

ICMJE DISCLOSURE FORM

Date: 9/10/2023

Your Name: Naofumi Hara

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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**.

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.	___ 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	<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:

<p>NH declare no conflicts of interest regarding this study.</p>
--

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: 9/10/2023

Your Name: Eiki Ichihara

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Takeda Pharmaceutical Company Limited	Research funding
		Pfizer Japan Inc.	Research funding
		AstraZeneca K.K.	Research funding
		MSD	Research funding
		Janssen Pharmaceutical K.K.	Research funding
		Nippon Kayaku Co.,Ltd.	Research funding

3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca K.K.	honoraria
		Takeda Pharmaceutical Company Limited	honoraria
		Janssen Pharmaceutical K.K.	honoraria
		Chugai Pharmaceutical Co.,Ltd.	honoraria
		Pfizer Japan Inc.	honoraria
		Novartis Pharma K.K.	honoraria
		ONO PHARMACEUTICAL CO., LTD.	honoraria
		Merck & Co., Inc.	honoraria
		Bristol-Myers Squibb Company	honoraria
		Eli Lilly Japan K.K.	honoraria
		Nippon Boehringer Ingelheim Co., Ltd.	honoraria
Nippon Kayaku Co.,Ltd.	honoraria		
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	___ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<u> </u> None	

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

El received honoraria from AstraZeneca K.K., Takeda Pharmaceutical Company Limited, Janssen Pharmaceutical K.K., Chugai Pharmaceutical Co.,Ltd., Pfizer Japan Inc., Novartis Pharma K.K., ONO PHARMACEUTICAL CO., LTD., Merck & Co., Inc., Bristol-Myers Squibb Company, Eli Lilly Japan K.K., Nippon Boehringer Ingelheim Co., Ltd., and Nippon Kayaku Co.,Ltd. El received additional research funding from Takeda Pharmaceutical Company Limited, Pfizer Japan Inc., AstraZeneca K.K., MSD, Janssen Pharmaceutical K.K., and Nippon Kayaku Co.,Ltd.

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.

ICMJJE DISCLOSURE FORM

Date: 9/10/2023

Your Name: Hirohisa Kano

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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**.

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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
5		Bristol-Myers Squibb K.K.	Honoraria

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca K.K.	Honoraria
		Chugai Pharmaceutical Co., Ltd.	Honoraria
		Ono Pharmaceutical Co., Ltd.	Honoraria
		MSD K.K.	Honoraria
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:

HK received honoraria from AstraZeneca, Chugai Pharmaceutical, Ono Pharmaceutical, MSD, and Bristol-Myers Squibb.

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: 9/10/2023

Your Name: Chihiro Ando

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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

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:

CA declare no conflicts of interest regarding this study.

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: 9/10/2023

Your Name: Ayako Morita

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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**.

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.	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	<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:

AM declare no conflicts of interest regarding this study.

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: 9/10/2023

Your Name: Tatsuya Nishi

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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**.

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.	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	<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:

<p>TN declare no conflicts of interest regarding this study.</p>
--

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: 9/10/2023

Your Name: Sachi Okawa

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	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	<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:

<p>SO declare no conflicts of interest regarding this study.</p>
--

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: 9/10/2023

Your Name: Takamasa Nakasuka

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	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	<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:

<p>NT declare no conflicts of interest regarding this study.</p>
--

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: 9/10/2023
 Your Name: Atsuko Hirabae
 Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer
 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.

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.	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	<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:

AH declare no conflicts of interest regarding this study.

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.

ICMJJE DISCLOSURE FORM

Date: 9/10/2023

Your Name: Masaya Abe

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	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	<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:

<p>MA declare no conflicts of interest regarding this study.</p>
--

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: 9/10/2023

Your Name: Noboru Asada

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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**.

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.	____ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis Pharma K.K.	Research grant to me
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis Pharma K.K.	Honoraria for lectures/presentation
		Kyowa Kirin Co., Ltd.	Honoraria for lectures/presentation
		AbbVie GK	Honoraria for lectures/presentation
		Chugai Pharmaceutical Co.,Ltd.	Honoraria for lectures/presentation
		Meiji Seika Pharma Co., Ltd.	Honoraria for lectures/presentation
		Otsuka Pharmaceutical Co., Ltd.	Honoraria for lectures/presentation
		Asahi Kasei Pharma Corporation	Honoraria for lectures/presentation
		Nippon Shinyaku Co., Ltd.	Honoraria for lectures/presentation
		Astellas Pharma Inc.	Honoraria for lectures/presentation
		Sanofi K.K.	Honoraria for lectures/presentation
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:

NA received honoraria from Novartis Pharma, Kyowa Kirin, AbbVie, Chugai Pharmaceutical, Meiji Seika Pharma, Otsuka Pharmaceutical, Asahi Kasei Pharma, Nippon Shinyaku, Astellas Pharma, Sanofi. NA received additional research funding from Novartis Pharma.

