

ICMJE DISCLOSURE FORM

Date: April 15th, 2024

Your Name: Jiahao Jiang

Manuscript Title: Clinical impact of EGFR and KRAS mutations in surgically treated unifocal and multifocal lung adenocarcinoma

Manuscript number (if known): TLCR-24-165-CL

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

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

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

None.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 15th, 2024

Your Name: Mark Berry

Manuscript Title: Clinical impact of EGFR and KRAS mutations in surgically treated unifocal and multifocal lung adenocarcinoma

Manuscript number (if known): TLCR-24-165-CL

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

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

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

None.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 15th, 2024

Your Name: Natalie Lui

Manuscript Title: Clinical impact of EGFR and KRAS mutations in surgically treated unifocal and multifocal lung adenocarcinoma

Manuscript number (if known): TLCR-24-165-CL

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Intuitive Foundation Centese	Research grants with payments made to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Intuitive Surgical	Data safety monitor for clinical trial with payments made

			to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	MEC MMC	Honoraria for lecture
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:

Natalie Lui received research grants with payments from Intuitive Foundation Centese, data safety monitor for clinical trial with payments from Intuitive Surgical, and honoraria for lecture from MEC MMC.

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.

Date: April 15th, 2024

Your Name: Douglas Liou

Manuscript Title: Clinical impact of EGFR and KRAS mutations in surgically treated unifocal and multifocal lung adenocarcinoma

Manuscript number (if known): TLCR-24-165-CL

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

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

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

None.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: April 15th, 2024

Your Name: Winston Trope

Manuscript Title: Clinical impact of EGFR and KRAS mutations in surgically treated unifocal and multifocal lung adenocarcinoma

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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	AMCA	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	Eli Lilly and Company Amgen Inc. Kiniksa Pharmaceuticals	I purchased stock in these companies several months ago for reasons unrelated to my work on this manuscript.
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:

I own a small amount of stock in the listed companies, which happen to perform R&D in NSCLC therapies.

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.

Date: April 15th, 2024

Your Name: Leah Backhus

Manuscript Title: Clinical impact of EGFR and KRAS mutations in surgically treated unifocal and multifocal lung adenocarcinoma

Manuscript number (if known): TLCR-24-165-CL

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Department of Veterans Affairs	Research Grant
		Chan Zuckerberg Foundation	Research Grant
		NIH	Research Grant
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	MJH Health Sciences	Speaker/Honoraria
6	Payment for expert testimony	Kazan LLP Craddick LLP	Legal expert consulting Legal expert consulting
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	Genentech Bristol Meyers Squibb Astra Zeneca Ethicon/Johnson & Johnson	Advisory Board Advisory Board Advisory Board Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Society of Thoracic Surgeons	Board of Directors
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:

Leah Backhus received Research Grant from Department of Veterans Affairs, Chan Zuckerberg Foundation and NIH, and received speaker / honoraria from MJH Health Sciences, and from Kazan LLP and Craddick LLP for legal expert consulting, and served on Advisory Board for Genentech, Bristol Meyers Squibb, Astra Zeneca and Ethicon/Johnson & Johnson, and served as Board of Directors from Society of Thoracic Surgeons.

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Date: April 15th, 2024

Your Name: Joseph Shrager

Manuscript Title: Clinical impact of EGFR and KRAS mutations in surgically treated unifocal and multifocal lung adenocarcinoma

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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	_Astra Zeneca	Consulting on immunotherapy for lung cancer, payment to me

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

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

None are directly relevant to this study, but they could be perceived to be relevant to lung cancer more generally.

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