Date:	_11/07/2022
Your Name:	FRANCESCA PARISI
Manuscript 7	Title:
Manuscript i	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 <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined</u> <u>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,

		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)
	Ti	me frame: Since the initia	I 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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	

3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	xNone	

NO Conflict of interest			

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.

D - 1	
Date: 03/03/2022	

Your Name: Giovanni Rossi

Manuscript Title: Current state of art of diagnosis and treatment of ROS1-rearranged non-small

cell lung cancer

Manuscript number	(if known):_	
•	, , -	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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.	xNone	

		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis Bristol-Myers-Squibb Roche	Merck Sharp and Dohme Amgen Astrazeneca
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	xNone	

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

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

Date: 2022, July 14th

Your Name: Federica Biello

Manuscript Title: Current state of the art on the diagnosis and treatment of ROS1-rearranged non-small cell

lung cancer

Manuscript number PCM-22-6

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

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manuscript only.

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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)
	Ti	me frame: Since the initia	I 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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	

3	Royalties or licenses	xNone
4	Consulting fees	_xNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	_xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone
13	Other financial or non- financial interests	xNone

No conflict of Interest related to the content of this manuscript

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:02/03/2022	
Your Name:Marco Tagliamento_	
Manuscript Title:	
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

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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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,

		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)
	Ti	me frame: Since the initia	I 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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	

3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	
5	Payment or honoraria for	Novartis, Amgen	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	No. No.	
0	testimony	_xNone	
	testimony		
7	Support for attending	Roche, Bristol-Myers	
′	meetings and/or travel	Squibb, AstraZeneca,	
	meetings and/or traver	Takeda	
		1 4.10 44	
8	Detents planned issued	N. N.	
°	Patents planned, issued or pending	_xNone	
	or pending		
9	Participation on a Data	x None	
	Safety Monitoring Board	_xNone	
	or Advisory Board		
10	Leadership or fiduciary	x None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	M	
12	materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

Travel grants: Roche, Bristol-Myers Squibb, AstraZeneca, Takeda. Honoraria as m Amgen. None related to the current manuscript.	nedical writer: Novartis,

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:_02/03/2022	
Your Name:_Giulia Barletta	_
Manuscript Title:_ Current State of art of diagnosis and treatment of ROS_1- rearranged nor	า small cell
lung cancer	
Manuscript number (if	
known):None	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from	xNone	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	_Yes Boeringher Inghelaim and astrazeneca	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Yes (Bristol, Astrazeneca, Roche)	
6	Payment for expert testimony	_xNone	
7	Support for attending meetings and/or travel	Yes (Roche , Astrazeneca, Pierre- Fabre)	
8	Patents planned, issued	_xNone	
	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	Yes (Boeringher; Astrazeneca, Pierre Fabre)	
10	Leadership or fiduciary role in other board,	_xNone	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_xNone	
13	services Other financial or non-	_xNone	
10	financial interests	_xNone	

	9

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.

Data	10	Lily	2022
Date:	13	July	2022

Your Name: Lodovica Zullo

Manuscript Title: Current state of the art on the diagnosis and the role of target therapy for treatment of

ROS1-rearranged non-small cell lung cancer. A Narrative Review.

Manuscript number (if known):_____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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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.

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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)
	Ti	me frame: Since the initia	l 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: past	36 months
2	Grants or contracts from any entity (if not indicated	xNone	

	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	
5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
	moding ana/or navor		
8	Patents planned, issued	xNone	
	or pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	x_None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

I have no conflict of interest		

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.

	te: <u>4</u> 2.07.202	2		
	ur Name: EUGENI	A CEUA		
	anuscript Title:	PRENT STATE OF	THE ART ON THE DIAGNOSIS AND THE LOVE OF	
Ma	nuscript number (if known)	:	ALGO	2
In the relation of the relations of the	the interest of transparency ated to the content of your ties whose interests may be transparency and does not rationship/activity/interest, at following questions apply nuscript only.	, we ask you to disclose a manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh	THERM TREATMENT POST TREATMENT POST TREATMENT POST TREATMENT POST POST POST POST POST POST POST POS	ry CF N.
me	the epidemiology of hyperto edication, even if that medic	ension, you should declard ation is not mentioned in pport for the work report	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. 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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initia	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		
		the state of the s		

Time frame: past 36 months

None

None

None

2

3

4

Grants or contracts from

any entity (if not indicated

in item #1 above).

Consulting fees

Royalties or licenses

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	

I HAVE NO	CONFLICT	OF INTEREST	
		Depoutella	

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.

Date: 18/07/202

Your Name: Gianluca Sacco

Manuscript Title: Current state of the art on the diagnosis and the role of target therapy for treatment of

ROS1-rearranged non-small cell lung cancer. A Narrative Review.

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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manuscript only.

