

# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Rocco Morra

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

Manuscript number (if known): MED-22-10

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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:

None.
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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.

*Frederic A. O'Brien*

# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Antonio D'Ambrosio

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

Manuscript number (if known): MED-22-10

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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None.

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

*Antan N. Alhnan*

# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Erica Pietroluongo

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

Manuscript number (if known): MED-22-10

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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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	

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# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Pietro De Placido

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

Manuscript number (if known): MED-22-10

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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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# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Liliana Montella

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	



# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Vitantonio Del Deo

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

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

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	

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None.

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*Markano del De*

# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Marianna Tortora

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None
3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	<input checked="" type="checkbox"/> None

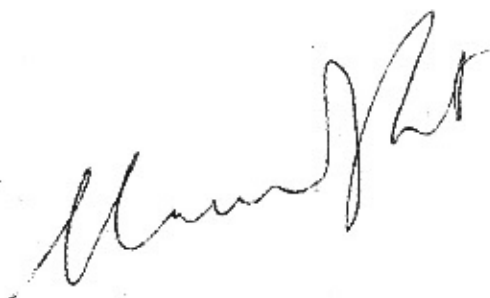
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> 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	
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# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Sabino De Placido Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

Manuscript number (if known): MED-22-10

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Celgene, Astrazeneca, Novartis, Pfizer, Roche	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Celgene, Astrazeneca, Novartis, Pfizer, Roche	
5	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
3	Patents planned, issued or pending	None	
3	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	
2	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:

Consulting or advisory Role: Celgene, Astrazeneca, Novartis, Pfizer, Roche  Speaker's Bureau: Celgene, Astrazeneca, Novartis, Pfizer, Roche
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Date: 12 April 2022

Your Name: Giovannella Palmieri

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

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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	
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*G. J. Hunter*

# ICMJE DISCLOSURE FORM

Date: 12 April 2022

Your Name: Mario Giuliano

Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic cancers

Manuscript number (if known): MED-22-10

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3	Royalties or licenses	None	
4	Consulting fees	Lilly, Celgene, Novartis, Pfizer	



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Lilly, Celgene, Novartis, Pfizer, Istituto Gentili, Eisai Europe Ltd, Roche	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Novartis, Pfizer, Roche	
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:**

Consulting or advisory Role:  
Lilly, Celgene, Novartis, Pfizer  
Speaker's Bureau:  
Lilly, Celgene, Novartis, Pfizer, Istituto Gentili, Eisai Europe Ltd, Roche  
Travel, accomadation, expenses:  
Novartis, Pfizer, Roche

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

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