

ICMJE DISCLOSURE FORM

Date: 04/24/2023

Your Name: Sophia Gilardone

Manuscript Title: **Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation**

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

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.

ICMJE DISCLOSURE FORM

Date: 08/16/2023

Your Name: Ram Thapa

Manuscript Title: **Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation**

Manuscript number (if known): _____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> <u> </u> <u>x</u> <u> </u> None	
3	Royalties or licenses	<u> </u> <u> </u> <u>x</u> <u> </u> None	
4	Consulting fees	<u> </u> <u> </u> <u>x</u> <u> </u> None	

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

None to disclose

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

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ICMJE DISCLOSURE FORM

Date: 04/10/2023

Your Name: Jose Laborde

Manuscript Title: **Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation**

Manuscript number (if known): _____

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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: 7/23/2023

Your Name: Michael Shafique, MD

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript Number (if known): [Click or tap here to enter text.]

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">Daiichi Sankyo/Lilly</td><td style="width: 40%;">Self</td></tr> <tr><td style="height: 20px;">Merck Serono</td><td>Institution</td></tr> <tr><td style="height: 20px;">Vaccinex</td><td>Institution</td></tr> <tr><td style="height: 20px;">Nektar</td><td>Institution</td></tr> <tr><td style="height: 20px;">Amphivena</td><td>Institution</td></tr> <tr><td style="height: 20px;">Pfizer</td><td>Institution</td></tr> </table>	Daiichi Sankyo/Lilly	Self	Merck Serono	Institution	Vaccinex	Institution	Nektar	Institution	Amphivena	Institution	Pfizer	Institution
Daiichi Sankyo/Lilly	Self													
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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 type="checkbox"/> None	
		Jazz Pharmaceuticals	Advisory Board
		GlaxoSmithKline	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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	<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 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: 3/6/2023

Your Name: Andreas Saltos, MD

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript Number (if known): [Click or tap here to enter text.]

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 70%;">Genentech</td><td>To my institution</td></tr> <tr><td>Genmab</td><td>To my institution</td></tr> <tr><td>Turning Point Therapeutics</td><td>To my institution</td></tr> <tr><td>Novartis</td><td>To my institution</td></tr> <tr><td>Eli Lilly</td><td>To my institution</td></tr> <tr><td>Memgen</td><td>To my institution</td></tr> <tr><td>Mersana</td><td>To my institution</td></tr> <tr><td>BioAtla</td><td>To my institution</td></tr> <tr><td>AstraZeneca</td><td>To my institution</td></tr> <tr><td>Daiichi Sankyo</td><td>To my institution</td></tr> </table>	Genentech	To my institution	Genmab	To my institution	Turning Point Therapeutics	To my institution	Novartis	To my institution	Eli Lilly	To my institution	Memgen	To my institution	Mersana	To my institution	BioAtla	To my institution	AstraZeneca	To my institution	Daiichi Sankyo	To my institution
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Daiichi Sankyo	To my institution																					

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: none;">MJH Life Sciences</td> <td style="width: 50%; border-bottom: none;">Honoraria</td> </tr> <tr> <td style="border-top: none;">HMP Global</td> <td style="border-top: none;">Honoraria</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	MJH Life Sciences	Honoraria	HMP Global	Honoraria					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: none;">Daiichi Sankyo</td> <td style="width: 50%; border-bottom: none;">Advisory Board</td> </tr> <tr> <td style="border-top: none;">Eli Lilly</td> <td style="border-top: none;">Advisory Board</td> </tr> <tr> <td style="border-top: none;">Zymeworks</td> <td style="border-top: none;">Advisory Board</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Daiichi Sankyo	Advisory Board	Eli Lilly	Advisory Board	Zymeworks	Advisory Board			
Daiichi Sankyo	Advisory Board										
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/23/2023

Your Name: Ben Creelan, MD

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript Number (if known): [Click or tap here to enter text.]

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ER Squibb LLC	Self							
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4	Consulting fees	<input type="checkbox"/> None	
		Xilio	Self
		Achilles	Self
		ER Squibb	Self
		Hoffmann-La Roche	Self
		AstraZeneca	Self
		AbbVie	Self
		KSQ Therapeutics	Self
		GlaxoSmithKline	Self
		Gilead Sciences	Self
		Celgene	Self
		G1 Therapeutics Inc	Self
		Regeneron Pharmaceuticals Inc	Self
		MJH Life Sciences	Self
Techspert IO Ltd	Self		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AstraZeneca	Speaking Fee
		ARIAD Pharmaceuticals	Speaking Fee
		Hoffmann-La Roche	Speaking Fee
		OMNI Health Media LLC	Speaking Fee
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 type="checkbox"/> None	
		US201962865697P	Application filed
		US202062976867P	Application filed
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 08/16/2023

Your Name: Tawee Tanvetyanon

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript number (if known): JTD-23-686-CL

