Date: <u>09.05.2022</u>		
Your Name: Laura	. Klotz	
Manuscript Title:	Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by changi	ing
the surgical treatment	pproach	
Manuscript number (in	nown): TLRC-22-199-CL	

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.

		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	
	<b>3</b> . 1, 1		
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	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	se summarize the above co	nflict of interest in the following box:	

None.

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

Date: May 10th 2022	
Your Name: Hans H	loffmann
Manuscript Title:	Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by changing
the surgical treatment	approach
Manuscript number (if	known): TLCR-22-199

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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		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	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	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	xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
10	5		
12	Receipt of equipment,	xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Diag		afice of interest in the fe	Havring have

None			

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

Date: May. 06 <sup>th</sup> , 2022	
Your Name: Rajiv Shah	
Manuscript Title: Multimodal therapy of pleural mesothelioma: Improved survival by changing the surgical treatment of the	<u>ent</u>
<u>approach</u>	
Manuscript number (if known): TLCR-22-199-CL	

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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		Time frame: Since the initia	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).	Bristol-Myers-Squibb	Institutional
3	Royalties or licenses	XNone	
4	Consulting fees	AMCA	

5	Payment or honoraria for	Roche	Personal lecture fee
	lectures, presentations,	AstraZeneca	Personal lecture fee
	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	X None	
	pending		
9	Participation on a Data	X None	
	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	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests	XNOTIC	
	indicial interests		

The author has received honoraria for lectures from Roche and AstraZeneca, institutional grant from BMS.

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

Date: July 29th, 2022
Your Name: Florian Eichhorn
Manuscript Title: Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by changing the
surgical treatment approach
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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		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	XYes	ROCHE Pharma AG

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	
	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	XNone	
	-		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

	F. Eichhorn received consulting fees from the Roche Pharma AG.				
ı					

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

Date: 2022-07-31	
Your Name:	Christiane Gruenewald
Manuscript Title:	Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by changing
the surgical treatr	nent approach
Manuscript numb	er (if known): TLCR-22-199

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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.

		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	Bristol Myers Squibb	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	Astra zeneca	
6	educational events 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 group, paid or unpaid	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	xNone	

C. Gruenewald received consulting fees from Bristol Myers Squibb and honoraria for speakers from Astra Ze					

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

Date: May 10th 2022	
Your Name: Elena I	Bulut
Manuscript Title:	Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by changing
the surgical treatment	approach
Manuscript number (if	known): TLCR-22-199

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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)
		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	x None	
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	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		
	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	
13	financial interests	ANOTIC	
	a.raidi irreci ests		

None.			

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

Date: <u>09.05.2022</u>		
Your Name:	Griffo, Raffaella	
Manuscript Title: Multimo	dal therapy of pleural mesothelioma: Improved survival by changing th	e surgical
treatment approach		
Manuscript number (if kn	num\: TI CB-22-100-CI	

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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		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).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	5 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		
	,			
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	Stock or stock options	_XNone		
12	Descript of a surject and	V. Name		
12	Receipt of equipment, materials, drugs, medical	_XNone		_
	writing, gifts or other		+	_
	services			
13	Other financial or non-	X None		
	financial interests			_
Plea	Please summarize the above conflict of interest in the following box:			
_				
N	None			

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

Date: <u>09.05.2022</u>					
/our Name: Thomas Muley Ph.D.					
Manuscript Title: Multimodal therapy of pleural mesothelioma: Improved survival by					
changing the surgical treatment approach					
Manuscript number (if known): TLCR-22-199-CL					

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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		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	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	
	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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

none		

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

Date:06.05.2022	_			
Your Name:Petros Christopoulos				
Manuscript Title: Multimodal therapy of pleural mesothelioma: Improved survival by				
changing the surgical treatment approach				
Manuscript number (if known): TLCR-22-199-CL				

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>.

