

# ICMJE DISCLOSURE FORM

**Date:** 2/28/2022

**Your Name:** Inger Johanne Zwicky Eide

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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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| <b>Time frame: Since the initial planning of the work</b>                 |  |   |                |  |  |  |   |  |
| <b>1</b>  | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>AstraZeneca, free drug and financial support of study execution (partial)</td> <td>To institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table> | AstraZeneca, free drug and financial support of study execution (partial)           | To institution |  |  |  | Click the tab key to add additional rows. |  |
| AstraZeneca, free drug and financial support of study execution (partial) | To institution   |   |                |  |  |  |   |  |
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| <b>Time frame: past 36 months</b>   |  |   |                |  |  |  |   |  |
| <b>2</b>  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>  |   |                |  |  |  |   |  |
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| 3                    | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |                      |                |  |  |  |  |  |  |
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| 4                    | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |                      |                |  |  |  |  |  |  |
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| 5                    | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Boehringer-Ingelheim</td> <td>Lecture</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>          |   | Boehringer-Ingelheim | Lecture        |  |  |  |  |  |  |
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| 9                    | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Novartis</td> <td>Advisory board</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>               |   | Novartis             | Advisory board |  |  |  |  |  |  |
| Novartis             | Advisory board   |  |   |                      |                |  |  |  |  |  |  |
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| 10                   | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> </table>   |   |                      |                |  |  |  |  |  |  |
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| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| 13  | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |   |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 2/25/2022

**Your Name:** Simone Stensgaard

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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|---|--|---|--|--|--|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |   |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 478 1518 581"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 2/22/2022

**Your Name:** Åslaug Helland

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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| 9   | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>AMGEN data safety board</td> <td>Payments to the hospital</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   | AMGEN data safety board   | Payments to the hospital |  |  |  |  |  |  |  |
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| 10  | Leadership or fiduciary role in  | <input checked="" type="checkbox"/> <b>None</b>   |   |                          |  |  |  |  |  |  |  |



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

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

# ICMJE DISCLOSURE FORM

**Date:** 2/23/2022

**Your Name:** Simon Ekman

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |   |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 1/19/2022

**Your Name:** Anders mellemgard

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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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| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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# ICMJE DISCLOSURE FORM

**Date:** 2/26/2022

**Your Name:** Karin Holmskov Hansen

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| 13  | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |   |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 2/21/2022

**Your Name:** Saulius Cienas

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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| <b>Time frame: past 36 months</b>                         |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <div> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |   |
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| 3      | Royalties or licenses  | X <b>None</b> <table border="1" data-bbox="386 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |        |             |       |  |  |  |  |  |
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| 4      | Consulting fees  | X <b>None</b> <table border="1" data-bbox="386 499 1518 636"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                           |   |        |             |       |  |  |  |  |  |
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| 5      | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 724 1518 825"> <tr> <td>Pfizer</td> <td>AstraZeneca</td> </tr> <tr> <td>Roche</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |   | Pfizer | AstraZeneca | Roche |  |  |  |  |  |
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| 7      | Support for attending meetings and/or travel   | X <b>None</b> <table border="1" data-bbox="386 1281 1518 1381"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |        |             |       |  |  |  |  |  |
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| 8      | Patents planned, issued or pending   | X <b>None</b> <table border="1" data-bbox="386 1497 1518 1598"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |        |             |       |  |  |  |  |  |
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| 9      | Participation on a Data Safety Monitoring Board or Advisory Board  | X <b>None</b> <table border="1" data-bbox="386 1713 1518 1814"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |        |             |       |  |  |  |  |  |
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| 10     | Leadership or fiduciary role in other board,   | X <b>None</b> <table border="1" data-bbox="386 1902 1518 1938"> <tr><td></td><td></td></tr> </table>   |   |        |             |       |  |  |  |  |  |
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# ICMJE DISCLOSURE FORM

**Date:** 2/24/2022

**Your Name:** Jussi Koivunen

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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| Astra-Zeneca, Boehringer-Ingelheim                        |  |   |                                    |  |  |  |  |   |
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| Amgen, AstraZeneca, BMS, Boehringer-Ingelheim, Eli Lilly, MSD, Pfizer, Roche, Sanofi |  |   |   |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%;"> <tr> <td>AstraZeneca, Boehringer-Ingelheim, Eli Lilly, Roche</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                  |   | AstraZeneca, Boehringer-Ingelheim, Eli Lilly, Roche                                  |  |  |  |  |  |  |  |
| AstraZeneca, Boehringer-Ingelheim, Eli Lilly, Roche                                  |  |   |   |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%;"> <tr> <td>Pfizer, Roche</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   | Pfizer, Roche  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%;"> <tr> <td>Faron Pharmaceuticals</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   | Faron Pharmaceuticals  |  |  |  |  |  |  |  |
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| 10   | Leadership or fiduciary role in other board,   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%;"> <tr> <td>Faron Pharmaceuticals</td> <td></td> </tr> </table>  |   | Faron Pharmaceuticals  |  |  |  |  |  |  |  |
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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) |                       |  |  |  |  |  |
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|   | society, committee or advocacy group, paid or unpaid                             | <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |                       |  |  |  |  |  |
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| 11  | Stock or stock options   | <input type="checkbox"/> None <table border="1"> <tr><td>Faron Pharmaceuticals</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   | Faron Pharmaceuticals |  |  |  |  |  |
| Faron Pharmaceuticals   |  |  |   |                       |  |  |  |  |  |
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| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                      |   |                       |  |  |  |  |  |
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| 13  | Other financial or non-financial interests                                       | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                      |   |                       |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |  |   |                       |  |  |  |  |  |



