Date: February 10 <sup>th</sup> 2022
Your Name:Javier Pozas
Manuscript Title: Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case report
Manuscript number (if known):
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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 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.

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) 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.	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	

lectures, prese	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
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, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non- financial interests	XNone	
Plea	se summarize the above cor	nflict of interest in the follo	wing box:
N	lone.		
Plea	se place an "X" next to the f	ollowing statement to indic	ate your agreement:

Date:\_\_\_\_\_ February 10<sup>th</sup> 2022\_\_\_\_\_

Consulting fees

You	ır Name:Víctor Albarrán_		
Ma	nuscript Title: Anti-Zic	4 paraneoplastic cerebella	ar degeneration in a patient with EGFR-mutated NSCLC: a case
rep	ort		
Ma	nuscript number (if known):		
l 4	ha interest of transportation	ank van ta dianlaca all	undationahina/astivitica/interveta listed helow that are
rela par to t	ited to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the current
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all sup time frame for disclosure is	= = = = = = = = = = = = = = = = = = =	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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		Time frame: pas	st 36 months
2	Grants or contracts from	Time frame: pas	st 36 months
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 group, paid or unpaid		
11		X None	
11	Stock or stock options	xnone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other	X_140116	
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

Date:\_\_\_\_\_ February 10<sup>th</sup> 2022\_\_\_\_\_

Consulting fees

You	r Name:Luis González Ca	ampo	
Ma	nuscript Title: Anti-Zic	4 paraneoplastic cerebella	ar degeneration in a patient with EGFR-mutated NSCLC: a ca
rep	ort		
Ma	nuscript number (if known):		
rela par to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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	em #1 below, report all sup time frame for disclosure is	· · · · · · · · · · · · · · · · · · ·	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
1	All support for the present manuscript (e.g., funding,	^_NOTIE	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
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	any entity (if not indicated		
	in item #1 above).		
3		XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 group, paid or unpaid		
11		X None	
11	Stock or stock options	xnone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other	X_140116	
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

	e: February 10 <sup>th</sup> 2022_	<del></del>		
	r Name:María Eugenia C			
		4 paraneoplastic cerebella	ar degeneration in a patient with EGFR-mutated NSCLC: a	case
•	ort nuscript number (if known):			
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rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. If you are in doubt about whether to list a so.	
	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to tl		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	;
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In it	em #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all other item	s,
the	time frame for disclosure is	the past 36 months.		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed) Time frame: Since the initia	al planning of the work	
		Time frame: Since the mitte	ar 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: pas	t 36 months	
2	Grants or contracts from	X None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 group, paid or unpaid		
11		X None	
11	Stock or stock options	xnone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other	X_140116	
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

Date:\_\_\_\_\_ February 10<sup>th</sup> 2022\_\_\_\_\_

Consulting fees

You	r Name:Elena Corral de l	a Fuente	
Mai	nuscript Title: Anti-Zica	4 paraneoplastic cerebella	er degeneration in a patient with EGFR-mutated NSCLC: a case
rep	ort		
Maı	nuscript number (if known):		
rela part to t	ted to the content of your materials to the content of your materials.	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t med In it	he epidemiology of hyperter dication, even if that medica	nsion, you should declare tion is not mentioned in t port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
3	Noyalties of ficelises	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 group, paid or unpaid		
11		X None	
11	Stock or stock options	xnone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other	X_140116	
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13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

Date:\_\_\_\_\_ February 10<sup>th</sup> 2022\_\_\_\_\_

Consulting fees

You	r Name:ĺñigo Corral Corr	al	
Ma	nuscript Title: Anti-Zic	4 paraneoplastic cerebella	ar degeneration in a patient with EGFR-mutated NSCLC: a case
rep	ort		
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	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to t	• •	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	· · · · · · · · · · · · · · · · · · ·	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	· ·
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 group, paid or unpaid		
11		X None	
11	Stock or stock options	xnone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other	X_140116	
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

You Mar repo	e: February 10 <sup>th</sup> 2022_ r Name:Ángela Carrasco nuscript Title: Anti-Zico ort nuscript number (if known):	 4 paraneoplastic cerebella	r degeneration in a patient with EGFR-mutated NSCLC: a case
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to the med	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the 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	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 group, paid or unpaid		
11		X None	
11	Stock or stock options	xnone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other	X_140116	
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

Date:February 10 <sup>th</sup> 2022
Your Name:Teresa Alonso
Manuscript Title:Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case
report
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.

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	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	IPSEN Roche	Pfizer Sanofi

		Bayer	Astellas
		Janssen-Cilag	MSD
		BMS	EISAI
		Merck	
5	Payment or honoraria for	IPSEN	Pfizer
	lectures, presentations,	BMS	EISAI
	speakers bureaus, manuscript writing or educational events	Merck	
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
_			
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy 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-	XNone	
	financial interests		

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

Speaker, advisory role and consulting fees from IPSEN, Pfizer, Roche, Sanofi, Bayer, Astellas, Janssen-Cilag, MSD, BMS, EISAI, Merck

# 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:February 10 <sup>th</sup> 2022
Your Name:Javier Molina
Manuscript Title:Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case
report
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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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).	Pfizer	IPSEN
3	Royalties or licenses	XNone	
4	Consulting fees	IPSEN	Pfizer
		Roche	Sanofi

		EISAI	Astellas
		Janssen-Cilag	MSD
		BMS	
5	Payment or honoraria for	IPSEN	Pfizer
	lectures, presentations,	Roche	Sanofi
	speakers bureaus, manuscript writing or educational events	EISAI	Astellas
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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,	X_None	
	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:

Speaker, advisory role and consulting fees from IPSEN, Pfizer, Roche, Sanofi, Astellas, Janssen-Cilag, MSD, BMS, EISAI	

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.

You Mar repo	e: February 10 <sup>th</sup> 2022_ r Name:Yolanda Lage nuscript Title: Anti-Zico ort nuscript number (if known):	1 paraneoplastic cerebella	r degeneration in a patient with EGFR-mutated NSCLC: a c	ase
relate part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
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to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items	,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed) 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		

Consulting fees

	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
3	Patents planned, issued or	XNone	
	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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
	·		
2	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
Dloa	se summarize the above co	nflict of interest in the fe	allowing hove
Piea	ise summarize the above co	milict of interest in the id	mowing box:
	lana		
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Plea	ise place an "X" next to the	following statement to i	ndicate vour agreement:

Date:\_\_\_\_\_ February 10<sup>th</sup> 2022\_\_\_\_\_

Consulting fees

You	r Name:Ana Gómez Rue	da		
Mar	nuscript Title: Anti-Zic	4 paraneoplastic cerebella	ar degeneration in a patient with EGFR-mutated NSCLC: a ca	
repo	ort			
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rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
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to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
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		<b>-:</b>	26	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
3	Patents planned, issued or	XNone	
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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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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2	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
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Date: February 10 <sup>th</sup> 2022
Your Name:Pilar Garrido
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		Blueprint Medicines	Guardant Health
		Janssen	Takeda
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		MSD	Roche
		Novartis	Rovi
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
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Speaker, advisory role and consulting fees from Abbvie, AstraZeneca, Blueprint Medicines, Boehringer Ingelheim, Bristol, Gilead, Guardant Health, Janssen, Lilly, MSD, Novartis, Pfizer, Roche, Rovi, Sysmex and Takeda.

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