

ICMJE DISCLOSURE FORM

Date: _____ 28th Nov
2022_____

Your Name: _____ Sola Adeleke_____

Manuscript Title: _____ Towards an Optimal Treatment Algorithm for
Metastatic Melanoma_____

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.

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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.

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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).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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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:

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.

ICMJE DISCLOSURE FORM

Date: _____ 28th Nov
2022 _____

Your Name: _____ **Somtochukwu Okoli** _____

Manuscript Title: _____ Towards an Optimal Treatment Algorithm for
Metastatic Melanoma _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 28th Nov
2022 _____

Your Name: _____ **Anojan Augustine** _____

Manuscript Title: _____ Towards an Optimal Treatment Algorithm
for Metastatic Melanoma _____

Manuscript number (if
known): _____

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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.	Yes	Will provide me with a potential publication that will help with my postgraduate application and progression as a current foundation year 1 doctor
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	____X None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	Yes	Will provide me with a potential publication that will help with my postgraduate application and progression as a current foundation year 1 doctor

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

<p>Will provide me with a potential publication that will help with my postgraduate application and progression as a current foundation year 1 doctor</p>

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ICMJE DISCLOSURE FORM

Date: _____ 28th Nov
2022 _____

Your Name: _____ **Joao Galante** _____

_____ Manuscript Title: _____ Towards an Optimal
Treatment Algorithm for Metastatic Melanoma _____

Manuscript number (if
known): _____

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Date: _____ 28th Nov
2022 _____

Your Name: _____ **Aayushi Agnihotri** _____

Manuscript Title: _____ Towards an Optimal Treatment Algorithm for
Metastatic Melanoma _____

Manuscript number (if known): _____

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Date: _____ 28th Nov
2022 _____

Your Name: _____ **Mario Uccello** _____

Manuscript Title: _____ Towards an Optimal Treatment Algorithm for
Metastatic Melanoma _____

Manuscript number (if known): _____

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Date: _____ 28th Nov
2022 _____

Your Name: _____ **Dr Aruni Ghose** _____

Manuscript Title: _____ Towards an Optimal Treatment Algorithm for
Metastatic Melanoma _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 28th Nov
2022 _____

Your Name: _____ **Dr Michele Moschetta** _____

Manuscript Title: _____ Towards an Optimal Treatment Algorithm for
Metastatic Melanoma _____

Manuscript number (if known): _____

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Dr Michele Moschetta declares no conflict of interest related to this work. Mr Moschetta is a Novartis employee and a shareholder.

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

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ICMJE DISCLOSURE FORM

Date: 10/04/23

Your Name: Dr. Stergios Boussios

Manuscript Title: Towards an Optimal Treatment Algorithm for Metastatic Melanoma

Manuscript number (if known): _____

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