# ICMJE DISCLOSURE FORM

**Date:** 2/22/2022

**Your Name:** Bjørn Henning Grønberg

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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 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)   |       |  |  |  |  |   |
|---|--|---|-------|--|--|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |   |       |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |       |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |  |   |       |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>Roche</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  | Roche |  |  |  |  |   |
| Roche   |  |   |       |  |  |  |  |   |
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| 3                                 | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |                                   |             |             |        |        |       |  |  |
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| 4                                 | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |                                   |             |             |        |        |       |  |  |
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| 5                                 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>MSD</td><td>AstraZeneca</td></tr> <tr><td>Pfizer</td><td>Takeda</td></tr> <tr><td></td><td></td></tr> </table>              |   | MSD                               | AstraZeneca | Pfizer      | Takeda |        |       |  |  |
| MSD                               | AstraZeneca  |  |   |                                   |             |             |        |        |       |  |  |
| Pfizer                            | Takeda   |  |   |                                   |             |             |        |        |       |  |  |
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| 6                                 | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |                                   |             |             |        |        |       |  |  |
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| 7                                 | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |                                   |             |             |        |        |       |  |  |
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|                                   |  |  |   |                                   |             |             |        |        |       |  |  |
| 8                                 | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |                                   |             |             |        |        |       |  |  |
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| 9                                 | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>Janssen</td><td>MSD</td></tr> <tr><td>AstraZeneca</td><td>Takeda</td></tr> <tr><td>Pfizer</td><td>Roche</td></tr> </table>  |   | Janssen                           | MSD         | AstraZeneca | Takeda | Pfizer | Roche |  |  |
| Janssen                           | MSD  |  |   |                                   |             |             |        |        |       |  |  |
| AstraZeneca                       | Takeda   |  |   |                                   |             |             |        |        |       |  |  |
| Pfizer                            | Roche  |  |   |                                   |             |             |        |        |       |  |  |
| 10                                | Leadership or fiduciary role in other board,   | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>Norwegian Lung Cancer Study Group</td><td></td></tr> </table>   |   | Norwegian Lung Cancer Study Group |             |             |        |        |       |  |  |
| Norwegian Lung Cancer Study Group |  |  |   |                                   |             |             |        |        |       |  |  |

|   |  | 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) |  |  |  |  |  |  |
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| 11  | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| 13  | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |   |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 2/24/2022

**Your Name:** Boe Sorensen Sørensen

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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 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)   |  |  |  |  |  |   |
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| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |   |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 262 1518 363"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 478 1518 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 695 1518 795"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

**Date:** 2/23/2022

**Your Name:** Odd Terje Brustugun

**Manuscript Title:** Osimertinib in non-small cell lung cancer with uncommon EGFR-mutations: A post-hoc subgroup analysis with pooled data from two phase II clinical trials

**Manuscript Number (if known):** TLCR-21-995

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 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) |                |  |  |  |   |  |
|---|--|---|----------------|--|--|--|---|--|
| <b>Time frame: Since the initial planning of the work</b>                 |  |   |                |  |  |  |   |  |
| <b>1</b>  | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>AstraZeneca, free drug and financial support of study execution (partial)</td> <td>To institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table> | AstraZeneca, free drug and financial support of study execution (partial)           | To institution |  |  |  | Click the tab key to add additional rows. |  |
| AstraZeneca, free drug and financial support of study execution (partial) | To institution   |   |                |  |  |  |   |  |
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| <b>Time frame: past 36 months</b>   |  |   |                |  |  |  |   |  |
| <b>2</b>  | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>As above</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>   | As above  |                |  |  |  |   |  |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |   |   |  |  |  |  |  |  |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |   |   |  |  |  |  |  |  |
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| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Honoraria for lectures etc from AstraZeneca, Roche, Novartis, Eli Lilly, Pfizer, Sanofi, Bayer, MSD, BMS, BoehringerIngelheim</td> <td>Some to me (&lt;USD 10,000/year in total), some to institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   | Honoraria for lectures etc from AstraZeneca, Roche, Novartis, Eli Lilly, Pfizer, Sanofi, Bayer, MSD, BMS, BoehringerIngelheim | Some to me (<USD 10,000/year in total), some to institution |  |  |  |  |  |  |
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| 6   | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |   |   |  |  |  |  |  |  |
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| 7   | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |   |   |  |  |  |  |  |  |
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| 8   | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |   |   |  |  |  |  |  |  |
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| 9   | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |   |   |  |  |  |  |  |  |
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| 10  | Leadership or fiduciary role in other board,   | <input type="checkbox"/> <b>None</b>  |   |   |   |  |  |  |  |  |  |



|    |  | 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) |
|----|--|--|---|
|    | society, committee or advocacy group, paid or unpaid                             | Leader of writing group of National lung cancer guidelines. Unpaid.                          |   |
|    |  |  |   |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
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| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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**Please place an "X" next to the following statement to indicate your agreement:**

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