

ICMJE DISCLOSURE FORM

Date: Oct 11th 2023

Your Name: Fran Seiwerth

Manuscript Title: The role of immunotherapy in neoadjuvant treatment of non-small-cell lung cancer – a narrative review

Manuscript number (if known): ASJ-23-15-R1

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

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

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

FS has received lecture honoraria from Roche, MSD, Astra Zeneca, Amgen, Takeda and travel grants from MSD and Takeda.

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: Oct 102023

Your Name: Lela Bitar

Manuscript Title: The role of immunotherapy in neoadjuvant treatment of non- small- cell lung cancer – a narrative review

Manuscript number (if known): ASJ-23-15-R1

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

Honoraria for lectures

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.

Dieter

ICMJE DISCLOSURE FORM

Date: OCT 09th, 2023

Your Name: Jelena Knezevic

Manuscript Title: The role of immunotherapy in neoadjuvant treatment of non-small-cell lung cancer – a narrative review

Manuscript number (if known): ASJ-23-15

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

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

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

The author JK declares no conflict of interest.

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: Oct. 09, 2023

Your Name: Goran Madzarac

Manuscript Title: "The role of immunotherapy in neoadjuvant treatment of non- small- cell lung cancer – a narrative review"

Manuscript number (if known): ASJ-23-15

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).	__X__ None	
3	Royalties or licenses	__X__ None	

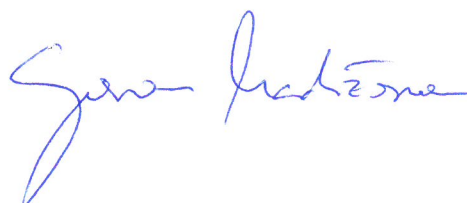
4	Consulting fees	Astra Zeneca	Personal payment
		Roche	Personal payment
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca	Personal payment
		Roche	Personal payment
		Merck Sharp & Dohme	Personal payment
6	Payment for expert testimony	<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:

The author received consulting fees from Astra Zeneca and Roche.
The author received payment for lectures from Astra Zeneca, Roche and Merck Sharp & Dohme.

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: October 09, 2023

Your Name: Miroslav Samarzija

Manuscript Title: The role of immunotherapy in neoadjuvant treatment of non-small-cell lung cancer – a narrative review

Manuscript number (if known): **ASJ-23-15**

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

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__AstraZeneca, Roche, MSD, Pfizer, Novartis, Amgen, Boehringer Ingelheim, BMS	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	AstraZeneca, Roche, MSD,	
8	Patents planned, issued or pending	__X__ None	
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	President of Croatian Thoracic Society	
11	Stock or stock options	__X__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__ None	
13	Other financial or non-financial interests	__X__ None	

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

MS have received honoraria for lectures from AstraZeneca, Roche, MSD, Pfizer, Novartis, Amgen, Boehringer Ingelheim, BMS, travelers grants from AstraZeneca, Roche, MSD and is president of Croatian Thoracic Society

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.

OCT 10 2023
Sawarziye

ICMJE DISCLOSURE FORM

Date: October 09, 2023

Your Name: Marko Jakopovic

Manuscript Title: The role of immunotherapy in neoadjuvant treatment of non-small-cell lung cancer – a narrative review

Manuscript number (if known): ASJ-23-15

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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	__X__ None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	__AstraZeneca, Roche, MSD, Pfizer, Novartis,	

	speakers bureaus, manuscript writing or educational events	Amgen, Boehringer Ingelheim, BMS	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	AstraZeneca, Roche, MSD,	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	President of Croatian Thoracic Society	
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:

MJ have received honoraria for lectures from AstraZeneca, Roche, MSD, Pfizer, Novartis, Amgen, Boehringer Ingelheim, BMS, travelers grants from AstraZeneca, Roche, MSD and is General Secretary of Croatian Thoracic Society

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.

OCT 10 2024

Jakovic