Date:April 30, 20	21
Your Name:Wolfg	gang. M. Brueckl
	_Efficacy of docectaxel plus ramucirumab as palliative second-line therapy following fist-line mmune-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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

1		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)
18		Time frame: Since the initi	al 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	
Wish.	THE STATE OF THIS ICENT.	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_XNone	
4	Consulting fees	_X_None	A Company of the Comp

NS THE		The second secon	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	AstraZeneca	lecture fees, educational events, personal
		Boehringer	lecture fees, educational events, personal
		Novartis	lecture fees, personal
	manuscript writing or	MSD	lecture fees, personal
	educational events	BMS	lecture fees, personal
	The state of the s	Roche	lecture fees, educational events, personal
		Lilly Pharma	Lecture fees, educational events, personal
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	Boehringer	congress fees, personal
	areas advanced these as the	AstraZeneca	congress fees, personal
	Tabunyang tanda si 21 na mga maran Si 1881 na mangan	Roche Pharma	Congress fess, personal
8	Patents planned, issued or pending	_XNone	
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	Adbaord, personal
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	_XNone	
L2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Boehringer Ingelheim	medical writing
13	Other financial or non- financial interests	_XNone	

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:

\_X 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).

Date:	xel plus ramucirumab as pa	lliative second-line therapy following fist-linement 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

A		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)
34		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials, medical writing, article		
	processing charges, etc.)  No time limit for this item.		
10.00		Time frame: pa	st 36 months
2	Grants or contracts from	<u>None</u>	
	any entity (if not indicated in item #1 above).	2/	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	Aman, AZ, BMS, Boshimps, Imadherm Lilly, Mirol, Meiss, MSD, November, Pyr-
6	educational events Payment for expert testimony	None	Ruch
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u>	
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	Ngne	

\*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:

certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	April 11 <sup>th</sup> 2021			10
Your Name:	Achim Rkttmeyer			
Manuscript Title:	Efficacy of docectaxel plu	us ramucirumab as p	palliative second-line therapy	following fist-line
chemotherapy plus	immune-checkpoint-inhibi	tor combination trea	eatment in patients with NSCL	.C stage IV.
Manuscript number	r (if known):	TLCR-21-197	· ·	
related to the conte	ent of your manuscript. "Re	elated" means any re	ships/activities/interests liste elation with for-profit or not-	for-profit third
			nuscript. Disclosure represen re in doubt about whether to	

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

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
17.5		Time frame: Since the initia	al 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: pas	t 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	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	None	
7	Support for attending meetings and/or travel	_X_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	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

## \*COI of AR summarized:

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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

Date	e:21. April 2021	agett of a			
Your Name: Jens Kollmeier					
Mai	nuscript Title:Efficacy of	of docectaxel plus ramuciru	mab as palliative second-line therapy following fist-line	ļ.	
			ation treatment in patients with NSCLC stage IV.		
Mai	nuscript number (if known):	TLCR-21	-197		
		E	· <del></del>		
rela	ted to the content of your r	manuscript. "Related" mea	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment		
			If you are in doubt about whether to list a		
reia	tionship/activity/interest, i	it is preferable that you do	50.		
	following questions apply to nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>		
to t		ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive he manuscript.		
	tem #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other ite	ms,	
		Name all entities with	Specifications/Comments		
	×	whom you have this	(e.g., if payments were made to you or to your		
	*	relationship or indicate	institution)		
		none (add rows as	***		
		needed)			
	的 医神经神经 医多种性	Time frame: Since the initial	planning of the work		
1	All support for the present	X None			
	manuscript (e.g., funding,	1			
	provision of study materials,		2		
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None		8	
	© 10 At Mart				
			4		
4	Consulting fees	None			
	5524	1 35 1			

