D	ate: 12 April 2022		
Y	our Name: Rocco Morra		
N C	Manuscript Title: The Europ ancers	oean Reference Networ	k: the keystone for the management of rare thoracic
N	lanuscript number (if known):MED-22-10	
p	arties whose interests may b	manuscript. "Related" more affected by the content necessarily indicate a bia	all relationships/activities/interests listed below that are neans any relation with for-profit or not-for-profit third t of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
TI m	he following questions apply anuscript only.	to the author's relations	hips/activities/interests as they relate to the current
m	edication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e defined broadly. For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. ted in this manuscript without time limit. For all other items, Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
•	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.	XNone	
	Grants or contracts for	Time frame: pas	t 36 months
8	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	

Royalties or licenses

Consulting fees

X_None

X_None

5	Payment or honoraria for	_X_None	
	lectures, presentations,	None	
	speakers bureaus,		the state of the s
	manuscript writing or		
	educational events		· · · · · · · · · · · · · · · · · · ·
6	Payment for expert	_X None	A STATE OF THE PROPERTY OF THE
	testimony		
7	Support for attending	_X_None	
	meetings and/or travel		and the second of the second o
	Patents planned, issued or pending		
		V. Alexandra	
8		X_None	
	pending		
9		X None	
	Safety Monitoring Board or		
:	Advisory Board		
10		X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
2	Receipt of equipment,	X_None	
	materials, drugs, medical		The state of the s
	writing, gifts or other	ACCUSED PARES IN	40
	services		
3	Other financial or non-	X_None	
2	financial interests		- and the same of
1	Illigitadi mari		the state of the s

ase summance the	bove conflict of interest	 	 	
			200	
Vone.	41			
98				

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

froces alson

ICMJE DIS	SCLOSURE FORM
Date: <u>12 April 2022</u>	
Your Name: Antonio D'Ambrosio	
Manuscript Title: The European Reference Networ	k: the keystone for the management of rare thoracic
Manuscript number (if known):MED-22-10	
	s If you are in doubt a bound of
The following questions apply to the author's relations manuscript only.	hips/activities/interests as they relate to the current
The author's relationships/activities/interests should be to the epidemiology of hypertension, you should declar medication, even if that medication is not mentioned in	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
In item #1 below, report all support for the work report the time frame for disclosure is the past 36 months.	ed in this manuscript without time limit. For all other items,
Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., If payments were made to you or to your institution)

		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 initi	al 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.	XNone	
		Time frame: pas	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

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

Serton Molhon

None.	

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.

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
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 $\underline{\text{current}}$ manuscript only.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al 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.	XNone	
		Time frame: pas	t 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	XNone	

5	Payment or honoraria for		
	speakers bureaux	X None	
_	manuscript writing or educational events	11	5. 4.3 4. CM P. CM
i	Payment for expert testimony	X None	
	Support for attending meetings and/or travel	XNone	
-	5		
	Patents planned, issued or pending	X_None	
-			821
	Participation on a Data Safety Monitoring Board or	X_None	
0	Advisory Board		
J	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
1	Stock or stock options	_X None	
1	in source and		Experience of the second secon
_			
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
	Other financial or	X None	
	non-financial interests	A Hone	
		······································	

None.				
(a)	12 E	u.	87	

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

X_	I certif	y tha	t I have answered ev	ery question and have	not altered the wordin	g of any of t	hey	uestions on this	Š
1	form.					/	1		

Date: 12 April 2022
Your Name: Pietro De Placido
Manuscript Title: The European Reference Network: the keystone for the management of rare thoracic
cancers 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 <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.

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 entitles 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 initi	al 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.	X_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4.4.1.1.	Consulting fees		

5	Payment or honoraria for			
	lectures, presentations, speakers bureaus,	X_None		
	manuscript writing or educational events			
6	Payment for expert testimony	X None		
7	Support for attending meetings and/or travel	_X_None		
	J. H.			
8	Datasta plane a			
	Patents planned, issued or pending	X_None		
,	Participation on a Data	X None		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Safety Monitoring Board or Advisory Board			
0	Leadership or fiduciary role	X None		
	in other board, society, committee or advocacy group, pald or unpaid			
1	Stock or stock options	_X_None	2130 42 5 10 10 10 10 10	
1				<u> </u>
2	Receipt of equipment, materials, drugs, medical	X_None		
	writing, gifts or other services			
3	Other financial or	X_None		
	non-financial interests			
- 1				

ease summarize the	above conflic	t of interest in the fol	nowing pox:		
None.				_	
		28			

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

& Defol

Date: 12 April 2022

Your Name: Liliana Montella

N C:	Nanuscript Title: The Europ ancers	oean Reference Networ	k: the keystone for the management of rare thoracic
	lanuscript number (if knowr	n):MED-22-10	
pa to	erated to the content of your arties whose interests may b	r manuscript. "Related" m be affected by the content necessarily indicate a bia	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a
Tł m	ne following questions apply anuscript only.	to the author's relations	hips/activities/interests as they relate to the current
to m In	the epidemiology of hypert edication, even if that medi	tension, you should declar cation is not mentioned in opport for the work report	e defined broadly. For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. The manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit. For all other items, seed in this manuscript without time limit.
		Time frame: Since the initi	al planning of the work
	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: pas	* 25 manha
	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	at 30 months
	Royalties or licenses	X_None	
346	Consulting fees	XNone	

