

ICMJE DISCLOSURE FORM

Date: April 30, 2021

Your Name: Wolfgang. M. Brueckl

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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.	<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	AstraZeneca	lecture fees, educational events, personal
		Boehringer	lecture fees, educational events, personal
		Novartis	lecture fees, personal
		MSD	lecture fees, personal
		BMS	lecture fees, personal
		Roche	lecture fees, educational events, personal
		Lilly Pharma	Lecture fees, educational events, personal
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Boehringer	Congress fees, personal
		AstraZeneca	Congress fees, personal
		Roche Pharma	Congress fees, personal
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca	Adboard, personal
		Boehringer	Adboard, personal
		Novartis	Adboard, personal
		MSD	Adboard, personal
		Lilly Pharma	Adboard, personal
		BMS	Adboard, personal
		Roche	Adboard, personal
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	Boehringer Ingelheim	medical writing
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

* During the last 36 months I had lecture fees, congress fees, travel expenses, assistance with medical writing and fees for participation in adboards from pharmaceutical companies with interests in oncology (AstraZeneca, Boehringer, BMS, MSD, Novartis, Roche) all outside the submitted work.

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.

*COI of WMB summarized:

The author received honoraria for lectures, presentation, speakers bureaus, manuscript writing or educational events: from AstraZeneca, Boehringer, Novartis, MSD, BMS, Roche and Lilly; The author received support for attending meetings and/or travel: from Boehringer, AstraZeneca and Roche; The author participated on a data safety monitoring board or an advisory board: WMB on AstraZeneca, Boehringer, Novartis, MSD, Lilly, BMS and Roche; The author receipt equipment, materials, drugs, medical writing, gifts or other services: WMB from Boehringer (for medical writing).

ICMJE DISCLOSURE FORM

Date: 21.04.2021
 Your Name: RECU MARTIN, MD, PhD
 Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following first-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.
 Manuscript number (if known): TLCR-21-197

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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.

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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 type="checkbox"/> None	Amgen, AZ, BMS, Boehringer-Ingelheim, Lilly, Minde, Merck, MSD, Novartis, Pfizer, Roche.
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:

**COI of MR summarized:
 The author received honoraria for lectures, presentation, speakers bureaus, manuscript writing or educational events: from Amgen, AstraZeneca, BMS, Boehringer, Lilly, Minde, Merck, MSD, Novartis, Pfizer and Roche.*

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.

 13.04.21

ICMJE DISCLOSURE FORM

Date: April 11th 2021
 Your Name: Achim Rkttmeyer
 Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.
 Manuscript number (if known): TLCR-21-197

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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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	AbbVie Astra Zeneca BMS Boehringer Ingelheim Eli Lilly MSD Novartis Pfizer Roche	Payments were made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AbbVie Astra Zeneca BMS Boehringer Ingelheim Eli Lilly MSD Novartis Pfizer Roche	Payments were made to me
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:

***COI of AR summarized:**

The author received honoraria for lectures, presentation, speakers bureaus, manuscript writing or educational events: from AbbVie, AstraZeneca, BMS, Boehringer, Lilly, MSD, Novartis, Pfizer and Roche; The author received consulting fees: from AbbVie, AstraZeneca, BMS, Boehringer, Lilly, MSD, Novartis, Pfizer and Roche.

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: 21. April 2021

Your Name: Jens Kollmeier

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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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.

		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	
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	

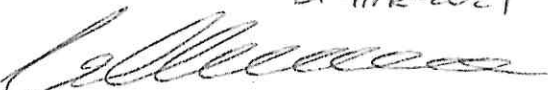
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Advisory Board Member within the last 3 years for: Roche Pharma, Boehringer Ingelheim, Bristol Myers Squibb, Merck Sharp & Dohme, Amgen, Takeda and Lilly Oncology.	All outside the submitted work and all without receiving any personal fees (money was paid to the institution).
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:

***COI of JK summarized:**
The author participated on a data safety monitoring board or an advisory board: on Roche, Boehringer, BMS, Merck, Amgen, Takeda and Lilly (all outside the submitted work and all without receiving any personal fees).

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.

