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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | 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                             | None   |   |
|   | manuscript (e.g., funding,                              |  |   |
|   | provision of study materials,                           |  |   |
|   | medical writing, article                                |  |   |
|   | processing charges, etc.)  No time limit for this item. |  |   |
|   | No time limit for this item.                            |  |   |
|   |   |  |   |
|   |   | <del>-</del> : .   | 26 1  |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                | None   |   |
|   | any entity (if not indicated                            |  |   |
| _ | in item #1 above).                                      |  |   |
| 3 | Royalties or licenses                                   | None   |   |
|   |   |  |   |
| _ |   |  |   |
| 4 | Consulting fees   | None   |   |
|   |   |  |   |

| 5   | Payment or honoraria for   | None                          |             |
|-----|--|-------------------------------|-------------|
|     | lectures, presentations,   |                               |             |
|     | speakers bureaus,  |                               |             |
|     | manuscript writing or  |                               |             |
|     | educational events   |                               |             |
| 6   |  | None                          |             |
|     | testimony  |                               |             |
| _   | Command Comman | NI                            |             |
| 7   |  | None                          |             |
|     | meetings and/or travei   |                               |             |
|     |  |                               |             |
|     |  |                               |             |
|     |  |                               |             |
| 8   |  | None                          |             |
|     | Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  |                               |             |
| 0   | Darticipation on a Data  | None                          |             |
| 9   | The state of the s | None                          |             |
|     |  |                               |             |
| 10  | •  | None                          |             |
| 10  |  |                               |             |
|     |  |                               |             |
|     | -  |                               |             |
| 11  | Stock or stock options   | None                          |             |
|     |  |                               |             |
|     |  |                               |             |
| 12  | Receipt of equipment,  | None                          |             |
|     |  |                               |             |
|     |  |                               |             |
| 4.0 |  | NI .                          |             |
| 13  | Other financial or non-  | None                          |             |
|     | financial interests  |                               |             |
|     |  |                               |             |
|     |  |                               |             |
| Ple | ease summarize the above co  | onflict of interest in the fo | lowing box: |
| Г   | None   |                               |             |
|     | None   |                               |             |
|     |  |                               |             |
|     |  |                               |             |
|     |  |                               |             |

X I certify that I have answered every question and have not altered the wording of any of the questions on this 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 o |
| 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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | 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                             | None   |   |
|   | manuscript (e.g., funding,                              |  |   |
|   | provision of study materials,                           |  |   |
|   | medical writing, article                                |  |   |
|   | processing charges, etc.)  No time limit for this item. |  |   |
|   | No time limit for this item.                            |  |   |
|   |   |  |   |
|   |   | <del>-</del> : .   | 26 1  |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                | None   |   |
|   | any entity (if not indicated                            |  |   |
| _ | in item #1 above).                                      |  |   |
| 3 | Royalties or licenses                                   | None   |   |
|   |   |  |   |
| _ |   |  |   |
| 4 | Consulting fees   | None   |   |
|   |   |  |   |

