

## ICMJE DISCLOSURE FORM

**Date:** January 29, 2024

**Your Name:** Jan Trøst Jørgensen

**Manuscript Title:** MET Targeted Therapy in Non-Small Cell Lung Cancer Patients with MET Exon 14-Skipping Mutations

**Manuscript number (if known):** TLCR-24-98

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.)<br><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).   | None   |  |
|   |  |  |  |
| 3   | Royalties or licenses  | Yes  | Elsevier. Personal honorarium.   |
|   |  |  |  |
| 4   | Consulting fees  | Yes  | Agilent Technologies, Alligator Biosciences, Argenx, Biovica, Visiopharm. Payment made to institution. |
|   |  |  |  |

|    |  |      |   |
|----|--|------|---|
|    |  |      |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Yes  | AstraZeneca, and Leo Pharma. Payment made to institution. |
|    |  |      |   |
|    |  |      |   |
| 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:**

JTJ has received consulting fees from Agilent Technologies, Alligator Biosciences, Argenx, Biovica, and Visiopharm; speaker honoraria from AstraZeneca and Leo Pharma; and royalties from Elsevier.

**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:** 3/22/2024

**Your Name:** Edyta Maria Urbanska

**Manuscript Title:** Targeted Therapy in Non-Small Cell Lung Cancer Patients with MET Exon 14-Skipping Mutations

**Manuscript Number (if known):** TLCR-24-98

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 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 |  |   |                    |                       |  |  |  |   |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |                    |                       |  |  |  | Click the tab key to add additional rows. |
|  |  |   |                    |                       |  |  |  |   |
|  |  |   |                    |                       |  |  |  |   |
|  | Click the tab key to add additional rows.  |   |                    |                       |  |  |  |   |
| Time frame: past 36 months                         |  |   |                    |                       |  |  |  |   |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Merck, AstraZeneca</td> <td style="width: 40%; padding: 2px;">Received personal fee</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>  | Merck, AstraZeneca | Received personal fee |  |  |  |   |
| Merck, AstraZeneca                                 | Received personal fee  |   |                    |                       |  |  |  |   |
|  |  |   |                    |                       |  |  |  |   |
|  |  |   |                    |                       |  |  |  |   |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |                    |                       |  |  |  |   |
|  |  |   |                    |                       |  |  |  |   |
|  |  |   |                    |                       |  |  |  |   |
|  |  |   |                    |                       |  |  |  |   |

|    |  | 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  | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None  |   |
|    |  | Janssen, Amgen, AstraZeneca, Novartis  | Received personal fee   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None  |   |
|    |  | AstraZeneca  | Participation in IASLC WCLC 2023, Singapore<br>Payment was made to my institution   |
|    |  | Roche  | Participation in TTLC 2024, Santa Monica<br>Payment was made to my institution      |
|    |  |  |   |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None  |   |
|    |  | Roche, Takeda, Pfizer, AstraZeneca   | Payment was made to me  |
|    |  |  |   |
|    |  |  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> 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) |
|----|--|--|---|
| 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 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:** January 27, 2024

**Your Name:** Jens Mollerup

**Manuscript Title:** MET Targeted Therapy in Non-Small Cell Lung Cancer Patients with MET Exon 14-Skipping Mutations

**Manuscript number (if known):** TLCR-24-98

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.)<br><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).   | 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   | Yes  | Agilent Technologies |
|    |  |      |                      |
|    |  |      |                      |
| 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:**

JM is employed by and holds shares in Agilent Technologies.

**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.**