Date:	12/29/2021
Your Name:	Dr.Olivia Lauk
Manuscript Title:	Proposal for a new local recurrence score in patients with recurrent malignant pleural mesothelioma
Manuscript Number (if known):	JTD-21-1628-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 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.

		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.) <b>No time limit for this item.</b>	None	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., ifrelationship or indicate none (add rows as needed)made to you or to your institution	
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	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	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:\_\_\_\_Dez. 24<sup>th</sup>, 2021\_\_\_\_ Your Name: Thomas Neuer Manuscript Title: Proposal for a new local recurrence score in patients with recurrent malignant pleural mesothelioma 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</u> <u>manuscript only</u>.

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

the time frame for disclosure is the past 36 months.

	Time	Name all entities with whom you have this relationship or indicate none (add rows as needed) frame Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work
	Time	Trame: Since the Initia	a planning of the work
1	All support for the present manuscript (e.g., funding, provision of study	X_None	
	materials, medical		
	writing, article processing charges,		
	etc.)		
	No time limit for this item.		
		Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

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

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.

Date:	12/31/2021
Your Name:	Bianca Battilana
Manuscript Title:	Proposal for a new local recurrence score in patients with recurrent malignant pleuralmesothelioma
Manuscript Number (if known):	Click or tap here to enter text.

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		Name all entities with whom you have thisSpecifications/Commerelationship or indicate none (add rows as needed)made to you or to you	ents (e.g., if payments were r 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 Click the tab key to add addit	onal rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑         None           □         □           □         □	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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           □         □           □         □	

		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)
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	
Plea 🖂	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.		

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		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.) <b>No time limit for this item.</b>	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	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone 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	

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.

Date:	12/29/2021
Your Name:	Dr.Katarzyna Furrer
Manuscript Title:	Proposal for a new local recurrence score in patients with recurrent malignant pleural mesothelioma
Manuscript Number (if known):	JTD-21-1628-R1.

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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.) <b>No time limit for this item.</b>	None	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., ifrelationship or indicate none (add rows as needed)made to you or to your institution	
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	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:			

Date:	12/29/2021
Your Name:	Prof.Walter Weder
Manuscript Title:	Proposal for a new local recurrence score in patients with recurrent malignant pleural mesothelioma
Manuscript Number (if known):	JTD-21-1628-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.

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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	g 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	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None         Astra Zeneca         Covidien (Medtronic)	Advisorv Board & Speaker Teaching Grant & Speaker
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     Astra Zeneca     Covidien (Medtronic)	Advisorv Board & Speaker Teaching Grant & Speaker
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	None         Astra Zeneca         Covidien (Medtronic)	Advisorv Board & Speaker Teaching Grant & Speaker
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	

		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)
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	
Ast	Please place an "X" next to the following statement to indicate your agreement:         Astra Zeneca: Advisorv Board & Speaker         Covidien (Medtronic): Teaching Grant & Speaker         I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:\_\_\_\_Feb. 25<sup>th</sup>, 2021\_\_\_\_ Your Name:\_\_\_Masaki Hashimoto\_\_ Manuscript Title:\_\_ Proposal for a new local recurrence score in patients with recurrent malignant pleural mesothelioma\_\_\_\_ Manuscript number (if known):\_\_\_\_

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		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.) <b>No time limit for this item.</b>	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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Current for attanding	V. None	
7	Support for attending meetings and/or travel	XNone	
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		
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		

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.

Date: 22.12.2021

Your Name: Isabelle Opitz

Manuscript Title: Proposal for a new local recurrence score in patients with recurrent malignant pleural mesothelioma Manuscript number (if known):

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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.) <b>No time limit for this item.</b>	Work on the project was in part funded by Swiss National Science Foundation (PP00P3_159269).	

		Time frame: pas	t 36 months
2	Grants or contracts from	Roche	Institutional grant
2	any entity (if not indicated	Medtronic	Institutional grant
	in item #1 above).	Weatronie	
3	Royalties or licenses	X None	
5	Royanies of neerises		
4	Consulting fees	X None	
-			
5	Payment or honoraria for	Roche	Speakers fee
-	lectures, presentations,	AstraZeneca	Speakers fee
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	AstraZeneca	Advisory Board
9	Safety Monitoring Board or	MSD	Advisory Board
	Advisory Board		
10	Leadership or fiduciary role	ESTS	Treasurer and President Elect, Program Committee
10	in other board, society,		
	committee or advocacy	IASLC	Program Committee
	group, paid or unpaid	ISHLT	Program Committee
14		V. Nana	
11	Stock or stock options	XNone	
4.5			
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

The author received institutional grants from Roche and Medtronic and speakers' fees from Roche and AstraZeneca. She is on Advisory Boards of AstraZeneca and MSD. She is Treasurer and President Elect for ESTS and in the Program Committee of ESTS, IASLC and ISHLT.

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.