

ICMJE DISCLOSURE FORM

Date: 9/12/2024

Your Name: Takahiro Sugawara

Manuscript Title: Optimizing Immunotherapy for Lung Cancer: Integrating Genetic Alterations and Tumor Mutational Burden for Refined Patient Selection

Manuscript Number (if known): TCR-24-1734

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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: 12 Sep 2024

Your Name: Taiki Hakozaiki

Manuscript Title: Optimizing Immunotherapy for Lung Cancer: Integrating Genetic Alterations and Tumor Mutational Burden for Refined Patient Selection

Manuscript number (if known): TCR-24-1734

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.

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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).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chugai Pharmaceutical	Payment for speaker's bureaus
		Ono Pharmaceutical	Payment for speaker's bureaus
		Eisai	Payment for speaker's bureaus
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:

Taiki Hakozaiki has received payment for speaker's bureaus from Chugai Pharmaceutical, Ono Pharmaceutical, and Eisai outside the submitted work.

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: 9/13/2024

Your Name: Masahiro Seike

Manuscript Title: Optimizing Immunotherapy for Lung Cancer: Integrating Genetic Alterations and Tumor Mutational Burden for Refined Patient Selection

Manuscript Number (if known): TCR-24-1734

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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		AstraZeneca	MSD K.K
		Chugai Pharmaceutical	Taiho Pharmaceutical
		Eli Lilly	Ono Pharmaceutical
		Bristol-Myers Squibb	Nippon Boehringer Ingelheim
		Pfizer	Novartis
		Takeda Pharmaceutical	Kyowa Hakko Kirin
		Nippon Kayaku	Daiichi-Sankyo Company
		Merck Biopharma	Amgen inc
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/12/2024

Your Name: Yukio Hosomi

Manuscript Title: Optimizing Immunotherapy for Lung Cancer: Integrating Genetic Alterations and Tumor Mutational Burden for Refined Patient Selection

Manuscript Number (if known): TCR-24-1734

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