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

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: 7/23/2023

Your Name: Alberto Chiappori, MD

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">Novartis</td><td style="width: 40%;">Self</td></tr> <tr><td style="height: 20px;">Bristol-Myers Squibb</td><td>Self</td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Novartis	Self	Bristol-Myers Squibb	Self		
Novartis	Self							
Bristol-Myers Squibb	Self							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>													
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"><tr><td>Genentech</td><td>Speaking Bureau Funding</td></tr><tr><td>Merck</td><td>Speaking Bureau Funding</td></tr><tr><td>Takeda</td><td>Speaking Bureau Funding</td></tr><tr><td>Novartis</td><td>Speaking Bureau Funding</td></tr><tr><td>Boehringer Ingelheim</td><td>Speaking Bureau Funding</td></tr><tr><td>Celgene</td><td>Speaking Bureau Funding</td></tr></table>	Genentech	Speaking Bureau Funding	Merck	Speaking Bureau Funding	Takeda	Speaking Bureau Funding	Novartis	Speaking Bureau Funding	Boehringer Ingelheim	Speaking Bureau Funding	Celgene	Speaking Bureau Funding	
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Merck	Speaking Bureau Funding														
Takeda	Speaking Bureau Funding														
Novartis	Speaking Bureau Funding														
Boehringer Ingelheim	Speaking Bureau Funding														
Celgene	Speaking Bureau Funding														
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>													
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>													
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>													
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>													

		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	<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 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: 8/16/23

Your Name: George Simon

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript number (if known): JTD-23-686-R2

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.

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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.) 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).	AstraZeneca, NovoCure, Syneos Health	
3	Royalties or licenses	None	

4	Consulting fees	AstraZeneca, NovoCure, OncLive, DAVA Oncology	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca, NovoCure, OncLive, DAVA Oncology	
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, NovoCure, FLASCO	
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:

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: 7/23/2023

Your Name: [Eric Haura, MD]

Manuscript Title: [Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation]

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Revolution Medicines</td> <td style="width: 40%; padding: 2px;">Institution</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Revolution Medicines	Institution				
Revolution Medicines	Institution							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		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	<input type="checkbox"/> None	
		Ellipses	Self
		Kanaph Therapeutics, Inc.	Self
		ORI Capital II, Inc.	Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		ASCO 2022 Annual Mtg	Speaker – Self/Travel
		35 th Aspen Cancer Conference	Speaker – Self/Travel
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 type="checkbox"/> None	
		Amgen Advisory	Self
		Janssen Advisory	Self
		RevMed Advisory	Self
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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	<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 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: 7/23/2023

Your Name: Jhanelle E. Gray, MD

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript Number (if known): [Click or tap here to enter text.]

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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">AstraZeneca</td><td>Self</td></tr> <tr><td>Boehringer Ingelheim</td><td>Self</td></tr> <tr><td>Bristol-Myers Squibb</td><td>Self</td></tr> <tr><td>Genetech</td><td>Self</td></tr> <tr><td>GI Therapeutics</td><td>Self</td></tr> <tr><td>Ludwig Institute of Cancer Research</td><td>Self</td></tr> <tr><td>Merck</td><td>Self</td></tr> <tr><td>Novartis</td><td>Self</td></tr> <tr><td>Pfizer</td><td>Self</td></tr> </table>	AstraZeneca	Self	Boehringer Ingelheim	Self	Bristol-Myers Squibb	Self	Genetech	Self	GI Therapeutics	Self	Ludwig Institute of Cancer Research	Self	Merck	Self	Novartis	Self	Pfizer	Self	
AstraZeneca	Self																			
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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 type="checkbox"/> None	
		AbbVie	Advisory Board
		AstraZeneca	Advisory Board
		Axiom HC Strategies	Advisory Board
		Blueprint Medicines	Advisory Board
		Bristol Myers Squibb	Advisory Board
		Celgene Corp	Advisory Board
		Daiichi Sankyo	Advisory Board

		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)						
		EMD Serono-Merck KGaA	Advisory Board						
		Genentech	Advisory Board						
		Inivata	Advisory Board						
		Janssen Scientific Affairs	Advisory Board						
		Jazz Pharmaceuticals	Advisory Board						
		Loxo Oncology Inc	Advisory Board						
		Merck	Advisory Board						
		Novartis	Advisory Board						
		OncoCyte Biotechnology Company	Advisory Board						
		Sanofi Pharmaceuticals	Advisory Board						
		Takeda Pharmaceuticals	Advisory Board						
		Triptych Health Partners	Advisory Board						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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: 04/24/2023

Your Name: Dung-Tsa Chen

Manuscript Title: **Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation**

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 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	<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:

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.

ICMJE DISCLOSURE FORM

Date: 9/18/2023

Your Name: Daniel Melzer

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript Number (if known): [Click or tap here to enter text.]

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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4	Consulting fees	<input type="checkbox"/> None	
		Dedham Group	Received honorarium for participating in surveys which provides management and strategic consulting services for the life science industry.
		Precisionextract	Received honorarium for participating in surveys from which provide healthcare consulting services.
		Pfizer	Advisory Board
		Eli Lilly	Advisory Board
		Takeda Pharmaceuticals	Advisory Board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Jazz Pharmaceuticals	Speaker's Bureau
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,	<input checked="" type="checkbox"/> 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)
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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 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: 7/23/2023

Your Name: Bruna Pellini, MD

Manuscript Title: Osimertinib versus Afatinib as First-line Treatment for Patients with Metastatic Non-Small Cell Lung Cancer with an EGFR Exon 19 Deletion or Exon 21 L858R Mutation

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Bristol-Myers Squibb</td> <td style="width: 40%; padding: 2px;">Institution</td> </tr> <tr> <td style="padding: 2px;">Bristol Myers Squibb Foundation/the Robert A. Winn Diversity in Clinical Trials Awards Program</td> <td style="padding: 2px;">Institution</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Bristol-Myers Squibb	Institution	Bristol Myers Squibb Foundation/the Robert A. Winn Diversity in Clinical Trials Awards Program	Institution		
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