

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Sara

2. Surname (Last Name)

Monteverdi

3. Date

03-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Bria Emilio

5. Manuscript Title

Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?

6. Manuscript Identifying Number (if you know it)

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Dr. Monteverdi has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Emanuele

2. Surname (Last Name)  
Vita

3. Date  
08-June-1987

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Emilio Bria

5. Manuscript Title

Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?

6. Manuscript Identifying Number (if you know it)

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Dr. Vita has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Giulia

2. Surname (Last Name)

Sartori

3. Date

03-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bria Emilio

5. Manuscript Title

Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?

6. Manuscript Identifying Number (if you know it)

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Dr. Sartori has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Miriam Grazia	2. Surname (Last Name) Ferrara	3. Date 02-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emilio Bria
5. Manuscript Title Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Ferrara has nothing to disclose.

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1. Given Name (First Name) Ettore	2. Surname (Last Name) D'Argento	3. Date 02-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emilio Bria
5. Manuscript Title Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?		
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Dr. D'Argento has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Giampaolo

2. Surname (Last Name)  
Tortora

3. Date  
02-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Emilio Bria

5. Manuscript Title

Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tortora has nothing to disclose.

### Evaluation and Feedback

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michele	2. Surname (Last Name) Milella	3. Date 05-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bria Emilio
5. Manuscript Title Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer, EUSA Pharma and Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Milella reports personal fees from Pfizer, EUSA Pharma and Astra Zeneca, outside the submitted work; .

### Evaluation and Feedback

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Emilio

2. Surname (Last Name)  
Bria

3. Date  
06-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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Astra-Zeneca, Roche, MSD, Pfizer, Helsinn, Eli-Lilly, BMS, Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board Participation, Speaker's Fee, Travel's Fee
Astra-Zeneca, Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Bria reports personal fees from Astra-Zeneca, Roche, MSD, Pfizer, Helsinn, Eli-Lilly, BMS, Novartis, grants from Astra-Zeneca, Roche, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sara	2. Surname (Last Name) Pilotto	3. Date 05-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bria Emilio
5. Manuscript Title Long-term survivors with immunotherapy in advanced NSCLC: is 'cure' within reach?		
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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra-Zeneca, Eli-Lilly, BMS, Boehringer Ingelheim, MSD, Roche and Istituto Gentili	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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