

ICMJE DISCLOSURE FORM

Date: 03-09-2023

Your Name: Patrick Neven

Manuscript Title: *"Navigating Next-Generation HR+HER2–MBC Therapies: A Critical Commentary on Abemaciclib vs. Tucidinostat After Palbociclib Progression"*

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.	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	Consultancy (ad board): honorarium paid to my	

		institute: Eli Lilly, Novartis, Astra-Zeneca, Pfizer, Roche-Genentech, Menarini, Sanofi	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speakers bureaus: Pfizer, Lilly, Novartis, Astra-Zeneca, Roche-Genentech, Sanofi	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Research or travel grants to my institute: Lilly, Novartis, Teva, Astra-Zeneca, Pfizer	
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:

- Consultancy (ad board) ; honorarium paid to my Institute:
 - Eli Lilly, Novartis, Astra Zeneca, Pfizer, Roche-Genentech, Menarini, Sanofi
- Research or travel grants to my Institute:
 - Lilly, Novartis, Teva, Astra-Zeneca, Pfizer
- Speakers bureau:
 - Pfizer, Lilly, Novartis, Astra Zeneca, Roche-Genentech, Sanofi
- Stock ownership: None
- Personal financial interest: None
- I am 100% employee UZ and KU-Leuven

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: 03-09-2023

Your Name: Lieke Dullens

Manuscript Title: *"Navigating Next-Generation HR+HER2–MBC Therapies: A Critical Commentary on Abemaciclib vs. Tucidinostat After Palbociclib Progression".*

Manuscript number (if known): /

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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	None	
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:

I declare no conflict of interests.

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: 14 Sep 2023
 Your Name: Sileny N. Han
 Manuscript Title: Efficacy and safety of abemaciclib based therapy
 Manuscript number (if known): versus tuciciclinostat - based therapy
after progression on palbosiclib in patients with HR+ Her2 - MBC

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
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:

No conflict of interest

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 14-09-2023

Your Name: Deblander Anne

Manuscript Title: *"Navigating Next-Generation HR+HER2–MBC Therapies: A Critical Commentary on Abemaciclib vs. Tucidinostat After Palbociclib Progression"*

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.

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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	___ None	
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:

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: 08-09-2023

Your Name: Van Herck Yannick

Manuscript Title "Navigating Next-Generation HR+HER2–MBC Therapies: A Critical Commentary on Abemaciclib vs. Tucidinostat After Palbociclib Progression".

Manuscript number (if known): TBCR-23-41

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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:

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: 20/09/2023

Your Name: Maxime Van Houdt

Manuscript Title: *Efficacy and safety of abemaciclib-based therapy versus tucidinostat-based therapy after progression on palbociclib in patients with HR+HER2-MBC*

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.

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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	___ None	
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:

No conflicts of interests.

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: 14-9-2023
 Your Name: Prof. Dr. Hans Wildiers
 Manuscript Title: Efficacy and safety of abemaciclib-based therapy versus tucidinostat-based therapy after progression on palbociclib in patients with HR+HER2-MBC
 Manuscript number (if known): _____

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

		Daiichi	To institution
		Gilead	To institution
		Lilly	To institution
		Pfizer	To institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Daiichi	To institution
		Lilly	To institution
		Astrazeneca	To institution
		EISAI	To institution
		Immutep Pty	To institution
		MSD	To institution
		Astrazeneca Pharmaceuticals Ireland	To institution
		Pfizer	To institution
		Relay Therapeutics	To institution
6	Payment for expert testimony	Daiichi Sankyo	To institution
		Astrazeneca	To institution
7	Support for attending meetings and/or travel	Pfizer	To institution
		Gilead	To institution
		Daiichi	To institution
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	President of SIOG, the international society of geriatric oncology	
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:

Prof. Dr. Wildiers received grants from Roche, Novartis, Gilead; received consultancy fees from Abbvie, Daiichi, Gilead, Lilly & Pfizer; received honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Daiichi, Lilly, Astrazeneca, Eisai, Immutep Pty, MSD, Astrazeneca Pharmaceuticals Ireland, Pfizer, Relay Therapeutics; received payment for expert testimony from Daiichi Sankyo & Astrazeneca; received support for attending meetings and/or travel from Pfizer, Gilead & Daiichi and is President of SIOG, the international society of geriatric oncology.

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.