21-APR-2021


ICMJE DISCLOSURE FORM

Date: 12 th April 2021

Your Name: Dr. med. Claas Wesseler

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following first-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): _____ TLCR-21-197

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.

Table with 3 main columns: Question ID, Description, Name all entities with whom you have this relationship or indicate none (add rows as needed), and Specifications/Comments (e.g., if payments were made to you or to your institution). Rows include: 1. All support for the present manuscript (No time limit); 2. Grants or contracts from any entity (Time frame: past 36 months); 3. Royalties or licenses (Time frame: past 36 months).

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		Boehringer Ingelheim, Lilly, MSD, Roche, Astra Zeneca, BMS, Sanofi Aventis, Takeda
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel		Boehringer Ingelheim, MSD, Roche, Astra Zeneca, BMS
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	Boehringer Ingelheim, MSD, Roche, Astra Zeneca, BMS
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

The author received honoraria for lectures, presentation, speakers bureaus, manuscript writing or educational events: from Boehringer, Lilly, MSD, Roche, AstraZeneca, BMS, Sanofi Aventis and Takeda; The author received support for attending meetings and/or travel: from Boehringer, MSD, Roche, AstraZeneca and BMS; The author participated on a data safety monitoring board or an advisory board: on Boehringer, MSD, Roche, AstraZeneca and MBS.

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.

Dr. med. Claas Wesseler
 Facharzt für Innere Medizin/Pneumologie
 Am Kaltenhof 15
 21637 Linsburg
 Tel: 0170 643 710 31

Dr. med. Claas Wesseler

ICMJE DISCLOSURE FORM

Date: 12 th April 2021

Your Name: PD. Dr. med. Gunther H. Wiest

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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)
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.	X None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
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		Boehringer Ingelheim, Lilly, MSD, Roche, Astra Zeneca, BMS, Sanofi Aventis, Takeda, Glaxo, Berlin Chemie
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel		Boehringer Ingelheim, MSD, Roche, Astra Zeneca, Berlin Chemie
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	Boehringer Ingelheim, MSD, Roche, Astra Zeneca, BMS
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

The author received honoraria for lectures, presentation, speakers bureaus, manuscript writing or educational events: from Boehringer, Lilly, MSD, Roche, AstraZeneca, BMS, Sanofi Aventis, Takeda, Glaxo and Berlin Chemie; The author received support for attending meetings and/or travel: from Boehringer, MSD, Roche, AstraZeneca and Berlin Chemie; The author participated on a data safety monitoring board or an advisory board: on Boehringer, MSD, Roche, AstraZeneca and BMS.

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.



Klinik Harburg

Priv.-Doz. Dr. Gunther Wiest
 Chefarzt der Lungenabteilung
 Facharzt für Innere Medizin, Pneumologie,
 Schlafmedizin und Internistische Intensivmedizin
 Eißendorfer Pferdeweg 52 · 21075 Hamburg
 Tel.: (040) 1818-86 2241/ 2242
 Fax: (040) 1818-86 3322

12-04-2021

ICMJE DISCLOSURE FORM

Date: 10.04.2021

Your Name: Petros Christopoulos

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Roche	research grant (to institution)
		Takeda	research grant (to institution)
		AstraZeneca	research grant (to institution)
		Novartis	research grant (to institution)
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	Roche Takeda AstraZeneca Novartis	speaker's honoraria to myself speaker's honoraria to myself speaker's honoraria to myself speaker's honoraria to myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	AstraZeneca Takeda Novartis Eli Lilly	to myself to myself to myself to myself
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Pfizer Chugai Boehringer Ingelheim Roche	advisory board advisory board advisory board advisory board
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:

The author received honoraria for lectures, presentation, speakers bureaus, manuscript writing or educational events: from Roche, Takeda, AstraZeneca and Novartis; The author received support for attending meetings and/or travel: from AstraZeneca, Takeda, Novartis and Lilly; The author participated on a data safety monitoring board or an advisory board: on Pfizer, Chugai, Boehringer and Roche; The author received grants or contracts from any entity: PC from Roche, Takeda, AstraZeneca and Novartis (all research grants to the institution).

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: 27.04.2021

Your Name: Prof. Albrecht Stenzinger _____

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following first-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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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.

