

ICMJE DISCLOSURE FORM

Date: 12/30/2022
 Your Name: Marc G DENIS
 Manuscript Title: Molecular minimal residual disease in resected NSCLC : results of specifically designed interventional clinical trials eagerly awaited
 Manuscript number (if known): TLCR-22-899

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
/2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca BluePrint Medicines	Payment made to institution Payment made to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	AMGEN Takeda Janssen	Payment made to me Payment made to me Payment made to me
5	Payment or honoraria for lectures, presentations,	BMS Takeda	Payment made to me Payment made to me

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Pfizer	Payment made to me
		Takeda	Payment made to me
		AstraZeneca	Payment made to me
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca	Payment made to me
		Takeda	Payment made to me
		Daiichi Sankyo	Payment made to me
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:

MGD received research grants from AstraZeneca and BluePrint Medicines, consulting fees from AMGEN, Takeda and Janssen, honoraria for lectures from BMS and Takeda, supports for attending meetings from Pfizer, Takeda and AstraZeneca, and participated on advisory boards for AstraZeneca, Takeda and Daiichi Sankyo.

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: 30/12/2022

Your Name: Guillaume HERBRETEAU

Manuscript Title: Molecular minimal residual disease in resected NSCLC: results of specifically designed interventional clinical trials eagerly awaited

Manuscript number (if known): _____

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Time frame: Since the initial planning of the work			
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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	Pierre Fabre Oncologie	Journées Horizons Mélanome 2022 - personal payment
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Astrazeneca	
		Roche Diagnostics	
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:

GH received honoraria for lectures from Pierre Fabre Oncologie and supports for attending meetings from Astrazeneca and Roche Diagnostics.

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.

ICMJE DISCLOSURE FORM

Date: 30/12/2022

Your Name: Elvire Pons-Tostivint

Manuscript Title: Molecular minimal residual disease in resected NSCLC: results of specifically designed interventional clinical trials eagerly awaited

Manuscript number (if known): _____

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

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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	BMS	Payment made to me
		Sanofi	Payment made to me
		Astrazeneca	Payment made to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Astrazeneca	Payment made to me
		Pfizer	Payment made to me
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	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:

EPT received honoraria for lectures from BMS, Sanofi and AstraZeneca, supports for attending meetings from AstraZeneca and Pfizer, and participated on advisory boards for 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.