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
8	manuscript writing or		J
	educational events	12	-28
6	Payment for expert	✓ None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	Districtive Average	
		V	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	Advisory Board Member	All outside the submitted work and all without receiving
	Safety Monitoring Board or	within the last 3 years for:	any personal fees (money was paid to the institution).
	Advisory Board	Roche Pharma, Boehringer	
		Ingelheim, Bristol Myers	*
		Squibb, Merck Sharp &	
		Dohme, Amgen, Takeda	
		and Lilly Oncology.	
Ì		,	
		1 2	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	200	
11	Stock or stock options	X_None	
			3
12	Receipt of equipment,	✓ None	
	materials, drugs, medical	7	
	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		
		*	

\*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:

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Calleenen

Date: 12 th April 2021 Your Name: Dr. med. Claas Wesseler Manuscript Title:Efficacy of docecta chemotherapy plus Immune-checkpoint	xel plus ramucirumab as palliative second- inhibitor combination treatment in patient	line therapy following fist-line ts with NSCLC stage IV.
Manuscript number (if known):	TLCR-21-197	
related to the content of your manuscrip	ou to disclose all relationships/activities/in ot. "Related" means any relation with for-p by the content of the manuscript. Disclosu	ront or not-tor-prome and

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 <u>current</u> manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
ALC:		Time frame: pas	t 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 Payment for expert testimony	X None	Bookringer Ingelheim, Lilly, MSO, Boche, Astra Jeneca. BMS, Sanofi Avenfis, Takeda
7	Support for attending meetings and/or travel		ttoehringer Ingelheim, MSD, Boche, Astra Zeneca, BMS
S	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	

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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.

Dit! med. Claas Wesseler

Fuenorzi für ihngro Medizin/Pynjumologio

Am Kallenmeter 15
21/37 Lüngbung

Tul: 1/170 648 710 31

Date: 12 th April 2021		
Your Name: PD. Dr. med. Gunther H. Wi	est	
Manuscript Title:Efficacy of docecta chemotherapy plus immune-checkpoint		
Manuscript number (if known):	TLCR-21-197	<b>**</b>

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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	2	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	

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.

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12-04-2021

Klinik Harburg

Priv.-Doz. Dr. Gunther Wiest

Chefarzi der Lungenabteilung Facharzt für Innere Medizin, Pneumologie, Schlafmedizin und Internistische Intensivmedizi

ASKLEPIOS

Schlafmedizin und Internistische Intensivmedizin Eißendorfer Pferdeweg 52 · 21075 Hamburg Tel.: (040) 1818-86 2241/ 2242

Fax: (040) 1818-86 3322

Date:_10.04.2021	
Your Name:_Petros Christopoulos	
	exel plus ramucirumab as palliative second-line therapy following fist-line -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)
The second	<b>《公司》的《大学》,"是是一个"大学"。</b>	Time frame: Since the initi	al 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	
	<b>以下,但是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的</b>	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated	Roche	research grant (to institution)
		Takeda	research grant (to institution)
	in item #1 above).	AstraZeneca	research grant (to institution)
		Novartis	research grant (to institution)
3	Royalties or licenses	_xNone	Long Committee C
4	Consulting fees	_xNone	2

			4
5	Daymont or honorogic for	Roche	speaker's honoraria to myself
5	Payment or honoraria for	Takeda	speaker's honoraria to myself
	lectures, presentations,		speaker's honoraria to myself
	speakers bureaus, manuscript writing or educational events	AstraZeneca Novartis	speaker's honoraria to myself
6	Payment for expert testimony	_xNone	
7	Support for attending	AstraZeneca	to myself
	meetings and/or travel	Takeda	to myself
	9 - 1 -	Novartis	to myself
		Eli Lilly	to myself
8	Patents planned, issued or pending	_xNone	·
9	Participation on a Data Safety Monitoring Board or Advisory Board	Pfizer	advisory board
		Chugai	advisory board
		Boehringer Ingelheim	advisory board
		Roche	advisory board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
13	Other financial or non- financial interests	x_None	
	om or		A Province of the Communication of the Communicatio

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 form 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:

