

ICMJE DISCLOSURE FORM

Date: 6th June 2021

Your Name: Kimberley Hockenhill

Manuscript Title: Pembrolizumab plus Platinum-based Chemotherapy for Squamous NSCLC: the new kid on the block"

Manuscript number (if known): TLCR-20-715

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	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:

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: 6th June 2021

Your Name: Ana Ortega-Franco

Manuscript Title: Pembrolizumab plus Platinum-based Chemotherapy for Squamous NSCLC: the new kid on the block

Manuscript number (if known): TLCR-20-715

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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: _____ 28/06/2021

Your Name: _____ Raffaele Califano

Manuscript Title: Pembrolizumab plus platinum based chemotherapy for squamous cell NSCLC: a new kid on the block

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: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		Grants paid to Institution for conduct of clinical trials or contracted research: Roche, AstraZeneca, Pfizer, Clovis, Lilly Oncology, MSD, BMS, Abbvie, Takeda and Novartis
3	Royalties or licenses	____ None	
4	Consulting fees		Honoraria and consultancy fees: AstraZeneca, Boeringher Ingelheim, Lilly Oncology, Roche, Pfizer, MSD, Bristol Myers Squibb, Takeda, Bayer and Novartis

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		Honoraria and consultancy fees: AstraZeneca, Boeringher Ingelheim, Lilly Oncology, Roche, Pfizer, MSD, Bristol Myers Squibb, Takeda, Bayer and Novartis
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	Lilly Oncology, Roche, Pfizer, MSD, Bristol Myers Squibb, Takeda,
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	Ipsen
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		Member of ESMO publication working group and EORTC LUNG GROUP (unpaid)
11	Stock or stock options		The Chistie private care
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests		Non-remunerated activities: Principal investigator for trials with Roche, AstraZeneca, Pfizer, Clovis, Lilly Oncology, MSD, BMS, Abbvie, Takeda and Novartis

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

Honoraria and consultancy fees: AstraZeneca, Boeringher Ingelheim, Lilly Oncology, Roche, Pfizer, MSD, Bristol Myers Squibb, Takeda, Bayer , Ipsen and Novartis
Grants paid to Institution for conduct of clinical trials or contracted research: Roche, AstraZeneca, Pfizer, Clovis, Lilly Oncology, MSD, BMS, Abbvie, Takeda and Novartis
Stock Ownership: The Christie Private Care
Non-remunerated activities: Principal investigator for trials with Roche, AstraZeneca, Pfizer, Clovis, Lilly Oncology, MSD, BMS, Abbvie, Takeda and Novartis
Other non remunerated membership: ESMO, EORTC

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