| г   | Decument on heavenut of                    | News                           |              |
|-----|--|--------------------------------|--------------|
| 5   | Payment or honoraria for                   | None                           |              |
|     | lectures, presentations,                   |                                |              |
|     | speakers bureaus,<br>manuscript writing or |                                |              |
|     | educational events                         |                                |              |
| 6   | Payment for expert                         | None                           |              |
| U   | testimony                                  | None                           |              |
|     | testimony                                  |                                |              |
| 7   | Support for attending                      | None                           |              |
| •   | meetings and/or travel                     |                                |              |
|     |  |                                |              |
|     |  |                                |              |
|     |  |                                |              |
| 8   | Patents planned, issued or                 | None                           |              |
| 0   | pending                                    | None                           |              |
|     | pending                                    |                                |              |
| 9   | Participation on a Data                    | None                           |              |
| 9   | Safety Monitoring Board or                 | None                           |              |
|     | Advisory Board                             |                                |              |
| 10  | Leadership or fiduciary role               | None                           |              |
| 10  | in other board, society,                   |                                |              |
|     | committee or advocacy                      |                                |              |
|     | group, paid or unpaid                      |                                |              |
| 11  | Stock or stock options                     | None                           |              |
|     | ·  |                                |              |
|     |  |                                |              |
| 12  | Receipt of equipment,                      | None                           |              |
|     | materials, drugs, medical                  |                                |              |
|     | writing, gifts or other                    |                                |              |
|     | services                                   |                                |              |
| 13  | Other financial or non-                    | None                           |              |
|     | financial interests                        |                                |              |
|     |  |                                |              |
|     |  |                                |              |
| DI. |  | mflick of into week in the Col | Havring have |
| PIE | ease summarize the above co                | onflict of interest in the fo  | llowing box: |
|     |  |                                |              |
|     |  |                                |              |
|     |  |                                |              |
|     |  |                                |              |
|     |  |                                |              |
|     |  |                                |              |
|     |  |                                |              |

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

| Date: <u>06/05/24</u>   |   |  |  |  |
|-------------------------|---|--|--|--|
| Your Name:              | GIORDANENGO CAROLINE  |  |  |  |
| <b>Manuscript Title</b> | e: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results of |  |  |  |
| <b>IDEE</b> study       |   |  |  |  |
| Manuscript nun          | nber (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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | 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. | None   |   |
|   |   | Time frame: past   | 36 months   |
| 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<br>Safety Monitoring Board or<br>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,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | None                          |              |
| 13  | Other financial or non-<br>financial interests   | None                          |              |
| Ple | ease summarize the above co  | onflict of interest in the fo | llowing box: |

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

| Date:  | 06        | 05            | 2024               |   |
|--------|-----------|---------------|--------------------|---|
| Your N | ame: _    | GOIER         | Thomas             |   |
| Manus  | cript Tit | tle: Safety a | nd efficacy of imp | nunotherapy using a double-dose regimen in advanced NSCLC: results of |
| IDEE : | study     |               | -                  |   |
| Manus  | cript nu  | ımber (if kno | own):              |   |

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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 initia   | al 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. |  |   |
| 100 |   | Time frame: pas  | t 36 months   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).  | <u>X</u> None  |   |
| 3   | Royalties or licenses   | _X_None  |   |
| 4   | Consulting fees   | _X_None  |   |

Docteur Thomas GOTER
Centre Hospitalier Universitaire
Service de Pneumologie
35033 RENNES CEDEX
W BPPS: 10101542149

| December of the second of the                         | N  |   |
|---|--|---|
|   | <u>X</u> None  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   | × None   |   |
|   |  |   |
|   |  |   |
| Support for attending                                 | _XNone   |   |
| meetings and/or travel                                |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| Patents planned, issued or                            | X None   |   |
| pending   |  |   |
|   |  |   |
| Participation on a Data                               | _X_None  |   |
| Safety Monitoring Board or                            |  |   |
| Advisory Board  |  |   |
| Leadership or fiduciary role in other board, society, | _X_None  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| Stock or stock options                                | XNone  |   |
|   |  |   |
|   |  |   |
|   | _X_None  |   |
|   |  | V   |
|   |  |   |
|   | V None   |   |
| financial interests                                   | None   |   |
|   |  |   |
|   | Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- | lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None |

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

Docteur Thomas GOTER
Centre Hospitalier Universitaire
Service de Pheumologie
35033 BENNES CEDEX
N° RPP8: 10101542149

| 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):   |

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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|   |   | 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                             | None   |   |
|   | manuscript (e.g., funding,                              |  |   |
|   | provision of study materials,                           |  |   |
|   | medical writing, article                                |  |   |
|   | processing charges, etc.)  No time limit for this item. |  |   |
|   | No time limit for this item.                            |  |   |
|   |   |  |   |
|   |   | <del>-</del> : .   | 26 1  |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                | None   |   |
|   | any entity (if not indicated                            |  |   |
| _ | in item #1 above).                                      |  |   |
| 3 | Royalties or licenses                                   | None   |   |
|   |   |  |   |
| _ |   |  |   |
| 4 | Consulting fees   | None   |   |
|   |   |  |   |