\_\_x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:27.04.2021			
— Your Name: Prof. Albred	cht Stenzinger	, ·	
		exel plus ramucirumab as palliative seco- inhibitor combination treatment in pa	
Manuscript number (if k	(nown):	TLCR-21-197	

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
	A CONTRACTOR OF THE STATE OF TH		al 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: pa	st 36 months
2*	Grants or contracts from any entity (if not indicated in item #1 above).	None	2*Box Below
3	Royalties or licenses	None	

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4*	Consulting fees	None	4 *Box below
5*	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	5* Box below
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	None	His this shipsear weeks here a service in section 20 Milleson and sec
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	A STATE OF THE PARTY OF T
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	X_None	

# 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:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

CHAPTER STATE OF THE STATE OF T
Date: Amil 23, 2021 Your Name: Amanda Turin an
Your Name: Amounda Turin an.
Your Name: Haward at Torque and the Manuscript Title: Efficacy of docectaxel 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
	<b>在1920年在1960年</b>	Time frame: Since the initi	al planning of the work
1	All support for the present	<u>V</u> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
Mary Mark	and the second s	Time frame: pa	st 36 months
2	Grants or contracts from	None	Astrazene va (Research Grant)
	any entity (if not indicated		
	in item #1 above).		200 A 1 C 100 A
3	Royalties or licenses	None	

4	Consulting fees	None	GSK, Novartis, Amgen
5	Payment or honoraria for	None	asy Worldes Amarm BMS
3	lectures, presentations, speakers bureaus, manuscript writing or educational events	WOIC .	MSD, Lilly, Direr Boerhinge Noche, Jakeda, Celgene
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	GSK, wor antis, Amgen, MSD BMS, Lilly, Pfizer, Boelvings Rophe, Takeda, Celgare.
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	BUS Cilly Prizer Boching
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	German internal med oncology oppy)
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	<u></u> None	

Advisory Box	ands, Tha	vel 40 1	Meedings	and leaf	ove .	
Lees from	multiple	Compan	ies whi	ch podoc	e long c	ancer
Please Blog	a an "V" navt to th	o following stat	ement to indic	ate vour agreemer	ıt: 'd	NUGS.

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	a: 1	2.04-2021	
	r Name:	Petic Hothunci	
Mar	nuscript Title:Efficacy o	f docectaxel plus ramucir eckpoint-inhibitor combin	umab as palliative second-line therapy following fist-line nation treatment in patients with NSCLC stage IV.
Mai	nuscript number (if known):	TLCR-2	1-197
relapar to t rela The ma	ted to the content of your raties whose interests may be ransparency and does not nationship/activity/interest, in following questions apply the nuscript only.	manuscript. "Related" me affected by the content of ecessarily indicate a bias. t is preferable that you do to the author's relationsh vities/interests should be ension, you should declare	ips/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	tem #1 below, report all sup time frame for disclosure is	s the past 36 months.	ed in this manuscript without time limit. For all other items
		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 initi	al 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: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	None	

in item #1 above).

Royalties or licenses

None

4	Consulting fees	X None	
- 83		7	
5	Payment or honoraria for	_X_None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or	* 1	· *
	educational events		the state of the s
6	Payment for expert	_X_None	
	testimony		
7	Support for attending	V	
′	meetings and/or travel	<u>X</u> None	*
			2 miles
	9		
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	None	The last track Court Access
	Safety Monitoring Board or	None	Ely Lilly, MSD, BMJ, ASKaterica Tokedo, Roche, Bocking
	Advisory Board		Dreining, Chizes
10	Leadership or fiduciary role	X_None .	Secretary, e rife.
	in other board, society,		8
	committee or advocacy group, paid or unpaid		e e
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services	* *	
13	Other financial or non-	None	
	financial interests		
	£		

\*COI of PH summarized:

The author participated on a data safety monitoring board or an advisory board: on Lilly, MSD, BMS, AstraZeneca, Takeda, Roche, Boehringer and Pfizer.

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.