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: 9/10/2023

Your Name: Kiichiro Ninomiya

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	____ 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		AstraZeneca K.K.	Honoraria, made to me

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Boehringer Ingelheim Co., Ltd.	Honoraria, made to me
		Kyowa Kirin Co., Ltd.	Honoraria, made to me
		Eli Lilly Japan K.K.	Honoraria, made to me
		Chugai Pharmaceutical Co., Ltd.	Honoraria, made to me
		Nippon Kayaku Co., Ltd.	Honoraria, made to me
		TAIHO Pharmaceutical Co., Ltd.	Honoraria, made to me
		MSD K.K.	Honoraria, made to me
		Ono Pharmaceutical Co., Ltd.	Honoraria, made to me
		Takeda Pharmaceutical Company Limited	Honoraria, made to me
		Pfizer Japan Inc.	Honoraria, made to me
		Bristol-Myers Squibb K.K.	Honoraria, made to me
		Pfizer Inc.	Honoraria, made to me
		Elekta K.K.	Honoraria, made to me
		Janssen Pharmaceutical K.K.	Honoraria, made to me
Daiichi Sankyo	Honoraria, 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:

KN received honoraria from AstraZeneca, Boehringer Ingelheim, Kyowa Kirin, Eli Lilly Japan, Chugai Pharmaceutical, Nippon Kayaku, TAIHO Pharmaceutical, MSD, Ono Pharmaceutical, Takeda Pharmaceutical, Pfizer Japan, Bristol-Myers Squibb, Pfizer, Elekta, Janssen Pharmaceutical, 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: 9/10/2023
 Your Name: Go MAKIMOTO
 Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer
 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**.

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).	<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	<input type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events	Chugai Pharmaceutical Co., Ltd. Novartis International AG Kyowa Kirin Co., Ltd. Merck & Co., Inc. ONO PHARMACEUTICAL CO., LTD.	Honoraria Honoraria Honoraria Honoraria
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:

Go Makimoto received honoraria from Chugai Pharmaceutical Co., Ltd., Novartis International AG, Kyowa Kirin Co., Ltd., Merck & Co., Inc., and ONO PHARMACEUTICAL CO., LTD..

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: 9/10/2023

Your Name: Masanori Fujii

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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**.

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.	____ 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	<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:

MF declare no conflicts of interest regarding this study.

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: 9/10/2023

Your Name: Toshio Kubo

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
5		Bristol-Myers Squibb K.K.	me

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Taiho Pharmaceutical Co., Ltd.	me
		Kyowa Hakko Kirin Co., Ltd.	me
		AstraZeneca K.K.	me
		Ono Pharmaceutical Co., Ltd.	me
		Nippon Kayaku Co., Ltd.	me
		Chugai Pharmaceutical Co., Ltd.	me
		MSD K.K.	me
		Pfizer Japan Inc.	me
		Eli Lilly Japan K.K.	me
		Novartis International AG	me
		Boehringer Ingelheim Co., Ltd.	me
Towa Pharmaceutical Co., Ltd.	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:

TK received honoraria from Bristol-Myers Squibb, Taiho Pharmaceutical, Kyowa Hakko Kirin, AstraZeneca, Ono Pharmaceutical, Nippon Kayaku, Chugai Pharmaceutical, MSD, Pfizer Japan, Eli Lilly Japan, Novartis International, Boehringer Ingelheim, and Towa Pharmaceutical.

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: 9/10/2023

Your Name: Kadoaki Ohashi

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer Ingelheim Co., Ltd. Research funding Chugai Pharmaceutical Co., Ltd. Research funding
3	Royalties or licenses	None
4	Consulting fees	None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	KO received honoraria from Lilly, Nihon kayaku, Kyowa-Kirin, Boehringer Ingelheim, Novartis, and Chugai pharmaceutical; research funding from Boehringer Ingelheim, Novartis, AstraZeneca, Eli Lilly, MSD, and Daiichi-Sankyo outside the submitted work.	
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	Research drugs from Ono pharma, or, Novartis, Genentech under MTA outside the submitted work.	
13	Other financial or non-financial interests	___ None	

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

KO received honoraria from Lilly, Nihon kayaku, Kyowa-Kirin, Boehringer Ingelheim, Novartis, and Chugai pharmaceutical; research funding from Boehringer Ingelheim, Novartis, AstraZeneca, Eli Lilly, MSD, Chugai pharmaceutical, and Daiichi-Sankyo outside the submitted work. KO received research drugs from Ono pharma, or, Novartis, Genentech under MTA outside the submitted work.

