

ICMJE DISCLOSURE FORM

Date: 5/13/2022

Your Name: Yasuko Ichikawa

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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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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: 6/13/2022

Your Name: Nobuhiko Seki

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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| Eli Lilly | grants (institution) | | | | | | | | | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Eli Lilly | honoraria for lectures (self) |
| | | AstraZeneca | honoraria for lectures (self) |
| | | MSD Oncology | honoraria for lectures (self) |
| | | Chugai Pharmaceutical | honoraria for lectures (self) |
| | | Taiho Pharmaceutical | honoraria for lectures (self) |
| | | Pfizer Japan | honoraria for lectures (self) |
| | | Ono Pharmaceutical | honoraria for lectures (self) |
| | | Nippon Kayaku | honoraria for lectures (self) |
| | | Takeda Pharmaceutical | honoraria for lectures (self) |
| | | Daiichi Sankyo | honoraria for lectures (self) |
| | | Boehringer Ingelheim | honoraria for lectures (self) |
| | | Bristol Myers Squibb | honoraria for lectures (self) |
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ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: Takeshi Honda

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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Date: 6/14/2022

Your Name: Makoto Sakugawa

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 5/26/2022

Your Name: Shinobu Hosokawa

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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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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: 5/12/2022

Your Name: Akihiro Bessho

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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; margin-top: 5px;"> <tr><td style="width: 60%;">Grants from Ono Pharmaceutical</td><td>Payments were made to my institution</td></tr> <tr><td>Grants from AstraZeneca</td><td>Payments were made to my institution</td></tr> <tr><td>Grants from Pfizer</td><td>Payments were made to my institution</td></tr> <tr><td>Grants from Chugai Pharmaceutical</td><td>Payments were made to my institution</td></tr> <tr><td>Grants from MSD</td><td>Payments were made to my institution</td></tr> <tr><td>Grants from AbbVie</td><td>Payments were made to my institution</td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | Grants from Ono Pharmaceutical | Payments were made to my institution | Grants from AstraZeneca | Payments were made to my institution | Grants from Pfizer | Payments were made to my institution | Grants from Chugai Pharmaceutical | Payments were made to my institution | Grants from MSD | Payments were made to my institution | Grants from AbbVie | Payments were made to my institution | | | | |
| Grants from Ono Pharmaceutical | Payments were made to my institution | | | | | | | | | | | | | | | | | |
| Grants from AstraZeneca | Payments were made to my institution | | | | | | | | | | | | | | | | | |
| Grants from Pfizer | Payments were made to my institution | | | | | | | | | | | | | | | | | |
| Grants from Chugai Pharmaceutical | Payments were made to my institution | | | | | | | | | | | | | | | | | |
| Grants from MSD | Payments were made to my institution | | | | | | | | | | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Honoraria for lectures from Ono Pharmaceutical | Payments were made to me |
| | | Honoraria for lectures from Bristol-Myers Squibb | Payments were made to me |
| | | Honoraria for lectures from AstraZeneca | Payments were made to me |
| | | Honoraria for lectures from Pfizer | Payments were made to me |
| | | Honoraria for lectures from Chugai Pharmaceutical | Payments were made to me |
| | | Honoraria for lectures from Eli Lilly | Payments were made to me |
| | | Honoraria for lectures from Merck Biopharma | Payments were made to me |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 6/3/2022

Your Name: Yoko Agemi

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 6/3/2022

Your Name: Tsuneo Shimokawa

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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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) |
|----|--|--|---|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 5/16/2022

Your Name: Sakiko Otani

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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.

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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.

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 6/3/2022

Your Name: Yoshiro Nakahara

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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: 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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div> | | | | | | |
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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%; margin-top: 5px;"> <tr><td style="width: 60%;">JSPS KAKENHI</td><td>To myself</td></tr> <tr><td>Takeda Pharmaceutical Company Limited</td><td>To my institution</td></tr> <tr><td>Bristol Myers Squibb</td><td>To my institution</td></tr> </table> | JSPS KAKENHI | To myself | Takeda Pharmaceutical Company Limited | To my institution | Bristol Myers Squibb | To my institution |
| JSPS KAKENHI | To myself | | | | | | | |
| Takeda Pharmaceutical Company Limited | To my institution | | | | | | | |
| Bristol Myers Squibb | To my institution | | | | | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Takeda Pharmaceutical Company Limited | To myself |
| | | Bristol Myers Squibb | To myself |
| | | Ono Pharmaceutical CO., LTD. | To myself |
| | | Eli Lilly Japan K.K. | To myself |
| | | Chugai Pharmaceutical Co., Ltd. | To myself |
| | | Boehringer Ingelheim Pharmaceuticals, Inc. | To myself |
| | | AstraZeneca K.K. | To myself |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 4/11/2022

