

ICMJE DISCLOSURE FORM

Date: Jan. 12th, 2022
 Your Name: Hajime Oi
 Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report
 Manuscript number (if known): PCM-21-55

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

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

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.

ICMJE DISCLOSURE FORM

Date: Jan 17, 2022

Your Name: Kiyotaka Yoh

Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report

Manuscript number (if known): PCM-21-55

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca	My institution
		Lilly	My institution
		Pfizer	My institution
		Daiichi sankyo	My institution
		Abbvie	My institution
		Taiho	My institution
		MSD	My institution
		Takeda	My institution
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	honoraria
		Bristol-Myers Squibb	honoraria
		Chugai	honoraria
		Daiichi sankyo	honoraria
		Janssen	honoraria
		Eli Lilly	honoraria
		Taiho	honoraria
		Novartis	honoraria
		Kyowa kirin	honoraria
		Boehringer Ingelheim	honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input 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 type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

K.Y. reports research support from AstraZeneca, Eli Lilly, Pfizer, Daiichi sankyo, Abbvie, Taiho, Takeda and MSD, and personal fees (honoraria) from AstraZeneca, Bristol-Myers Squibb, Chugai, Daiichi sankyo, Janssen, Eli Lilly, Taiho, Novartis, Kyowa kirin and Boehringer Ingelheim.

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.

ICMJE DISCLOSURE FORM

Date: Jan 17, 2022

Your Name: Shingo Matsumoto

Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report

Manuscript number (if known): PCM-21-55

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Chugai	My institution
		Novartis	My institution
		Eli Lilly	My institution

		Merck	My institution
		MSD	My institution
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	honoraria
		Chugai	honoraria
		Novartis	honoraria
		Pfizer	honoraria
		Eli Lilly	honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input 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	

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

S.M. reports research support from Chugai, Novartis, Eli Lilly, Merck and MSD, and personal fees (honoraria) from AstraZeneca, Chugai, Novartis, Pfizer and Eli Lilly.

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.

ICMJE DISCLOSURE FORM

Date: Jan 17, 2022
 Your Name: Hiroki Izumi
 Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report
 Manuscript number (if known): PCM-21-55

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Ono	honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input 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 type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

H.I. reports research support from Amgen and personal fees (honoraria) from Ono.

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: Jan 17, 2022
 Your Name: Yuji Shibata
 Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report
 Manuscript number (if known): PCM-21-55

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

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

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

Y.S. reports research support from MSD, and personal fees (honoraria) from Ono, Pfizer, Chugai, Novartis, Eli Lilly, Bristol-Myers Squibb, AstraZeneca and Taiho.

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: Jan 17, 2022

Your Name: Tetsuya Sakai

Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report

Manuscript number (if known): PCM-21-55

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chugai	honoraria
		AstraZeneca	honoraria
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	

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

T.S. reports personal fees (honoraria) from Chugai and AstraZeneca.

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: Jan 17, 2022

Your Name: Kaname Nosaki

Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report

Manuscript number (if known): PCM-21-55

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

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chugai	honoraria
		Takeda	honoraria
		Novartis	honoraria
		AstraZeneca	honoraria
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	

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

K.N. reports research support from Chugai and Takeda, and personal fees (honoraria) from Pfizer, Chugai, Takeda, Novartis and AstraZeneca.

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: Jan 17, 2022

Your Name: Yoshitaka Zenke

Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report

Manuscript number (if known): PCM-21-55

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca	My institution
		MSD	My institution
		Daiichi-Sankyo	My institution
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5		Pfizer	honoraria

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chugai	honoraria
		Takeda	honoraria
		AstraZeneca	honoraria
		Bristol-Myers Squibb	honoraria
		Ono pharmaceutical	honoraria
		Boheringer-Ingelheim	honoraria
		Taiho	honoraria
		Novartis	honoraria
		MSD	honoraria
		Eli Lilly	honoraria
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	

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

Y.Z. reports research support from AstraZeneca, MSD, Daiichi-Sankyo and personal fees (honoraria) from Pfizer, Chugai, Takeda, AstraZeneca, Bristol-Myers Squibb, Ono pharmaceutical, Boheringer-Ingelheim, Taiho, Novartis, MSD and Eli Lilly.

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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.

ICMJE DISCLOSURE FORM

Date: Jan 17, 2022

Your Name: Koichi Goto

Manuscript Title: KRAS G12V mutation as an acquired resistance mechanism after treatment with dabrafenib and trametinib in non-small cell lung cancer harbouring the BRAF V600E mutation: a case report

Manuscript number (if known): PCM-21-55

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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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer Ingelheim	My institution
		Bristol-Myers Squibb	My institution
		Chugai	My institution
		Daiichi sankyo	My institution
		Eisai	My institution

		Eli Lilly	My institution
		Guardant Health	My institution
		Janssen	My institution
		Kyowa Kirin	My institution
		Life Technologies Japan	My institution
		MSD	My institution
		Novartis	My institution
		Ono	My institution
		Otsuka	My institution
		Pfizer	My institution
		Taiho	My institution
		Takeda	My institution
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bristol-Myers Squibb	honoraria
		Chugai	honoraria
		Daiichi sankyo	honoraria
		Eisai	honoraria
		Eli Lilly	honoraria
		Haihe Biopharma	honoraria
		Ignyta	honoraria
		Janssen	honoraria
		KISSEI	honoraria
		Kyowa Kirin	honoraria
		LOXO Oncology	honoraria
		Medical & Biological Laboratories	honoraria
		Merck Biopharma	honoraria
		Merus	honoraria
		MSD	honoraria
		Ono	honoraria
		Pfizer	honoraria
		Sumitomo Dainippon Pharma	honoraria
		Shanghai Haihe	honoraria
		Sysmex Corporation	honoraria
		Taiho	honoraria
		Takeda	honoraria
		Xcoo	honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7		<input type="checkbox"/> X <input type="checkbox"/> None	

	Support for attending meetings and/or travel		
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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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	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

K.G. reports research support from Boehringer Ingelheim, Bristol-Myers Squibb, Chugai, Daiichi sankyo, Eisai, Eli Lilly, Guardant Health, Janssen, Kyowa Kirin, Life Technologies Japan, MSD, Novartis, Ono, Otsuka, Pfizer, Taiho and Takeda, and personal fees (honoraria) from Bristol-Myers Squibb, Chugai, Daiichi sankyo, Eisai, Eli Lilly, Haihe Biopharma, Ignyta, Janssen, KISSEI, Kyowa Kirin, LOXO Oncology, Medical & Biological Laboratories, Merck Biopharma, Merus, MSD, Ono, Pfizer, Sumitomo Dainippon Pharma, Shanghai Haihe, Sysmex Corporation, Taiho, Takeda, and Xcoo.

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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.