Descipt of anylone ant	Mana		
12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	None		
13	financial interests	None		
	illianciai interests			
٠.				
Ple	Please summarize the above conflict of interest in the following box:			

Dr. Ke has nothing to disclose.		

Date: <u>July 26, 2021</u>
Your Name: Keiing Tang
Manuscript Title: A rapid and durable response to cabozantinib in an osimertinib-resistant lung cancer patient with ME
D1228N mutation: 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events				
6	Payment for expert	None			
	testimony				
-	<u> </u>				
7	Support for attending meetings and/or travel	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	None			
11	Stock of Stock options	None			
12	Receipt of equipment,	None			
12	materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
DIa	Diagon communication above conflict of interest in the following boys				

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

Dr. Tang has nothing to disclose.			

Please place an "X" next to the following statement to indicate your agreement: