Date: 25/11/2021

Your Name: Emmanuel Acheampong

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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)
		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.	_XNone	
		Time frame: past	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, speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
_						
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
ļ	pending					
	Double of the control	V Nove				
9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid Stock or stock options	X None				
11	Stock of Stock options	xnone				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
13	services Other financial or non-	X None				
13	financial interests	XNone				
	initialities interests					
Plea	Please summarize the above conflict of interest in the following box:					
	No conflicts of interest to disclos					
'	יט כטווווננג טו וותפופגרנט מוגנוטי	OC				

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 25/11/2021 Your Name: Afaf Abed

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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)
		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.	_XNone	
		Time frame: past	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, speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
_						
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
ļ	pending					
	Double of the control	V Nove				
9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid Stock or stock options	X None				
11	Stock of Stock options	xnone				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
13	services Other financial or non-	X None				
13	financial interests	XNone				
	initialities interests					
Plea	Please summarize the above conflict of interest in the following box:					
	No conflicts of interest to disclos					
'	יט כטווווננג טו וותפופגרנט מוגנוטי	OC				

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:26/11/2021

Your Name: Michael Morici

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
		_	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone				
6	Payment for expert testimony	XNone				
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or pending	XNone				
9	Participation on a Data	XNone				
	Safety Monitoring Board or					
	Advisory Board	V N				
10	Leadership or fiduciary role in other board, society,	XNone				
	committee or advocacy group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	XNone				
	financial interests					
	Please summarize the above conflict of interest in the following box:  No conflicts of interest to disclose					

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

Date: 25/11/2021

Your Name: Isaacs Spencer

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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.

			<u> </u>
		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,	_XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone				
	lectures, presentations, speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
_						
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
ļ	pending					
	Double of the control	V Nove				
9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid Stock or stock options	X None				
11	Stock of Stock options	xnone				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
13	services Other financial or non-	X None				
13	financial interests	XNone				
	initialities interests					
Plea	Please summarize the above conflict of interest in the following box:					
	No conflicts of interest to disclos					
'	יט כטווווננג טו וותפופגרנט מוגנוטי	OC				

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:\_25/11/2021

Your Name: Aaron Beasley

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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)
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.	Time frame: Since the initial XNone	pranning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastx_Nonex_None	36 months
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	xNone	
6	educational events	v. None	
b	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy	_x_None	
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	xNone	
	services		
13	Other financial or non- financial interests	xNone	
Ple	ease summarize the above o	onflict of interest in the following box:	

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

Date:\_25/11/2021

Your Name: Samantha Bowyer

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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)  Time frame: Since the initial	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.	XNone	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastX_NoneX_None	36 months
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	X_None			
	speakers bureaus,				
	manuscript writing or				
	educational events	V. Nava			
6	Payment for expert testimony	X_None			
	testimony				
7	Support for attending	None			
,	meetings and/or travel				
	<b>3</b>	MSD Australia	Funding for virtual meeting attendance, without travel		
8	Patents planned, issued or	XNone			
	pending				
_					
9	Participation on a Data Safety Monitoring Board or	Sanofi	Advisory board fees		
		Lilly	Advisory board fees		
10	Advisory Board	V. Nava			
10	Leadership or fiduciary role in other board, society, committee or advocacy	X_None			
	group, paid or unpaid				
11	Stock or stock options	X None			
	•				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X_None			
	financial interests				
DI.		andline of international in the Co	University or beauty		
PIE	Please summarize the above conflict of interest in the following box:				

S.B. reports to be an Advisory Board Member for Sanofi and Eli Lilly and has received conference attendance support by Merck Sharp & Dohme.

<u>x</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 25/11/2021

Your Name: Du-Bois Asante

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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)
		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.	_XNone	
		Time frame: past	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, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
ļ	pending		
	Double of the control	V Nove	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	xnone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	XNone	
	initialities interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
	No conflicts of interest to disclos		
'	יט כטווווננג טו וותפופגרנט מוגנוטי	OC	

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:25/11/2021

Your Name: Chris Lomma

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	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.	XNone	
		Time frame: past	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	

_		T	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
5	Payment for expert	X None	
,	testimony	None	-
	testimony		_
,	Support for attending	X None	
	meetings and/or travel	XNone	
	meetings and/or traver		
3	Patents planned, issued or	XNone	
	pending		
	Darticipation on a Data	V None	
)	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
0	Leadership or fiduciary role	V None	
LO	in other board, society,	_XNone	-
	committee or advocacy		-
	group, paid or unpaid		
.1	Stock or stock options	X None	
_			
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
.3	Other financial or non-	_XNone	
	financial interests		
	se summarize the above co	nflict of interest in the fo	llowing box:
İ			
lea	se place an "X" next to the	following statement to in	ndicate your agreement:
	I certify that I have answere form.	ed every question and have	ve not altered the wording of any of the questions on t
	IOIIII.		

Date:25/11/2021 Your Name: Weitao Lin

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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)  Time frame: Since the initial	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.	XNone	planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastXNoneXNone	36 months
4	Consulting fees	XNone	

5	Payment or nonoraria for	x_none	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNone	
7	Support for attending	V None	
/		XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
	declare no conflicts of interest.		
'	decide in commets of meerest.		

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

Date:25/11/2021

Your Name: Michael Millward

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	,
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	None X None	Advisory Board Member (lung cancer, immune- Oncology) – Pfizer, Roche, AstraZenenca, Takeda, Merck Sharp & Dohme, Bristol-Myers Squibb, Novartis, The Limbic, Guardant Health, Beigene
	testimony		
7	Support for attending meetings and/or travel	None	Travel support ESMO meeting Sept 2019 from AstraZeneca
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	DSMB member, Novartis Pharma NSCLC trial
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

M.Mi reports to be an Advisory Board Member (lung cancer, immune-Oncology) for Pfizer, Roche, AstraZeneca, Takeda, Merck Sharp & Dohme, Bristol-Myers Squibb, Novartis, The Limbic, Guardant Health and BeiGene. To receive travel support from AstraZeneca, and be part of the Data Safety Monitoring Board of a Novartis clinical trial.

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:\_25/11/2021 Your Name: Elin Gray

Manuscript Title Evaluation of PD-L1 expression on circulating tumour cells in small-cell lung cancer

Manuscript number (if known): TLCR-21-819-R1-MS-5152

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)  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.	2016 - ongoing 2019 - ongoing 2018 - ongoing	Technical support and discounted price from Angle Parsortix  Fellowship from Cancer Council of Western Australia Cancer Research Trust Grant
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past _xNone _xNone	36 months
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
_			
7	Support for attending meetings and/or travel	x _None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	v. Name	
11	Stock or stock options	x_None	
12	Descipt of aguinment	y None	
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Plea	Please summarize the above conflict of interest in the following box:		

E.G. is supported by a fellowship from the Cancer Council of Western Australia and a Cancer Research Trust.  Angle Parsortix has provided specialized technical support for our research program.

<u>x</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.