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

# 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.

| te: 02/05/2024  |    |
|---|----|
| ur Name: NIEL Clémence  |    |
| nuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results | of |
| EE study  | •• |
| nuscript 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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| ¥.81       |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)  |
|------------|---|--|--|
|            | (A) 20 (A)  | Time frame: Since the initi  | al 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. | None   |  |
| <b>100</b> | <b>发现大型。这种人类为在技术的</b>   | Time frame: pas  | t 36 months  |
| 2          | Grants or contracts from any entity (if not indicated in item #1 above).  | None   |  |
| 3          | Royalties or licenses   | None   |  |
| 4          | Consulting fees   | None   | The state of the second |

| 5  | Payment or honoraria for                     | None                     |  |
|----|--|--------------------------|--|
|    | lectures, presentations,                     |                          |  |
|    | speakers bureaus,                            |                          |  |
|    | manuscript writing or                        |                          |  |
|    | educational events                           |                          |  |
| 6  | Payment for expert                           | None                     |  |
|    | testimony                                    |                          |  |
| 7  | Support for attending                        | None                     |  |
|    | meetings and/or travel                       |                          | · 艾尔克斯·玻璃斯里,在1966年112日,艾尔克斯  |
|    |  |                          |  |
|    |  |                          | and a subject of the property of the contract of the property of the contract of the property of the contract  |
| 8  | Patents planned, issued or                   | None                     | (2) (大型) 注:[公司: 2] (2) [2] [3] (2) [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]   |
| Ū  | pending                                      |                          |  |
| 9  | Participation on a Data                      | None                     |  |
|    | Safety Monitoring Board or                   |                          |  |
|    | Advisory Board                               |                          | (1) · 中国 · 中   |
| 10 | Leadership or fiduciary role                 | None                     |  |
|    | in other board, society,                     |                          |  |
|    | committee or advocacy                        |                          |  |
| 11 | group, paid or unpaid Stock or stock options | None                     |  |
| 11 | Stock of Stock options                       | None                     | Control of the purpose of the series of the first of the series of the s |
|    |  |                          | <b>这些多类的思想的特别的美国的</b> 农民工作。在1915年的特别   |
| 12 | Receipt of equipment,                        | None                     |  |
|    | materials, drugs, medical                    |                          |  |
|    | writing, gifts or other services             |                          |  |
| 13 | Other financial or non-                      | None                     |  |
|    | financial interests                          | CONTRACTOR OF THE SECOND |  |
|    |  |                          |  |

| <br>1972 1772 |  |
|---------------|--|
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

NICE Clinera

Centre Hospitalier des Pays de Morialx

Boctaur Clémende BILL

Preumolupis

15, rue de Karsant Clly

B.P. 97237 - 29972 MURLAIX Cedex

Finess 29 00000 33 - RPPS 10102271370

Tél. 02 98 62 60 52 - Fax 02 98 62 69 63

| Date:  | 29/04/2   | 2024            |   |                |
|--------|-----------|-----------------|---|----------------|
| Your N | Name: _   | de CHABOT       |   |                |
| Manu   | script Ti | tle: Safety and | efficacy of immunotherapy using a double-dose regimen in advanced NSC | LC: results of |
| IDEE   | study     |                 |   |                |
| Manu   | script nu | umber (if know  | n):   |                |