Date: 12.04.2021 Your Name: Bernhard Ulm		
Manuscript Title:Efficacy of docecta	xel plus ramucirumab as palliative second-lir inhibitor combination treatment in patients	
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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
PYANS		Time frame: Since the initi	al 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.	XNone	
262	THE LIFE A STATE OF STATE OF	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		Walter Company of the
	speakers bureaus,		A PARTY OF THE R. P. L.
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	9
	testimony		9
7	Support for attending	XNone	
	meetings and/or travel		
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	· ·		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	=/	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy	(,	
	group, paid or unpaid		
11	Stock or stock options	XNone	9:
	v)	E-HAT	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		*
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			1/
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Plea	ase summarize the above co	inflict of interest in the fo	llowing box:
		<del></del>	
		No COI	
		110 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.

Date:21.April 2021	
Your Name:_Fabian Reich, MD	
The state of the s	xel plus ramucirumab as palliative second-line therapy following fist-line 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)
324		Time frame: Since the initi	al 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	
12 (34)		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	None	

	Consulting fees	<u>X</u> None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
	Payment for expert testimony	X_None	
	Support for attending meetings and/or travel	<u>X</u> None	
	3 3 7 7		요 그는 그 그의 역사의 경우를 하면 없다.
	Patents planned, issued or pending	<u>X</u> None	
	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None	
.0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	<u></u> ✓ None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	a Strait, seus euskus luurulla 2 oo seus (1994). Heestalik oo ku 30 alia Sistembul ji
.3	Other financial or non- financial interests	<u>X</u> None	
Ple	ease summarize the above o	conflict of interest in the foll	owing box:
		No COI	

\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:April 30, 2021	
Your Name:Joachir	n H. Ficker
	Efficacy of docectaxel plus ramucirumab as palliative second-line therapy following fist-line mune-checkpoint-inhibitor combination treatment in patients with NSCLC stage IV.
Manuscript number (if	f 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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 initi	al 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	
Sub.	CAVELE FEMALES	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	

4	Consulting fees	None	
	Patrix water interception		
5	Payment or honoraria for	AstraZeneca	lecture fees, personal
	lectures, presentations, speakers bureaus, manuscript writing or educational events	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	XNone	
7	Support for attending meetings and/or travel	Boehringer	congress fees, personal
		AstraZeneca	congress fees, personal
T-			and the second s
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data	AstraZeneca	Adboard, personal
	Safety Monitoring Board or Advisory Board	alaska dipunyumi. 18.5 (1988-208-2006)	
10	Leadership or fiduciary role in other board, society, committee or advocacy	_XNone	
	group, paid or unpaid	-	
11	Stock or stock options	_XNone	
12	Possist of an illument	Name of the last o	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Novartis	medical writing
13	Other financial or non- financial interests	_X_None	



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:

\_\_X 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).

Date:_20/APR/2021			
Your Name: Eckart Laack, MD			
	nuscript Title:Efficacy of docectaxel plus ramucirumab as palliative second-line therapy following fist-lir motherapy 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

11 A		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)
194		Time frame: Since the initi	al 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.	XNone	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
	192		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None	
		A CO MAKE YEAR TO SHOW A	
-	educational events	And the second second second	
6	Payment for expert	X_None	
	testimony		
7	Support for attending	X None	
,	Support for attending meetings and/or travel		
	5 m j , , , ,		
0	Detects alonged issued or	X None	
8	Patents planned, issued or pending	XNone	
	perioring		
9	Participation on a Data Safety Monitoring Board or	X None	A DESCRIPTION OF THE PROPERTY
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	Advisory Board	The second secon	ா. ந <sub>ா. இ. ஆ. இ</sub> ாட்டிய விழ்த்தார் நார் வருக்கு இருக்கு இரு
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		2
	group, paid or unpaid		
11	Stock or stock options	X_None	eri dila Santikabanyakan ketal 1795 biling beberik
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12121			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non- financial interests	X_None	
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		en	
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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.