## ICMJE DISCLOSURE FORM

Date:	12/27/2023	
Your Name:	Boris DUCHEMANN	
Manuscript Title:	The heterogenous landscape of EGFR Del19 mutation subtype: not all are the same for Osimertinib	
Manuscript Number (if known):	TLCR-24-30	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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6	Payment for expert testimony	[□] None	
7	Support for attending meetings and/or travel	Oxyvie	
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 [	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] 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.		rding of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date:	12/27/2023	
Your Name:	Emmanuelle Fabre	
Manuscript Title:	The heterogenous landscape of EGFR Del19 mutation subtype: not all are the same for Osimertinib	
Manuscript Number (if known):	TLCR-24-30	

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3	Royalties or licenses			

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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	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None [	
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## ICMJE DISCLOSURE FORM

Date:	12/27/2023
Your Name:	JORDI REMON MASIP
Manuscript Title:	The heterogenous landscape of EGFR Del19 mutation subtype: not all are the same for Osimertinib
Manuscript Number (if known):	TLCR-24-30

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6	Payment for expert testimony	[□] None	
7	Support for attending meetings and/or travel	OSE-IMMUNOTHERAPEUTICS (Travel)	
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 [	

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