

ICMJE DISCLOSURE FORM

Date: __ _6/05/21

Your Name: Tim Ellis-Caleo

Manuscript Title: The role of ramucirumab with docetaxel in EGFR mutant and wild-type NSCLC

Manuscript number (if known): JTD-21-557

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.	___ None	
Time frame: past 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	___ None	

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

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: May 27, 2021

Your Name: Joel Neal

Manuscript Title: The role of ramucirumab with docetaxel in EGFR mutant and wild-type NSCLC

Manuscript number (if known): JTD-21-557

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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Genentech/Roche	Researching Funding to Institution
		Merck	Researching Funding to Institution
		Novartis	Researching Funding to Institution
		Boehringer Ingelheim	Researching Funding to Institution
		Exelixis	Researching Funding to Institution
		Nektar Therapeutics	Researching Funding to Institution
		Takeda Pharmaceuticals	Researching Funding to Institution
		Adaptimmune	Researching Funding to Institution
		GSK	Researching Funding to Institution

		Janssen	Researching Funding to Institution
		AbbVie	Researching Funding to Institution
3	Royalties or licenses	Up To Date	Royalties
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CME Matters	CME Honoraria
		Clinical Care Options	CME Honoraria
		Research to Practice	CME Honoraria
		Medscape	CME Honoraria
		Biomedical Learning Institute	CME Honoraria
		MLI Peerview	CME Honoraria
		Prime Oncology	CME Honoraria
		Projects in Knowledge	CME Honoraria
		Rockpointe	CME Honoraria
		MJH Life Sciences	CME Honoraria
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca	Advisory Board
		Genentech/Roche	Advisory Board
		Exelixis	Advisory Board
		Jounce Therapeutics	Advisory Board
		Takeda Pharmaceuticals	Advisory Board
		Eli Lilly and Company	Advisory Board
		Calithera Biosciences	Advisory Board
		Amgen	Advisory Board
		Iovance Biotherapeutics	Advisory Board
		Blueprint Pharmaceuticals	Advisory Board
		Regeneron Pharmaceuticals	Advisory Board
		Natera	Advisory Board
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	

Please summarize the above conflict 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.