

ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: Marco Russano

Manuscript Title: Uncommon EGFR Mutations in Non-Small-Cell Lung Cancer

Manuscript number (if known): PCM-2021-UMLC-08(PCM-22-14)

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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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: 23 May 2022

Your Name: Giuseppe Perrone

Manuscript Title: Uncommon EGFR Mutations in Non-Small-Cell Lung Cancer

Manuscript number (if known): PCM-2021-UMLC-08(PCM-22-14)

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ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: Giuseppina Rita Di Fazio

Manuscript Title: Uncommon EGFR Mutations in Non-Small-Cell Lung Cancer

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ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: Alessandro Galletti

Manuscript Title: Uncommon EGFR Mutations in Non-Small-Cell Lung Cancer

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Your Name: Fabrizio Citarella

Manuscript Title: Uncommon EGFR Mutations in Non-Small-Cell Lung Cancer

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Date: 23 May 2022

Your Name: Valentina Santo

Manuscript Title: Uncommon EGFR Mutations in Non-Small-Cell Lung Cancer

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Your Name: Leonardo Brunetti

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Your Name: Alessia Vendittelli

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Date: 23 May 2022

Your Name: Bruno Vincenzi

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Date: 23 May 2022

Your Name: Giuseppe Tonini

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Date: 23 May 2022

Your Name: Daniele Santini

Manuscript Title: Uncommon EGFR Mutations in Non-Small-Cell Lung Cancer

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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	
13	Other financial or non-financial interests	<input checked="" 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:

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