

## ICMJE DISCLOSURE FORM

Date: 1/21/2023

Your Name: Douglas Liou, MD

Manuscript Title: Impact of Guideline Therapy on Survival of Patients with Stage I-III Epithelioid Mesothelioma

Manuscript number (if known):       JTD-23-1334      

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)
<b>Time frame: Since the initial planning of the work</b>			
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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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 type="checkbox"/> _X_ None	
6	Payment for expert testimony	<input type="checkbox"/> _X_ None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> _X_ None	
8	Patents planned, issued or pending	<input type="checkbox"/> _X_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> _X_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> _X_ None	
11	Stock or stock options	<input type="checkbox"/> _X_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> _X_ None	
13	Other financial or non-financial interests	<input type="checkbox"/> _X_ 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: 1/21/2023

Your Name: Yoyo Wang

Manuscript Title: Impact of Guideline Therapy on Survival of Patients with Stage I-III Epithelioid Mesothelioma

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3	Royalties or licenses	<u>  X  </u> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: 1/21/2023

Your Name: Prasha Bhandari

Manuscript Title: Impact of Guideline Therapy on Survival of Patients with Stage I-III Epithelioid Mesothelioma

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

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

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**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.

## ICMJJE DISCLOSURE FORM

Date: 1/21/2023

Your Name: Joseph Shrager, MD

Manuscript Title: Impact of Guideline Therapy on Survival of Patients with Stage I-III Epithelioid Mesothelioma

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Research support for unrelated work from Kazan Partner's Foundation.

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

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## ICMJJE DISCLOSURE FORM

Date: 1/21/2023

Your Name: Natalie Lui, MD

Manuscript Title: Impact of Guideline Therapy on Survival of Patients with Stage I-III Epithelioid Mesothelioma

Manuscript number (if known):     JTD-23-1334    

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3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

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

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None.

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\_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: 1/21/2023

Your Name: Leah Backhus, MD

Manuscript Title: Impact of Guideline Therapy on Survival of Patients with Stage I-III Epithelioid Mesothelioma

Manuscript number (if known): \_\_\_\_\_

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Department of Veterans Affairs	
		National Institutes of Health	
		Chan Zuckerberg Institute	
3	Royalties or licenses	_ None	
		Bristol Squibb Myers	Me

4	Consulting fees	Genentech	Me
		Johnson & Johnson	Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	International Lung Cancer Congress	Speaker 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	_ 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:**

Dr. Leah Backhus has received grant funding from the United States Department of Veterans Affairs, the National Institutes of Health, and the Chan Zuckerberg Institute. She has received royalties from Bristol Squibb Myers, and consulting fees from Genentech and Johnson & Johnson, as well as speaker honoraria from the International Lung Cancer Congress. None of these activities are related to the topic 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.**

## ICMJE DISCLOSURE FORM

Date: 1/21/2023

Your Name: Mark Berry, MD

Manuscript Title: Impact of Guideline Therapy on Survival of Patients with Stage I-III Epithelioid Mesothelioma

Manuscript number (if known):     JTD-23-1334    

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