Payment or honoraria for	_X_None	
lectures, presentations,	1	
speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	X_None	
Support for attending meetings and/or travel	X_None	
	A	
Patents planned, issued or pending	X Nane	
Participation on a Data Safety Monitoring Spard or Advisory Board	_X_None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
Stock or stock options	X_None	
Receipt of equipment,	X_None	
materials, drugs, medical writing, gifts or other services		
Other financial or non-financial interests	X_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Spard or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options X None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or X None

ſ	41				
ı	None.				
1					
l					
ł					
ł	[1	 	 	

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.

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

Date: 12 April 2022

cancers

Your Name: Vitantonio Del Deo

٨	Aanuscript number (if know	n):MED-22-10	
p	arties whose interests may b	pe affected by the content necessarily indicate a bia	all relationships/activities/interests listed below that are neans any relation with for-profit or not-for-profit third t of the manuscript, Disclosure represents a commitment is. If you are in doubt about whether to list a do so.
n	he following questions apply nanuscript only.	to the author's relations	hips/activities/interests as they relate to the current
m	edication, even if that medi	cation is not mentioned in	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive n the manuscript. ted in this manuscript without time limit. For all other items,
		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 initi	al 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.	X_None	
2	Grants or contracts from	Time frame: pas XNone	t 36 months
	any entity (if not indicated in item #1 above).	000040000040000000000000000000000000000	
	Royalties or licenses	_X_None	
	Consulting fees	X_ None	

5	Payment or honoraria for	_X_None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
1	and of the second		
8	Patents planned, issued or pending	_X_None	
9 .	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X_None.	
	group, paid or unpaid		
11	Stock or stock options	X_None	9.43.4
4:			
2	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		-
13	Other financial or	X None	
	non-financial interests		

ione.			196		
				561	

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

Mirantano del Des

the keystone for the management of rare thoracic

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.

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 initi	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

-	The state of the s		
5.	Payment or honoraria for	X_None	
	speakers bureaus.	- Trone	
	manuscript writing or		80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	educational events	La companya di Santa da Cara d	
6	Payment for expert	X_None	
	testimony		
_			
	Support for attending	XNone	
	meetings and/or travel		
•			
	Patents planned, issued or	X_None	
	pending		
_	Participation on a Data	X_None	
	Safety Monitoring Board or	A None	
	Advisory Board		
)	Leadership or fiduciary role in other board, society, committee or advocacy	X_None	
		None	
	group, paid or unpaid		to the same of the
	Stock or stock options	_X_None	The state of the s
	Receipt of equipment,	X None	
	materials, drugs, medical	A_NONE	
	writing, gifts or other		
1	services		
	Other financial or	X None	
	non-financial interests		

None.					-1
1101121			*		
					3. 3

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.

Munder

Date: 12 April 2022

Your Name: Sabino De PlacidoManuscript 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 <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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al 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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
_	Consulting fees	Celgene, Astrazeneca,	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	Celgene, Astrazeneca, Novartis, Pfizer, Roche	
	manuscript writing or educational events		
	Payment for expert testimony	None	
The second second second	Support for attending meetings and/or travel	None	
	Patents planned, issued or pending	None	
	Participation on a Data Safety Monitoring Board or Advisory Board	None	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
	Stock or stock options	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
	Other financial or non- financial interests	None	

Consulting or advisory Role:	
Celgene, Astrazeneca, Novartis, Pfizer, Roche	
Speaker's Bureau:	
Celgene, Astrazeneca, Novartis, Pfizer, Roche	Control of the control of the second of the second

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.

Date: <u>12 April 2022</u>

Your Name: Giovannella Palmieri

	Manuscript Title: The Europ ancers Manuscript number (if known		k: the keystone for the management of rare thoracic
p	arties whose interests may b	manuscript. "Related" m e affected by the content necessarily indicate a bia	all relationships/activities/interests listed below that are leans any relation with for-profit or not-for-profit third t of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
n m	he following questions apply nanuscript only.	to the author's relations	hips/activities/interests as they relate to the current
m	edication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive n the manuscript. ted in this manuscript without time limit. For all other items,
		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 initi	al 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.	XNone	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

5	Payment or honoraria for	-γ	
	lectures, presentations,	XNone	
4	speakers bureaus,		
	manuscript writing or educational events	,	
6	Payment for expert		
	testimony	_X_None	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or pending	X_None	
,	Participation on a Data	_X_None	
:. •	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy group, paid or unpaid		
1	Stock or stock options	_X_None	
0	asset of acous operons		
2	Descript of actions and	X None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
1	services		
3	Other financial or	X None	
1	non-financial interests		

ione.		10		
	-			

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

Date: 12 April 2022

Your Name: Mario Giuliano

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

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)
		Time frame: Since the initi	al 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	
0.0000000000000000000000000000000000000		Time frame: pas	t 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	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	2007) 1317 (2007) 2001 (2007)
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	

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:

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

Ifmo