ICMJE DISCLOSURE FORM

Date: October. 8 th , 2023						
Your Name:	Maxime Borgeau	ıd				
Manuscript Tit	le: Bringing Immune	e-checkpoint Inhibitors	earlier in the mar	agement of Non-Sn	nall Cell Lung Cand	:eı
Manuscript nu	mber (if known):	TLCR-23-466				

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	X None	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	X None	
9		XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the foll	owing box:

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

None.

__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: October 6, 2023

Your Name: Alex Friedlaender

Manuscript Title: Bringing Immune-checkpoint Inhibitors Earlier in the Management of Non-Small Cell Lung Cancer

Manuscript number (if known): TLCR 23-466

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees		
		Amgen, AstraZeneca,	Self
		Roche, Astellas, Takeda,	For consulting and advisory boards

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

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

AF received payments from Amgen, AstraZeneca, Roche, Astellas, Takeda, Bristol-Myers Squibb, Merck Sharpe Dohme, Pfizer, Merck, Novartis and Janssen, outside the scope of this manuscript.

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:	5/10/2023			
Your Name:	Your Name: Alfredo Addeo			
Manuscript Title:	Bringing Immune-checkpoint Inhibitors Lung Cancer	Bringing Immune-checkpoint Inhibitors Earlier in the management of Non-Small Cell Lung Cancer		
Manuscript Number (if l	(nown): <u>TLCR 23-466</u>			
content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m	arency, we ask you to disclose all relationships/activitript. "Related" means any relation with for-profit or roof the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activitros/activities/interests should be defined broadly. For ension, you should declare all relationships with manuentioned in the manuscript. all support for the work reported in this manuscript in the past 36 months.	not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if		
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were		

		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 planni	ng 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	Click the tab key to add additional rows.
		Time frame: past 36 mor	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None ■	

		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)
4	Consulting fees	□ None	
		Amgen Astrazeneca Roche Astellas	self self self
		Takeda BMS MSD Pfizer	self Self Self Self
		Merck Novartis	Self self
5	Payment or honoraria for	□ None	
	lectures, presentations,	amgen novartis	self self
	speakers bureaus,	Eli-Lilly AstraZeneca	self self
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	[⊠] None	
	meetings and/or travel		
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	[⊠] None	
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in	[⊠] None	
	other board, society,		

		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)	
	committee or advocacy group, paid or unpaid			
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		
Plea [⊠]	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.			