

ICMJE DISCLOSURE FORM

Date: 16/05/22

Your Name: Michela Verzè

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

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.

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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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

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.

16/05/22, PARRA

Michele Veru

ICMJE DISCLOSURE FORM

Date: 16/05/22

Your Name: Monica Pluchino

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

Manuscript number (if known):

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

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.

PARMA, 16/05/22

Naica Philo

ICMJE DISCLOSURE FORM

Date: 06/05/2022

Your Name: Alessandro Leonetti

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

Manuscript number (if known):

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra-Zeneca	Payment made to me
		MSD	Payment made to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Beigene	Payment made to me
		Sanofi	Payment made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

Alessandro Leonetti has received speakers' fees for Astra-Zeneca and MSD. Alessandro Leonetti has been on advisory boards for BeiGene and Sanofi.

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.

PANMA, 23/05/2022



ICMJE DISCLOSURE FORM

Date: 16/05/22

Your Name: Matilde Corianò

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

Manuscript number (if known):

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

Parma, 16/05/2022



ICMJE DISCLOSURE FORM

Date: 16/05/22

Your Name: Francesco Bonatti

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

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

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

PARMA 16.05.2022



ICMJE DISCLOSURE FORM

Date: 16/05/22

Your Name: Maria Pia Armillotta

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

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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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

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.

PARMA, 16/05/2022

Maria Pia Armirotto

ICMJE DISCLOSURE FORM

Date: 16/05/2022

Your Name: Fabiana Perrone

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____ None	
3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

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

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

I have no conflict of interest.

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.

Parma, 16/05/2022

F. Perrone

ICMJE DISCLOSURE FORM

Date: 16/05/22

Your Name: MIRJAM SASACI

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

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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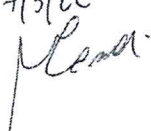
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

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.

PARVA, 17/5/20


ICMJE DISCLOSURE FORM

Date: 10/05/2022

Your Name: Roberta Minari

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis	Payment was made to me.
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

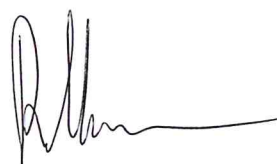
Roberta Minari has received payment for manuscript writing from Novartis

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.

10.05.22

PARMA



ICMJE DISCLOSURE FORM

Date: 20/05/22

Your Name: Marcello Tiseo

Manuscript Title: Role of ctDNA for the detection of minimal residual disease (MRD) in resected non-small cell lung cancer (NSCLC): a systematic review

Manuscript number (if known):

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Institutional research grants from Astra-Zeneca, Boehringer Ingelheim.	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	BMS, Roche, Pfizer, Astra-Zeneca, Takeda, Sanofi	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra-Zeneca, Pfizer, Eli-Lilly, Novartis, Roche, MSD, Boehringer Ingelheim, Takeda, Amgen, Merck	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

Conflict of interest: M.T. received speakers' and/or consultants' fee from Astra-Zeneca, Pfizer, Eli-Lilly, BMS, Novartis, Roche, MSD, Boehringer Ingelheim, Takeda, Amgen, Merck, Sanofi.

M.T. received institutional research grants from Astra-Zeneca, Boehringer Ingelheim.

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



UNIVERSITÀ DI PARMA
DIPARTIMENTO DI MEDICINA E CHIRURGIA
Prof. Marcello Tiseo