

ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Dr. S. Lakkunaraiah

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

Manuscript number (if known): TLCR-23-81

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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 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: April 23, 2023

Your Name: Dr. P. Truong

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

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3	Royalties or licenses	UpToDate, Wolters Kluwer Health Publishing	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Mr. J. Bone

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ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Mr. C. Hughesman

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

Manuscript number (if known): TLCR-23-81

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ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Mr. S. Yip

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

Manuscript number (if known): TLCR-23-81

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Amgen, AstraZeneca, Bayer, Incyte, and Roche	

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	
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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:

The author receives consulting fees from Amgen, AstraZeneca, Bayer, Incyte, and Roche

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ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Mr. D. Alex

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

Manuscript number (if known): TLCR-23-81

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ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Dr. J. Hart

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

Manuscript number (if known): TLCR-23-81

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ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Mr. P. Pollack

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

Manuscript number (if known): TLCR-23-81

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ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Ms. S. Egli

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

Manuscript number (if known): TLCR-23-81

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ICMJE DISCLOSURE FORM

Date: April 23 2023

Your Name: Ms. M. Clarkson

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

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Date: April 23 2023

Your Name: Dr. M. Lesperance

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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 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	
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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: April 23 2023

Your Name: Dr. D. Ksienski

Manuscript Title: First-line Osimertinib for Patients with EGFR mutated advanced Nonsmall cell lung cancer: Efficacy and Safety during the COVID-19 pandemic.

Manuscript number (if known): TLCR-23-81

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.	Grant from the BC Cancer Foundation	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Unrestricted educational grant from AstraZeneca	
3	Royalties or licenses	<u> X </u> None	

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

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The author received a grant from the BC Cancer Foundation for this manuscript and has received unrestricted educational grants from AstraZeneca. The author has received honoraria from BMS and Merck to speak at continuing medical education events.

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