Your Name: Katsuhiko Naoki

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

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: 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;">Chugai Pharmaceutical</td><td style="width: 40%; padding: 2px;">grants (institution)</td></tr> <tr><td style="padding: 2px;">ONO PHARMACEUTICAL</td><td style="padding: 2px;">grants (institution)</td></tr> <tr><td style="padding: 2px;">Nippon Boehringer Ingelheim</td><td style="padding: 2px;">grants (institution)</td></tr> <tr><td style="padding: 2px;">Taiho Pharmaceutical</td><td style="padding: 2px;">grants (institution)</td></tr> <tr><td style="padding: 2px;">Parexel International Inc</td><td style="padding: 2px;">grants (institution)</td></tr> </table> | Chugai Pharmaceutical | grants (institution) | ONO PHARMACEUTICAL | grants (institution) | Nippon Boehringer Ingelheim | grants (institution) | Taiho Pharmaceutical | grants (institution) | Parexel International Inc | grants (institution) |
| Chugai Pharmaceutical | grants (institution) | | | | | | | | | | | |
| ONO PHARMACEUTICAL | grants (institution) | | | | | | | | | | | |
| Nippon Boehringer Ingelheim | grants (institution) | | | | | | | | | | | |
| Taiho Pharmaceutical | grants (institution) | | | | | | | | | | | |
| Parexel International Inc | grants (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> | | | | | | | | | | |
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| | | AstraZeneca | honoraria for lectures (self) |
| | | Chugai Pharmaceutical | honoraria for lectures (self) |
| | | Bristol-Myers Squibb | honoraria for lectures (self) |
| | | Nippon Boehringer Ingelheim | honoraria for lectures (self) |
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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: 5/24/2022

Your Name: Makiko Yomota

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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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| | | Chugai PHARMACEUTICAL CO., LTD | honoraria for lectures (self) |
| | | ONO PHARMACEUTICAL CO., LTD | honoraria for lectures (self) |
| | | AstraZeneca plc | honoraria for lectures (self) |
| | | Takeda Pharmaceutical Company Limited | honoraria for lectures (self) |
| | | Boehringer Ingelheim | honoraria for lectures (self) |
| | | Pfizer Inc | honoraria for lectures (self) |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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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: 5/25/2022

Your Name: Yukio Hosomi

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1" data-bbox="386 480 1516 852"> <tr><td>AstraZeneca</td><td>Honoraria</td></tr> <tr><td>Eli Lilly Japan</td><td>Honoraria</td></tr> <tr><td>Taiho Pharmaceutical</td><td>Honoraria</td></tr> <tr><td>Chugai Pharmaceutical</td><td>Honoraria</td></tr> <tr><td>Ono Pharmaceutical</td><td>Honoraria</td></tr> <tr><td>Bristol-Myers Squibb</td><td>Honoraria</td></tr> <tr><td>Kyowa Kirin</td><td>Honoraria</td></tr> <tr><td>Nippon Kayaku</td><td>Honoraria</td></tr> <tr><td>Takeda</td><td>Honoraria</td></tr> <tr><td>Eisai</td><td>Honoraria</td></tr> <tr><td>Novartis</td><td>Honoraria</td></tr> </table> | AstraZeneca | Honoraria | Eli Lilly Japan | Honoraria | Taiho Pharmaceutical | Honoraria | Chugai Pharmaceutical | Honoraria | Ono Pharmaceutical | Honoraria | Bristol-Myers Squibb | Honoraria | Kyowa Kirin | Honoraria | Nippon Kayaku | Honoraria | Takeda | Honoraria | Eisai | Honoraria | Novartis | Honoraria | |
| AstraZeneca | Honoraria | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1157 1516 1262"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1373 1516 1478"> <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" data-bbox="386 1589 1516 1694"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1785 1516 1885"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | |
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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) |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 5/30/2022

Your Name: Takiguchi, Yuichi

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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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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.

