

ICMJE DISCLOSURE FORM

Date: ____ February 10th 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 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.	__X__ None	
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	
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:

None.

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: February 10th 2022

Your Name: Víctor Albarrán

Manuscript Title: Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case report

Manuscript number (if known): _____

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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ICMJE DISCLOSURE FORM

Date: February 10th 2022
 Your Name: María Eugenia Olmedo García
 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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ICMJE DISCLOSURE FORM

Date: ___ February 10th 2022 ___

Your Name: ___ Elena Corral de la Fuente ___

Manuscript Title: ___ Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case report ___

Manuscript number (if known): _____

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4	Consulting fees	__X__ None	

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ICMJE DISCLOSURE FORM

Date: February 10th 2022

Your Name: Íñigo Corral Corral

Manuscript Title: Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case report

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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ICMJE DISCLOSURE FORM

Date: ___ February 10th 2022 ___

Your Name: ___ Ángela Carrasco ___

Manuscript Title: ___ Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case report ___

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: February 10th 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): _____

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	IPSEN	Pfizer
		Roche	Sanofi

		Bayer	Astellas
		Janssen-Cilag	MSD
		BMS	EISAI
		Merck	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	IPSEN	Pfizer
		BMS	EISAI
		Merck	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

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: February 10th 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): _____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Pfizer	IPSEN
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	IPSEN Roche	Pfizer Sanofi

		EISAI	Astellas
		Janssen-Cilag	MSD
		BMS	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	IPSEN	Pfizer
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ICMJE DISCLOSURE FORM

Date: February 10th 2022

Your Name: Yolanda Lage

Manuscript Title: Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case report

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: February 10th 2022

Your Name: Ana Gómez Rueda

Manuscript Title: Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case report

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: ____ February 10th 2022 ____

Your Name: ____ Pilar Garrido ____

Manuscript Title: ____ Anti-Zic4 paraneoplastic cerebellar degeneration in a patient with EGFR-mutated NSCLC: a case report ____

Manuscript number (if known): _____

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