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: 9/10/2023

Your Name: Katsuyuki Hotta

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	MSD K.K.	Made to me
		AstraZeneca K.K.	Made to me
		Chugai Pharmaceutical Co., Ltd.	Made to me
		Eli Lilly Japan K.K.	Made to me
		Bristol-Myers Squibb K.K.	Made to me
		AbbVie GK	Made to me
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pfizer Japan Inc. AstraZeneca K.K. Chugai Pharmaceutical Co., Ltd. Eli Lilly Japan K.K. Takeda Pharmaceutical Co., Ltd. MSD K.K. Bristol-Myers Squibb K.K. Ono Pharmaceutical Co., Ltd. Nippon Kayaku Co., Ltd. Boehringer-Ingelheim Co., Ltd	Made to me Made to me Made to me Made to me Made to me Made to me Made to me Made to me 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:

KH received honoraria from Pfizer Japan, AstraZeneca, Chugai Pharmaceutical, Eli Lilly Japan, Takeda Pharmaceutical, MSD, Bristol-Myers Squibb, Ono Pharmaceutical, Nippon Kayaku, and Boehringer-Ingelheim. KH received additional research funding from MSD, AstraZeneca, Chugai Pharmaceutical, Eli Lilly Japan, Bristol-Myers Squibb, and AbbVie.

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: 9/10/2023

Your Name: Masahiro Tabata

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	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	ONO PHARMACEUTICAL CO., LTD.	honoraria
		Chugai Pharmaceutical Co., Ltd.	honoraria
		AstraZeneca K.K.	honoraria
		Pfizer Japan Inc.	honoraria
		Novartis Pharma K.K.	honoraria
		TAIHO Pharmaceutical Co., Ltd.	honoraria
		Bristol-Myers Squibb K.K.	honoraria
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:

MT received honoraria from Ono Pharmaceutical, Chugai Pharmaceutical, AstraZeneca, Pfizer Japan, Novartis Pharma, TAIHO Pharmaceutical, and Bristol-Myers Squibb.

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: 9/10/2023

Your Name: Yoshinobu Maeda

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	None
Time frame: past 36 months		
B2	Grants or contracts from any entity (if not indicated in item #1 above).	Astellas Pharma Inc. Research funding and Scholarship donation Asahi Kasei Pharma Corporation Scholarship donation Eisai Co., Ltd. Scholarship donation Otsuka Pharmaceutical Co., Ltd. Scholarship donation Kyowa Kirin Co., Ltd. Scholarship donation TAIHO Pharmaceutical Co., Ltd. Scholarship donation Takeda Pharmaceutical Company Limited Scholarship donation Chugai Pharmaceutical Co.,Ltd. Research funding and Scholarship donation Japan Blood Products Organization Scholarship donation Nippon Shinyaku Co., Ltd. Research funding and Scholarship donation

		Mallinckrodt Pharma K.K.	Scholarship donation
		REGIMMUNE Co, Ltd.	Scholarship donation
		AstraZeneca K.K.	Research funding and Scholarship donation
		Novartis Pharma K.K.	Research funding
		Janssen Pharmaceutical K.K.	Research funding
		Mundipharma K.K.	Research funding
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca K.K.	Honoraria
		Astellas Pharma Inc.	Honoraria
		Amgen K.K.	Honoraria
		AbbVie GK	Honoraria
		Elsai Co., Ltd	Honoraria
		Otsuka Pharmaceutical Co., Ltd.	Honoraria
		ONO PHARMACEUTICAL CO., LTD.	Honoraria
		KYORIN Pharmaceutical Co.,Ltd.	Honoraria
		Kyowa Kirin Co., Ltd.	Honoraria
		Sanofi K.K.	Honoraria
		Celgene Corporation	Honoraria
		Bristol-Myers Squibb K.K.	Honoraria
		CSL Behring K.K.	Honoraria
		DAIICHI SANKYO COMPANY, LIMITED	Honoraria
		Sumitomo Dainippon Pharma Co., Ltd.	Honoraria
		Takeda Pharmaceutical Company Limited	Honoraria
		TERUMO CORPORATION	Honoraria
		Chugai Pharmaceutical Co.,Ltd.	Honoraria
		Nippon Shinyaku Co., Ltd.	Honoraria
		Novartis Pharma K.K.	Honoraria
		Pfizer Japan Inc.	Honoraria
		Mundipharma K.K.	Honoraria
		Human Life CORD Japan Inc.	Honoraria
		Meiji Seika Pharma Co., Ltd.	Honoraria
		Janssen Pharmaceutical K.K.	Honoraria
		Yakult Honsha Co.,Ltd.	Honoraria
		Asahi Kasei Pharma Corporation.	Honoraria
		Viatrix Inc.	Honoraria
		KISSEI PHARMACEUTICAL CO., LTD.	Honoraria
		KONICA MINOLTA, INC.	Honoraria
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	