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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,	xNone	
	medical writing, article processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any	Roche	research grant (to institution)
	entity (if not indicated in	Takeda	research grant (to institution)
	item #1 above).	Amgen	research grant (to institution)
		Merck	research grant (to institution)
		AstraZeneca	research grant (to institution)
		Novartis	research grant (to institution)
3	Royalties or licenses	xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for	Roche	speaker's honoraria to myself
	lectures, presentations,	Takeda	speaker's honoraria to myself
	speakers bureaus, manuscript writing or	Gilead	speaker's honoraria to myself
	educational events	AstraZeneca	speaker's honoraria to myself
	educational events	Pfizer	speaker's honoraria to myself
_		Novartis	speaker's honoraria to myself
6	Payment for expert	_xNone	
	testimony		
_			
7	Support for attending	AstraZeneca	to myself
	meetings and/or travel	Janssen	to myself
		Daiichi Sankyo	to myself
		Takeda	to myself
		Novartis	to myself
		Eli Lilly	to myself
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	Pfizer	advisory board
	Safety Monitoring Board or	Chugai	advisory board
	Advisory Board	Boehringer Ingelheim	advisory board
		Roche	advisory board
10	Leadership or fiduciary role in	_xNone	
	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		

Petros Christopoulos has received research funding from AstraZeneca, Novartis, Roche, and Takeda, speaker's honoraria from AstraZeneca, Novartis, Roche, Takeda, support for attending meetings from AstraZeneca, Eli Lilly, Gilead, Novartis, Takeda, and personal fees for participating to advisory boards from Boehringer Ingelheim, Chugai, Pfizer and Roche, all outside the submitted work.

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

Date: _	Mai. 6 <sup>th</sup> , 2022			
Your N	lame: Philip Baum			
Manus	script Title: Multimodal therapy of pleural mesothelioma: Improved survival by			
changi	ing the surgical treatment approach			
Manuscript number (if known):				

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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.	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	X None	
	testimony		
	,		
7	Support for attending	X None	
	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	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
42	Descript of any i	V Name	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
L	services		
13	Other financial or non-	XNone	
	financial interests		

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. \_\_\_ May 6th, 2022

P. Zam

Date: May	. 10 <sup>th</sup> , 2022
Your Name:	Peter Huber
Manuscript Tit	le: Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by
changing the	urgical treatment approach
Manuscrint nu	mber (if known): TI CR-22-199

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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		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	

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	XNone	
	<b>.</b>		
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	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
	Services		
13	Other financial or non-	XNone	
	financial interests		

None.	

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

Date: May 1	0th, 2022	
Your Name:	Sever Safi	
Manuscript Title	: Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by c	hanging
the surgical trea	tment approach	
Manuscript num	ber (if known):TLCR-22-199	

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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	
	C III C	V N	
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	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	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-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the f	ollowing box:

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

None.

Date: 06 Man 1022						
Your Name: MARK KRIEGS	MANN				,	
Manuscript Title: Mulh model	therapy of	plewal	misotheliama:	huflord	d snevival	69
Manuscript number (if known):	1 1	1	dranging	the	tratment	approach

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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		Time frame: Since the initi	al planning of the work
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701		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	_X_None	
4	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus,	<u></u> ✓ None	
manuscript writing or		
educational events		
Payment for expert	✓ None	
testimony		
Support for attending	✓ None	
Patents planned, issued or	√ None	
pending		
Participation on a Data Safety Monitoring Board or	× None	
	The state of the s	
Leadership or fiduciary role	x_ None	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
Stock or stock options	<u></u> ★ None	
Pacaint of aguinment	None	
	73.1010	
writing, gifts or other		
	√ None	
	Notice	
mancial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None

Nove.		

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.

