

ICMJE DISCLOSURE FORM

Date: _____

Your Name: Clémence Pierre _____

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE 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.	<div>None</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>None</div> <div></div> <div></div>	
3	Royalties or licenses	<div>None</div> <div></div> <div></div>	
4	Consulting fees	<div>None</div> <div></div>	

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:

_____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: 25 APR 2024

Your Name: LE GUEN YANNICK

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 06/05/24

Your Name: GIORDANENGO CAROLINE

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 06 05 2024

Your Name: GOTER Thomas

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known): _____

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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	

Docteur Thomas GOTER
Centre Hospitalier Universitaire
Service de Pneumologie
35033 RENNES CEDEX
N° RPPS : 10101542149

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	

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Docteur Thomas GÖTER
Centre Hospitalier Universitaire
Service de Pneumologie
35033 RENNES CEDEX
N° RPPS : 10101542149

ICMJE DISCLOSURE FORM

Date: _____

Your Name: Hervé Léna _____

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astrazeneca	
		Bristol Myers Squibb	
		Roche	
		Sanofi MSD	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	Bristol Myers Squibb	
		Roche	
		Sanofi	
		MSD	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	MSD	
		Roche	
		Bristol Myers Squibb	
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:

Honoraria, adboard and support for meeting travel from Roche, MSD, Bristol Myers Squibb, MSD, Astrazeneca, Sanofi

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: 02/05/2024

Your Name: NIEL Clémence

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known):

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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	___ 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:

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.

NIEL Clémence



Centre Hospitalier des Pays de Morlaix
Docteur Clémence NIEL
Pneumologue
15, rue de Kersaint Cilly
B.P. 97237 - 29572 MORLAIX Cedex
Finess 29 00000 33 - RPPS 101024/1070
Tél. 02 98 62 60 52 - Fax 02 98 62 69 63

ICMJE DISCLOSURE FORM

Date: 29/04/2024

Your Name: de CHABOT

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE 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.

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

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	Pfizer	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	MSD, BMS, roche, AZ, Takeda, Sanofi	
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:

Gonzague De Chabot reports participation on a Data Safety Monitoring Board or Advisory Board for MSD, BMS, Roche, Astrazeneca, Takeda and Sanofi and support for attending meetings by Pfizer.

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: 25/04/2024

Your Name: TIERCIN Marie

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known): _____

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
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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: 25 APR 2024

Name: LE GARFF Gwenaëlle

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known): _____

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[Signature] 25 APR 2024

ICMJE DISCLOSURE FORM

Date: 25/04/24

Your Name: François Zimmermann

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 25/04/2024_____

Your Name: LE CORNU Quentin_____

Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript number (if known): TLCR-24-141-CL_____

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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	___ 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:

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:5/14/2024

Your Name:Ricordel

Manuscript Title:Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of IDEE study

Manuscript Number (if known):[Click or tap here to enter text]

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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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.

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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,	<input checked="" type="checkbox"/> None
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Astrazeneca, MSD, Takeda, BMS,</td><td></td></tr> <tr><td></td><td></td></tr> </table>		Astrazeneca, MSD, Takeda, BMS,					
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5	Payment or honoraria for lectures, presentations, speakers bureaus,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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)
	manuscript writing or educational events		
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	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	<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)
	group, paid or unpaid		
1 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

Charles Ricordel reports consulting fees with Astrazeneca, MSD, Takeda, BMS