

ICMJE DISCLOSURE FORM

Date: 2024/04/26
 Your Name: Haohua Jiang
 Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study
 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>__X__</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
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	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> 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:

 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: 2024/04/26

Your Name: Yujing Li

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 2024/04/26

Your Name: Yanan Wang

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 2024/04/26

Your Name: Benkun Zou

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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Date: 2024/04/26

Your Name: Ya Chen

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 2024/04/26

Your Name: Yanwei Zhang

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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Time frame: past 36 months			
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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	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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None

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ICMJE DISCLOSURE FORM

Date: 4/2/24
 Your Name: Hatim Husain
 Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study
 Manuscript number (if known): _____

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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).	BMS, Lilly Oncology, Roche Diagnostics, BillionToOne	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	Mirati, Janssen, Astrazeneca, Regeneron, BMS, Guardant, Foundation Medicine, Merck, Regeneron	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Amgen, Mirati, Foundation Medicine, Janssen, Astrazeneca, EMD Serono, Merck, Regeneron	
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:

The author received grants or contracts from BMS, Lilly Oncology, Roche Diagnostics, BillionToOne; consulting fees from Mirati, Janssen, Astrazeneca, Regeneron, BMS, Guardant, Foundation Medicine, Merck, Regeneron; payment or honoraria from Amgen, Mirati, Foundation Medicine, Janssen, Astrazeneca, EMD Serono, Merck, Regeneron.

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: 2024, April, 17th

Your Name: Fabien Forest

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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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 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	Advisory board for MSD laboratory	Personal payment
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	
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Advisory Board for MSD

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ICMJE DISCLOSURE FORM

Date: 2024/04/26

Your Name: Fangfei Qian

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 2024/04/26

Your Name: Lele Zhang

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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Date: 2024/04/26

Your Name: Chao Zhou

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

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

 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: 2024/04/26

Your Name: Hongyu Liu

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

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.

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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			
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ICMJE DISCLOSURE FORM

Date: 2024/04/26

Your Name: Danni Wang

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 2024/04/26

Your Name: Wei Zhang

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 2024/04/26

Your Name: Jun Lu

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 2024/04/26
 Your Name: Baohui Han
 Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC patients with rare KRAS mutations: a real-world retrospective study
 Manuscript number (if known): _____

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