MARK KRIEGSMANN Hindhilberg 6. Main 2022 Why

Date:	01.08.2022			
Your Name:	Thomas, Michael			
Manuscript Title:	Multimodal therapy of pleural mesothelioma: Improved survival by changing the			
surgical treatmen	t approach			
Manuscript number (if known): TI CR-22-199-CI				

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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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from	AstraZeneca	Institution
	any entity (if not indicated	Bristol-Myers Squibb	Institution
	in item #1 above).	Merck	Institution
		Roche	Institution
		Takeda	Institution
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	AbbVie	Self
5	lectures, presentations,	AstraZeneca	Self
	speaker's bureaus,		
	manuscript writing or	Beigene	Self
	educational events	Bristol-Myers Squibb	Self
	educational events	Boehringer Ingelheim	Self
		Celgene	Self
		Chugai	Self
		Daiichi Sankyo	Self
		GlaxoSmithKline	Self
		Janssen Oncology	Self
		Lilly	Self
		MSD	Self
		Novartis	Self
		Pfizer	Self
		Sanofi	Self
		Roche	Self
		Takeda	Self
6	Payment for expert testimony	None	
7	Support for attending	AstraZeneca	Self
	meetings and/or travel	Bristol-Myers Squibb	Self
		Janssen Oncology	Self
		MSD	Self
		Pfizer	Self
		Roche	Self
		Takeda	Self
8	Patents planned, issued or pending	None	Jen
9	Participation on a Data	AbbVie	Self
9	Safety Monitoring Board or	AstraZeneca	Self
	Advisory Board		Self
	Advisory Board	Beigene	Self
		Bristol-Myers Squibb	Self
		Boehringer Ingelheim	
		Churci	Self
		Chugai	Self
		Daiichi Sankyo	Self
		GlaxoSmithKline	Self
		Janssen Oncology	Self
		Lilly	Self
		MSD	Self
		Novartis	Self
		Pfizer	Self
		Sanofi	Self
		Roche	Self
		Takeda	Self
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		

11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

M. Thomas received contracts/ grants from Astra Zeneca, Bristol-Myers Squibb, Merck, Roche, and Takeda within the institution. In addition, M. Thomas received speakers honoraria from AbbVie, AstraZeneca, Beigene, Bristol-Myers Squibb, Boehringer Ingelheim, Celgene, Chugai, Daiichi Sankyo, GlaxoSmithKline, Janssen Oncology, Lilly, MSD, Novartis, Pfizer, Sanofi, Roche, and Takeda. M. Thomas received support for attendance of meetings from AstraZeneca, Bristol-Myers Squibb, Janssen Oncology, MSD, Pfizer, Roche, and Takeda. For participation in the advisory board, M. Thomas received honoraria from AbbVie, AstraZeneca, Beigene, Bristol-Myers Squibb, Boehringer Ingelheim, Celgene, Chugai, Daiichi Sankyo, GlaxoSmithKline, Janssen Oncology, Lilly, MSD, Novartis, Pfizer, Sanofi, Roche, and Takeda.

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

Date: <u>09 May 2</u>	2022			
our Name: I	Helge Bischoff			
Manuscript Title:	Multimodal therapy of pleural mesothelioma: Improved survival by			
changing the surgi	cal treatment approach			
Manuscript number (if known): TLCR-22-199-CL				

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		Time frame: Since the initia	l 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	
	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	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

None.	
	l

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

Date: May	10 <sup>th</sup> , 2022
Your Name:	Hauke Winter
Manuscript Tit	le: Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by
changing the s	urgical treatment approach
Manuscrint nu	mber (if known): TI CR-22-199

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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		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	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	XNone	
	<b>.</b>		
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	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
	Services		
13	Other financial or non-	XNone	
	financial interests		

None.	

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

Date: May 10th 2022	
Your Name: Martin	Eichhorn
Manuscript Title:	Multimodal therapy of epithelioid pleural mesothelioma: Improved survival by changing
the surgical treatment	approach
Manuscript number (if	known): TLCR-22-199-CL

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		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	_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	
	meetings and/or traver		
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	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		
Dica		uflict of interest in the fa	

None			

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