

## ICMJE DISCLOSURE FORM

**Date:** 2nd March 2023

**Your Name:** Hugo Arasanz

**Manuscript Title:** Prolonged disease control with local treatments in oligo-acquired resistance to immune-checkpoint inhibitors

**Manuscript number (if known):** TLCR-23-50

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Asociación Española Contra el Cáncer (AECC)	Clínico Junior 2019 scholarship
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	Takeda, MSD, Angelini Pharma	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra Zeneca	
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	Ferrer Farma	Clinical trial coordination

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

H.A. is supported by the Clínico Junior 2019 scholarship from the AECC (CLJUN19010ARAS). He has received honoraria for advisory roles from Astra Zeneca, for clinical trial coordination from Ferrer Farma, and accommodation/travel expenses by Takeda, MSD and Angelini Pharma.

**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:** 2nd March 2023

**Your Name:** Idoia Morilla Ruiz

**Manuscript Title:** Prolonged disease control with local treatments in oligo-acquired resistance to immune-checkpoint inhibitors

**Manuscript number (if known):** TLCR-23-50

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

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

## ICMJE DISCLOSURE FORM

**Date:** 2nd March 2023

**Your Name:** Maite Martínez Aguillo

**Manuscript Title:** Prolonged disease control with local treatments in oligo-acquired resistance to immune-checkpoint inhibitors

**Manuscript number (if known):** TLCR-23-50

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<b>Time frame: past 36 months</b>			
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	

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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.

ICMJE DISCLOSURE FORM

Date: 2nd March 2023

Your Name: Lucía Teijeira Sánchez

Manuscript Title: Prolonged disease control with local treatments in oligo-acquired resistance to immune-checkpoint inhibitors

Manuscript number (if known): TLCR-23-50

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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



## ICMJE DISCLOSURE FORM

**Date:** 2nd March 2023

**Your Name:**           Ruth Vera          

**Manuscript Title:** Prolonged disease control with local treatments in oligo-acquired resistance to immune-checkpoint inhibitors

**Manuscript number (if known):** TLCR-23-50

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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.

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<b>Time frame: past 36 months</b>			
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	___ ROCHE, AMGEM, MERCK, MSD, Lilly, Organon, BAYER	Personal
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ MSD, MERCK, Lilly	Personal
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ Novartis	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ AECC, SEOM, ECO	
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:**

Ruth Vera reports that she receives Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from ROCHE, AMGEM, MERCK, MSD, Lilly, Organon, and BAYER, and received support for attending meetings and/or travel from MSD, MERCK, and Lilly, and serves on a Data Safety Monitoring Board or Advisory Board of Novartis, and takes a leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid of AECC, SEOM, and ECO.

**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:** 2nd March 2023

**Your Name:** Maria Alsina

**Manuscript Title:** Prolonged disease control with local treatments in oligo-acquired resistance to immune-checkpoint inhibitors

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	yes	BMS, MSD and Servier

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	yes	Amgen, BMS, Lilly, MSD, Roche and Servier
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:**

I have received honoraria for consultancy/advisory from BMS, MSD and Servier; and received payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events for speaking issues from Amgen, BMS, Lilly, MSD, Roche and Servier.

**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.