8	Patents planned, issued or pending	<u>None</u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>None</u>	
11	Stock or stock options	<u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>None</u>	
13	Other financial or non-financial interests	<u>None</u>	

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

YM received honoraria from AstraZeneca, Astellas Pharma, Amgen, AbbVie, Eisai, Otsuka Pharmaceutical, Ono Pharmaceutical, KYORIN Pharmaceutical, Kyowa Kirin, Sanofi, Celgene, Bristol-Myers Squibb, CSL Behring, Daiichi Sankyo, Sumitomo Dainippon Pharma, Takeda Pharmaceutical, TERUMO, Chugai Pharmaceutical, Nippon Shinyaku, Novartis Pharma, Pfizer Japan, Mundipharma, Human Life CORD Japan, Meiji Seika Pharma, Janssen Pharmaceutical, Yakult Honsha, Asahi Kasei Pharma, Viartis, KISSEI PHARMACEUTICAL, and KONICA MINOLTA. YM received additional research funding from Astellas Pharma, Chugai Pharmaceutical, Nippon Shinyaku, AstraZeneca, Novartis Pharma, Janssen Pharmaceutical, and Mundipharma. YM received scholarship donation from Astellas Pharma, Asahi Kasei Pharma, Eisai, Otsuka Pharmaceutical, Kyowa Kirin, TAIHO Pharmaceutical, Takeda Pharmaceutical, Chugai Pharmaceutical, Japan Blood Products Organization, Nippon Shinyaku, Mallinckrodt Pharma, REGIMMUNE, and AstraZeneca.

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: 9/10/2023

Your Name: Katsuyuki Kiura

Manuscript Title: CDK4/6 signaling attenuates the effect of epidermal growth factor receptor tyrosine kinase inhibitors in EGFR mutant non-small cell lung cancer

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.

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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Ono Pharmaceutical Co., Ltd.	Research funding
		Boehringer Ingelheim Co., Ltd.	Research funding
		Novartis International AG	Research funding
		Takeda Pharmaceutical Co., Ltd.	Research funding
		KYORIN Pharmaceutical Co., Ltd.	Scholarship donation
		SHIONOGI & Co., Ltd.	Scholarship donation
		Nippon Kayaku Co., Ltd.	Scholarship donation
		Taiho Pharmaceutical Co., Ltd.	Scholarship donation
		Chugai Pharmaceutical Co., Ltd.	Scholarship donation

3	Royalties or licenses	None	
4	Consulting fees	Nippon Kayaku Co.,Ltd. NIPRO CORPORATION	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca K.K. Eli Lilly Japan K.K. Taiho Pharmaceutical Co., Ltd. Chugai Pharmaceutical Co., Ltd. Pfizer Japan Inc. Ono Pharmaceutical Co., Ltd. Bristol-Myers Squibb K.K. MSD K.K. Boehringer Ingelheim Co., Ltd. Merck Biopharma Co., Ltd Nippon Kayaku Co., Ltd. Takeda Pharmaceutical Co., Ltd.	Honoraria for lecture Honoraria for lecture Honoraria for lecture Honoraria for lecture Honoraria for lecture Honoraria for lecture Honoraria for lecture Honoraria for lecture Honoraria for lecture Honoraria for lecture Honoraria for lecture
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:

KK received honoraria from AstraZeneca, Eli Lilly Japan, TAIHO Pharmaceutical, Chugai Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, Bristol-Myers Squibb, MSD, Boehringer Ingelheim, Merck Biopharma, Nippon Kayaku, and Takeda Pharmaceutical. KK received consulting fee from Nippon Kayaku and NIPRO. KK received additional research funding from Boehringer Ingelheim, Ono Pharmaceutical, Novartis International, and Takeda Pharmaceutical. KK received scholarship donation from KYORIN Pharmaceutical, SHIONOGI, Nippon Kayaku, Taiho Pharmaceutical, and Chugai Pharmaceutical.

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.