The author's relationships/activities/interests should be <u>defined</u> <u>broadly</u>. For example, if your manuscript pertains

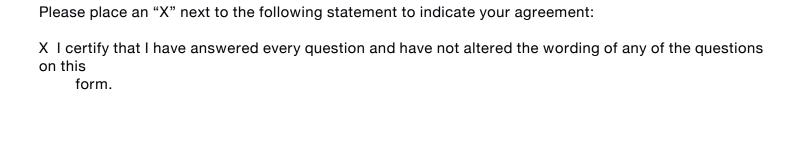
to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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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)
	Ti	me frame: Since the initia	I 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: past	36 months
2	Grants or contracts from	x_None	

	any entity (if not indicated	
3	in item #1 above). Royalties or licenses	v. Nana
S	3 Royalties of licenses	xNone
4	Consulting fees	xNone
5	Payment or honoraria for	xNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	xNone
	testimony	
7	Support for attending	x None
•	meetings and/or travel	XNone
	-	
8	Patents planned, issued	xNone
	or pending	
9	Participation on a Data	x None
9	Safety Monitoring Board	_xNone
	or Advisory Board	
10	Leadership or fiduciary	x_None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	x_None
10	Description to the second	
12	Receipt of equipment, materials, drugs, medical	xNone
	writing, gifts or other	
	services	
13	Other financial or non-	_xNone
	financial interests	

I have not any conflict of interest to declare.



Date: 03/03/2022

Your Name: Chiara Dellepiane

Manuscript Title: Current state of art of diagnosis and treatment of ROS1-rearranged non-small

cell lung cancer

	Manuscript number	known):
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In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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	Ti	me frame: Since the initia	I 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: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca Bristol-Myers-Squibb Roche	Merck Sharp and Dohme
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_xNone	

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

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

Date:21/7/2022
Your Name:Elisa Bennicelli
Manuscript Title:_ "Current state of the art on the diagnosis and treatment of ROS1-rearranged non-small cell lung
cancer".
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 <u>current manuscript only</u>.

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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.

		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.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	Bristol-Myers Squibb	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	Bristol-Myers Squibb, MSD	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	No. 1	
11	Stock or stock options	XNone	
12	Descript of any investor	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

Travel grants: Bristol-Myers Squibb, MSD. Honoraria for educational events: Bristol-Myers Squibb. None related to the current manuscript.	

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.

Si. Ospedala Polichinico San Marti-

Date: 21/7/22

Your Name: Diletta Favero

Manuscript Title: Current state of the art on the diagnosis and treatment of ROS1-rearranged non-small cell lung cancer

Manuscript number (if known): PCM-22-6

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastxNonexNone	36 months
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone
6	Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone
13	Other financial or non- financial interests	xNone
Ple	ease summarize the above co	nflict 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.

Date: 12/07/2022

Your Name: Angela Alama

Manuscript Title: Current state of the art on the diagnosis and the role of target therapy for treatment of

ROS1-rearranged non-small cell lung cancer. A Narrative Review.

Manuscript number (if known): PCM-22-6

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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.

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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)
	Ti	me frame: Since the initia	l 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: past	36 months
2	Grants or contracts from any entity (if not indicated	x_None	

_	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	
•		X_NONE	
5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
_			
7	Support for attending meetings and/or travel	x_None	
	meetings and/or traver		
8	Patents planned, issued	x_None	
	or pending		
_			
9	Participation on a Data Safety Monitoring Board	x_None	
	or Advisory Board		
10	Leadership or fiduciary	x_None	
	role in other board,	<u></u>	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	x_None	
		X_ITOTIO	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	x_None	
	services		
13	Other financial or non-	x_None	
	financial interests		

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: 12th July 2022 Your Name: Simona Coco

Manuscript Title: Current state of the art on the diagnosis and the role of target therapy for treatment of

ROS1-rearranged non-small cell lung cancer. A Narrative Review.

Manuscript number (if known): PCM-22-6

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	Time frame: past 36 months					
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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	X_NOTIC	
6	Payment for expert	x_None	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel	X_NOTIC	
8	Patents planned, issued	x_None	
	or pending	A	
_	D. P. Carlos Bala		
9	Participation on a Data Safety Monitoring Board	x_None	
	or Advisory Board		
10	Leadership or fiduciary	x_None	
	role in other board, society, committee or advocacy group, paid or		
11	unpaid	N	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	x_None	
	services		
13	Other financial or non- financial interests	x_None	
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FIE	ease summarize the abo	ve commet of interest in	the following box.

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

form.

Date: 12/07/2022

Your Name: Silvia Marconi

Manuscript Title: Current state of the art on the diagnosis and the role of target therapy for treatment of

ROS1-rearranged non-small cell lung cancer. A Narrative Review.

Manuscript number (if known):PCM-22-6

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	x_None	

_	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	
•	Consuming 1000	X_IVOIIC	
5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	x_None	
	meetings and/or traver		
8	Patents planned, issued	x_None	
	or pending		
9	Participation on a Data	x_None	
J	Safety Monitoring Board	X_NOTIE	
	or Advisory Board		
10	Leadership or fiduciary	x_None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical	x_None	
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

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

form.

Date:	_21/07/2022
Your Name:	LINDA ZINOLI
Manuscript Titl	e: Current state of the art on the diagnosis and treatment of ROS1-rearranged non-small cell lung
cancer	
Manuscript nur	mber (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 <u>current</u> <u>manuscript only</u>.

