

ICMJJE DISCLOSURE FORM

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 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 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 conflicts of interest to disclose

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.

ICMJJE DISCLOSURE 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

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4	Consulting fees	<input type="checkbox"/> None	

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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	

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No conflicts of interest to disclose

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: 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

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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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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: 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

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE 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

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

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: 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

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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	<input type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		MSD Australia	Funding for virtual meeting attendance, without travel
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> Sanofi	Advisory board fees
		Lilly	Advisory board fees
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> None	

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.

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.

ICMJJE DISCLOSURE 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

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4	Consulting fees	<input type="checkbox"/> None	

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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: 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

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N/A

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ICMJE DISCLOSURE FORM

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

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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:

I declare no conflicts of interest.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE 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

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Time frame: past 36 months			
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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	<input type="checkbox"/> None	Advisory Board Member (lung cancer, immune-Oncology) – Pfizer, Roche, AstraZeneca, Takeda, Merck Sharp & Dohme, Bristol-Myers Squibb, Novartis, The Limbic, Guardant Health, Beigene
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	Travel support ESMO meeting Sept 2019 from AstraZeneca
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	DSMB member, Novartis Pharma NSCLC trial
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:

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:

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ICMJE DISCLOSURE 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**

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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.	2016 - ongoing	Technical support and discounted price from Angle Parsortix
		2019 - ongoing	Fellowship from Cancer Council of Western Australia
		2018 - ongoing	Cancer Research Trust Grant
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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.

Please place an “X” next to the following statement to indicate your agreement:

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