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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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. | None  |   |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | None None None  | 36 months   |
| 4 | Consulting fees   | None  |   |

| Payment or honoraria for lectures, presentations,                | None   |  |
|--|--|--|
| speakers bureaus,<br>manuscript writing or<br>educational events |  |  |
| Payment for expert   | None   |  |
| testimony  |  |  |
|  | -8   |  |
| Support for attending meetings and/or travel                     | Pfizer   |  |
|  |  |  |
|  |  |  |
| Patents planned, issued or                                       | None   |  |
| pending  |  |  |
|  |  |  |
|  |  |  |
|  | Takeda, Sanoti   |  |
| Advisory board   |  |  |
| Leadership or fiduciary role                                     | None   |  |
| in other board, society,   |  |  |
| committee or advocacy group, paid or unpaid                      |  |  |
| Stock or stock options   | None   |  |
|  |  |  |
| •  |  |  |
| Receipt of equipment, materials, drugs, medical                  | None   |  |
|  |  |  |
| writing gifts or other   |  | 1  |
| writing, gifts or other services                                 |  |  |
|  | None   |  |
| services   | None   |  |
|  | Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options | Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Pfizer  None  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.

| Date: 2        | 5/04/2024   |
|----------------|---|
| Your Na        | me: TIERCIN Marie   |
| Manusc         | ript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results o |
| <b>IDEE</b> st | udy   |
| Manusc         | ript 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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | 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                             | None   |   |
|   | manuscript (e.g., funding,                              |  |   |
|   | provision of study materials,                           |  |   |
|   | medical writing, article                                |  |   |
|   | processing charges, etc.)  No time limit for this item. |  |   |
|   | No time limit for this item.                            |  |   |
|   |   |  |   |
|   |   | <del>-</del> : .   | 26 1  |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                | None   |   |
|   | any entity (if not indicated                            |  |   |
| _ | in item #1 above).                                      |  |   |
| 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<br>Safety Monitoring Board or<br>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,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | None                          |             |
| 13  | Other financial or non-<br>financial interests   | None                          |             |
| Ple | ease summarize the above co  | onflict of interest in the fo | lowing box: |
|     |  |                               |             |
|     |  |                               |             |

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

| Date: 25 APR 2024 | Date: | 25 | <b>APR</b> | 2024 |
|-------------------|-------|----|------------|------|
|-------------------|-------|----|------------|------|

Name: LE GARFF Gwenaelle

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

**IDEE** study

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|--|--------|----------------|--|
| Manuscript number (if kn   | nown): | 1 2 2 10 11 11 |  |
|  |        |                |  |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
|   |   | Time frame: Since the initi  | al 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. | None   |   |
|   |   | Time frame: pas  | at 36 months  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None   | L engineeration enough on chronic Atronomy  |
| 3 | Royalties or licenses   | None   | S contify cost i have converted a series where it is                                |
| 4 | Consulting fees   | None   |   |

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Payment or honoraria for

lectures, presentations,

5

None

| Date: <u>25/04/24</u>   |
|---|
| Your Name: François Zimmermann  |
| Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced NSCLC: results o |
| 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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | 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                             | None   |   |
|   | manuscript (e.g., funding,                              |  |   |
|   | provision of study materials,                           |  |   |
|   | medical writing, article                                |  |   |
|   | processing charges, etc.)  No time limit for this item. |  |   |
|   | No time limit for this item.                            |  |   |
|   |   |  |   |
|   |   | <del>-</del> : .   | 26 1  |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                | None   |   |
|   | any entity (if not indicated                            |  |   |
| _ | in item #1 above).                                      |  |   |
| 3 | Royalties or licenses                                   | None   |   |
|   |   |  |   |
| _ |   |  |   |
| 4 | Consulting fees   | None   |   |
|   |   |  |   |