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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	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	30 months
	any entity (if not indicated	X_None	
	in item #1 above).		
3	Royalties or licenses	X None	The state of the s
		·	
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	_X_None	
	testimony		
7	Support for attending	X_None	
	meetings and/or travel		
	1.		
8	Data da alamanda		
ð	Patents planned, issued or	X_None	
	pending		
9	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		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical writing, gifts or other	^_None	
	services		
13	Other financial or non-	V N	
13		X_None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the follo	wing box:

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

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Your Name: Enrica Teresa Tanda

Manuscript Title: Current state of art of diagnosis and treatment of ROS1-rearranged non-small

cell lung cancer

	Manuscript number	known):
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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)
	Ti	me frame: Since the initia	I 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: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations,	Merck Sharp and Dohme	Sanofi
	speakers bureaus, manuscript writing or educational events	Bristol-Myers-Squibb	Novartis
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
13	Other financial or non- financial interests	xNone	

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

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	ate:13/JUL/2 our Name:ERIk			
Ma tre	lanuscript Title: Curre	ent state of the art on ed non-small cell lun	the diagnosis and the role of target therapy f g cancer. A Narrative Review	
	n the interest of transparence nat are	cy, we ask you to disc	lose all relationships/activities/interests listed	below
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•	arties whose interests may ommitment	be affected by the co	ntent of the manuscript. Disclosure represents	а
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<u>cu</u>	he following questions appl urrent nanuscript only.	y to the author's relat	ionships/activities/interests as they relate to th	ne
	he author's relationships/ac ertains	ctivities/interests sho	uld be <u>defined broadly</u> . For example, if your ma	nuscript
to	the epidemiology of hyper		eclare all relationships with manufacturers of on is not mentioned in the manuscript.	
otł	ther items,		ported in this manuscript without time limit. F	or all
the	ne time frame for disclosure	e is the past 36 month	S.	
		lame all entities with	Specifications/Comments	
	re	whom you have this elationship or indicate	(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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	xNone	

	in item #1 above).		
3	Royalties or licenses	_x_None	
4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations,	BMS, MSD, ASTRAZENECA,ROCHE	Made to me
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	x_None	
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8	Patents planned, issued	x_None	
	or pending		
9	Double in a black on a Data	CANOEY	Madatawa
9	Participation on a Data Safety Monitoring Board	SANOFY	Made to me
	or Advisory Board		
10	Leadership or fiduciary	x None	
	role in other board,	XNONC	
	society, committee or		
	advocacy group, paid or		
44	unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	y None	
12	materials, drugs, medical	x_None	
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

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HONORARIA from: BMS, MSD, ASTRAZENECA, ROCHE ADVISORY BOARDS: SANOFI

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.
Cifeu Frilo ERIKA RIJAVEC

Da	te:	18/07/2022		
Yo	ur Name:Paol	lo pronzato		
Manuscript Title: Current state of the art on the diagnosis and the role of target therapy for treatment of				
R	DS1-rearranged non-sm	all cell lung cancer. A N	Narrative Review.	
Ma	anuscript number (if kno	wn):PCM 22-6		
	the interest of transpare at are	ncy, we ask you to disc	close all relationships/activities/interests listed b	pelow
rel thi		our manuscript. "Relate	d" means any relation with for-profit or not-for-	profit
•	rties whose interests ma mmitment	ay be affected by the co	ntent of the manuscript. Disclosure represents	a
to		_	e a bias. If you are in doubt about whether to list	t a
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	e following questions ap <u>rrent</u>	oply to the author's relat	tionships/activities/interests as they relate to th	е
<u>ma</u>	anuscript <u>only</u> .			
		'activities/interests sho	uld be <u>defined broadly</u> . For example, if your mar	nuscript
•	rtains the epidemiology of byp	portonsion you should s	leclare all relationships with manufacturers of	
			on is not mentioned in the manuscript.	
an	intypertensive inedication	m, even ii that inculcati	on is not mentioned in the mandsoript.	
In	item #1 below, report all	support for the work re	eported in this manuscript without time limit. For	or all
	ner items,		, , , , , , , , , , , , , , , , , , ,	
the	e time frame for disclosu	re is the past 36 month	S.	
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		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	institution)	
		needed)		
	Ti	ime frame: Since the initia	l planning of the work	
1	All support for the	_x_None		
	present manuscript (e.g.,			
	funding, provision of			
	study materials, medical			

Time frame: past 36 months

None

X

writing, article processing

Grants or contracts from

any entity (if not indicated

in item #1 above).

No time limit for this

charges, etc.)

item.

2

3	Royalties or licenses	_xNone
4	Consulting fees	_xNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_x_None
6	Payment for expert testimony	_xNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_x_None
13	Other financial or non- financial interests	_xNone
Ple	ease summarize the abo	ve conflict of interest in the following box:

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.

Date:	03/03/2022	
Daie.	00/00/2022	

Your Name: Carlo Genova

Manuscript Title: Current state of art of diagnosis and treatment of ROS1-rearranged non-small

cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	xNone	
4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca Bristol-Myers-Squibb Roche	Merck Sharp and Dohme thermofisher
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

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