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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 type="checkbox"/> None	2*Box Below
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4*	Consulting fees	<input checked="" type="checkbox"/> None	4 *Box below
5*	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	5* Box below
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:

4*/5*Advisory Board and/or Speaker's Bureau:

AlGnostics, Bayer, Thermo Fisher, Illumina, Astra Zeneca, Novartis, Pfizer, Roche, Seattle Genetics, MSD, BMS, Takeda, Janssen, Eli-Lilly

2* Grants: Bayer, BMS, Chugai, Incyte

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: April 23, 2021

Your Name: Amanda Tufman

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following first-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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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)
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).	<u>None</u> <u>Astrazene ca (Research Grant)</u>
3	Royalties or licenses	<input checked="" type="checkbox"/> None

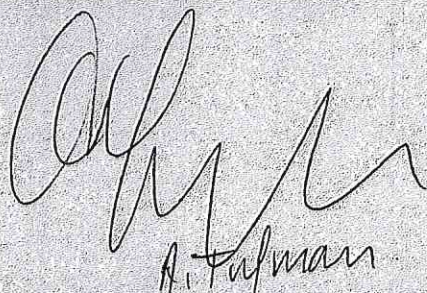
4	Consulting fees	<input type="checkbox"/> None	GSK, Novartis, Amgen
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	GSK, Novartis, Amgen, BMS, MSD, Lilly, Pfizer, Boehringer, Roche, Takeda, Celgene
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	GSK, Novartis, Amgen, MSD, BMS, Lilly, Pfizer, Boehringer, Roche, Takeda, Celgene
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	GSK, Novartis, Amgen, MSD, BMS, Lilly, Pfizer, Boehringer, Roche, Takeda, Celgene
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	AIO Leadership Group (German internal med. Oncology group.)
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:

Advisory Boards, Travel to Meetings and lecture fees from multiple companies which produce lung cancer drugs.

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.


A. Fulman

ICMJE DISCLOSURE FORM

Date: 12-04-2021

Your Name: Petia Hoffmeyer

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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.	<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 type="checkbox"/> None	Ely Lilly, MSD, BMS, AstraZeneca, Takeda, Roche, Boehringer, Ingelheim, Pfizer
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:

<p><i>*COI of PH summarized:</i> <i>The author participated on a data safety monitoring board or an advisory board: on Lilly, MSD, BMS, AstraZeneca, Takeda, Roche, Boehringer and Pfizer.</i></p>	
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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: 12.04.2021

Your Name: Bernhard Ulm

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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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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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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 COI

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: 21.April 2021

Your Name: Fabian Reich, MD

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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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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 COI

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: April 30, 2021

Your Name: Joachim H. Ficker

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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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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 type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	lecture fees, personal
		Boehringer	lecture fees, personal
		Novartis	lecture fees, personal
		MSD	lecture fees, personal
		BMS	lecture fees, personal
		Roche	lecture fees, personal
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Boehringer	congress fees, personal
		AstraZeneca	congress fees, personal
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca	Adboard, personal
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	Novartis	medical writing
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

* During the last 36 months I had lecture fees, congress fees, travel expenses, assistance with medical writing and fees for participation in adboards from pharmaceutical companies with interests in oncology (AstraZeneca, Boehringer, BMS, MSD, Novartis, Roche) all outside the submitted work.

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.

*COI of JHF summarized:

The author received honoraria for lectures, presentation, speakers bureaus, manuscript writing or educational events: from AstraZeneca, Boehringer, Novartis, MSD, BMS and Roche. The author received support for attending meetings and/or travel: from Boehringer and AstraZeneca. The author participated on a data safety monitoring board or an advisory board: on AstraZeneca. The author receipt equipment, materials, drugs, medical writing, gifts or other services: from Novartis (for medical writing).

ICMJE DISCLOSURE FORM

Date: 20/APR/2021

Your Name: Eckart Laack, MD

Manuscript Title: Efficacy of docetaxel plus ramucirumab as palliative second-line therapy following fist-line chemotherapy plus immune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.

Manuscript number (if known): TLCR-21-197

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

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

No COI

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.