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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: 60%; padding: 2px;">Ono pharmaceutical company</td><td style="width: 40%; padding: 2px;">Research grant, consignment study</td></tr> <tr><td style="padding: 2px;">Taiho pharmaceutical company</td><td style="padding: 2px;">Research grant</td></tr> <tr><td style="padding: 2px;">Chugai pharmaceutical company</td><td style="padding: 2px;">Research grant</td></tr> <tr><td style="padding: 2px;">Daiichi-Sankyo</td><td style="padding: 2px;">Research grant</td></tr> <tr><td style="padding: 2px;">AstraZeneca</td><td style="padding: 2px;">Research grant, consignment study</td></tr> <tr><td style="padding: 2px;">Eli Lilly</td><td style="padding: 2px;">Research grant</td></tr> <tr><td style="padding: 2px;">Boeringer Ingerheim</td><td style="padding: 2px;">Research grant</td></tr> <tr><td style="padding: 2px;">MSD</td><td style="padding: 2px;">Consignment study</td></tr> <tr><td style="padding: 2px;">Abbvie</td><td style="padding: 2px;">Consignment study</td></tr> </table> | Ono pharmaceutical company | Research grant, consignment study | Taiho pharmaceutical company | Research grant | Chugai pharmaceutical company | Research grant | Daiichi-Sankyo | Research grant | AstraZeneca | Research grant, consignment study | Eli Lilly | Research grant | Boeringer Ingerheim | Research grant | MSD | Consignment study | Abbvie | Consignment study |
| Ono pharmaceutical company | Research grant, consignment study | | | | | | | | | | | | | | | | | | | |
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| Daiichi-Sankyo | Research grant | | | | | | | | | | | | | | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Ono pharmaceutical Co. | honoraria for lectures (self) |
| | | Chugai pharmaceutical Co. | honoraria for lectures (self) |
| | | AstraZeneca | honoraria for lectures (self) |
| | | Eli Lilly | honoraria for lectures (self) |
| | | Taiho pharmaceutical co. | honoraria for lectures (self) |
| | | Pfizer | honoraria for lectures (self) |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 5/27/2022

Your Name: Takaaki Tokito

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
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| | | AstraZeneka | Honoraria for lecture (self) |
| | | MSD | Honoraria for lecture (self) |
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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: 5/17/2022

Your Name: Shuji Ando

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

Manuscript Number (if known): Unknown

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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> | | | | | | | | | |
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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) |
|----|--|--|---|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 5/12/2022

Your Name: Hiroaki Okamoto

Manuscript Title: Multicenter, single-arm phase II study of modified carboplatin/nab-paclitaxel in untreated PS 2 patients with advanced NSCLC: TORG1426

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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| | 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;">Bristol Myers Squibb</td><td style="width: 40%;">grants (institution)</td></tr> <tr><td style="height: 20px;">Chugai</td><td>grants (institution)</td></tr> <tr><td style="height: 20px;">Taiho</td><td>grants (institution)</td></tr> <tr><td style="height: 20px;">Astellas</td><td>grants (institution)</td></tr> <tr><td style="height: 20px;">Eli Lilly</td><td>grants (institution)</td></tr> <tr><td style="height: 20px;">Merck BioPharma</td><td>grants (institution)</td></tr> </table> | Bristol Myers Squibb | grants (institution) | Chugai | grants (institution) | Taiho | grants (institution) | Astellas | grants (institution) | Eli Lilly | grants (institution) | Merck BioPharma | grants (institution) |
| Bristol Myers Squibb | grants (institution) | | | | | | | | | | | | | |
| Chugai | grants (institution) | | | | | | | | | | | | | |
| Taiho | grants (institution) | | | | | | | | | | | | | |
| Astellas | grants (institution) | | | | | | | | | | | | | |
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| Merck BioPharma | grants (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> | | | | | | | | | | | | |
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|----|--|--|---|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | AstraZeneca | honoraria for lectures (self) |
| | | MSD | honoraria for lectures (self) |
| | | Chugai | honoraria for lectures (self) |
| | | Boehringer Ingelheim | honoraria for lectures (self) |
| | | Bristol Myers Squibb | honoraria for lectures (self) |
| | | Novartis | honoraria for lectures (self) |
| | | Kyorin | honoraria for lectures (self) |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| | | | |
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