| 5   | Payment or honoraria for     | None                          |              |
|-----|------------------------------|-------------------------------|--------------|
|     | lectures, presentations,     |                               |              |
|     | speakers bureaus,            |                               |              |
|     | manuscript writing or        |                               |              |
|     | educational events           |                               |              |
| 6   | Payment for expert           | None                          |              |
|     | testimony                    |                               |              |
|     |                              |                               |              |
| 7   | Support for attending        | None                          |              |
|     | meetings and/or travel       |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 8   | Patents planned, issued or   | None                          |              |
|     | pending                      |                               |              |
|     |                              |                               |              |
| 9   | Participation on a Data      | None                          |              |
|     | Safety Monitoring Board or   |                               |              |
|     | Advisory Board               |                               |              |
| 10  | Leadership or fiduciary role | None                          |              |
|     | in other board, society,     |                               |              |
|     | committee or advocacy        |                               |              |
|     | group, paid or unpaid        |                               |              |
| 11  | Stock or stock options       | None                          |              |
|     | ·                            |                               |              |
|     |                              |                               |              |
| 12  | Receipt of equipment,        | None                          |              |
|     | materials, drugs, medical    |                               |              |
|     | writing, gifts or other      |                               |              |
|     | services                     |                               |              |
| 13  | Other financial or non-      | None                          |              |
|     | financial interests          |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| Ple | ase summarize the above co   | onflict of interest in the fo | llowing box: |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| _   |                              |                               |              |

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

| Date: 25/04/2024   |                   |
|--|-------------------|
| Your Name: LE CORNU Quentin  |                   |
| Manuscript Title: Safety and efficacy of immunotherapy using a double-dose regimen in advanced I | NSCLC: results of |
| IDEE study   |                   |
| Manuscript number (if known): TLCR-24-141-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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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. | None  |   |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | None None None  | 36 months   |
| 4 | Consulting fees   | None  |   |

| 6 7 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel | NoneNoneNone                         |      |
|-----|---|--------------------------------------|------|
| 8   | Patents planned, issued or pending  | None                                 |      |
| 9   | Participation on a Data<br>Safety Monitoring Board or<br>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,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | None                                 |      |
| 13  | Other financial or non-<br>financial interests  | None                                 |      |
| Ple | ease summarize the above co   | onflict of interest in the following | box: |

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

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.

|  |                                | Name all entities with whom you have this relationship or indicate none (add rows as needed) | (e.g., i  | ications/Comments<br>f payments were made<br>or to your institution) |
|--|--------------------------------|--|-----------|--|
|  |                                | Time frame: Since the initial plann  | ning of t | he work  |
| 1 All sup<br>for the<br>presen<br>manus<br>(e.g.,<br>fundir<br>provis<br>study<br>mater<br>medic<br>writin | nt<br>script<br>ng,<br>sion of | [⊠] None   |           | Click the tab key to add additional rows.                            |

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments<br>(e.g., if payments were made<br>to you or to your institution) |
|---|--|--|---|
|   | article processing charges, etc.) No time limit for this item.           |  |   |
|   |  | Time frame: past 36 mg   | onths   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] None   |   |
| 3 | Royalties<br>or licenses   | None None  |   |
| 4 | Consulting   | □ None   |   |
|   | fees   | Astrazeneca, MSD, Takeda, BMS,   |   |
| 5 | Payment or honoraria for lectures, presentati ons, speakers bureaus,     | None   |   |

|     |   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments<br>(e.g., if payments were made<br>to you or to your institution) |
|-----|---|--|---|
|     | manuscript<br>writing or<br>educationa<br>I events  |  |   |
| 6   | Payment<br>for expert<br>testimony  | [⊠] None   |   |
| 7   | Support for attending meetings and/or travel  | [□] None   |   |
| 8   | Patents<br>planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9   | Participati<br>on on a<br>Data<br>Safety<br>Monitoring<br>Board or<br>Advisory<br>Board             | [⊠] None   |   |
| 1 0 | Leadership<br>or fiduciary<br>role in<br>other<br>board,<br>society,<br>committee<br>or<br>advocacy | [⊠] None   |   |

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments<br>(e.g., if payments were made<br>to you or to your institution) |
|---|---|--|---|
|   | group, paid or unpaid   |  |   |
| 1 1   | Stock or<br>stock<br>options  | [⊠] None   |   |
| 1 2   | Receipt of equipment , materials, drugs, medical writing, gifts or other services | [⊠] None   |   |
| 1 3   | 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. |   |  |   |

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