Date:	12/26/2023	
Your Name:	Gaspard Naulleau	
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural mesothelioma rarely induces hyperprogressive disease: a case report	
Manuscript Number (if known):	TLCR-24-382	

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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.

		<u>-</u>	Specifications/Comments (e.g., if payments were made to you or to your institution)
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	X	None	Click the tab key to add additional rows.
this item.		Time frame: past 36 month	
Grants or contracts from any entity (if not indicated in item	X	None	
#1 above).			
Royalties or licenses		None	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	All support for the present	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Time frame: past 36 month  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None     Non	
Plea ⊠	-	t to the following statement to indicate your agreeme	
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/26/2023
Your Name:	Isabelle Monnet
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural mesothelioma rarely induces hyperprogressive disease: a case report
Manuscript Number (if known):	TLCR-24-382

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		Telati	Time frame: Since the initial planning		
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	Click the tab key to add additional rows.	
2	Grants or		Time frame: past 36 month	15	
contracts from any entity (if not		Х	None		
	indicated in item #1 above).				
	D. III				
3	Royalties or licenses	$\boxtimes$	None		

			omments (e.g., if payments were to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None     Non	
Plea ⊠	-	t to the following statement to indicate your agreeme	
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/26/2023	
Your Name:	Gaëlle Rousseau-Bussac	
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural mesothelioma rarely induces hyperprogressive disease: a case report	
Manuscript Number (if known):	TLCR-24-382	

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		Telati	Time frame: Since the initial planning		
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	Click the tab key to add additional rows.	
2	Grants or		Time frame: past 36 month	15	
contracts from any entity (if not		Х	None		
	indicated in item #1 above).				
	D. III				
3	Royalties or licenses	$\boxtimes$	None		

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None     Non	
Plea ⊠	-	t to the following statement to indicate your agreeme	
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/26/2023
Your Name:	Florent Vinas
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural mesothelioma rarely induces hyperprogressive disease: a case report
Manuscript Number (if known):	TLCR-24-382

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			e all entities with whom you have this ionship 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	х	None	
	of study			
	materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	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)
3	Royalties or licenses	None     ■	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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)
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 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:	12/26/2023
Your Name:	Gilles Mangiapan
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural
	mesothelioma rarely induces hyperprogressive disease: a case report
Manuscript Number (if known):	TLCR-24-382

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		relati	ionship or indicate none (add rows as needed)	made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the			
	present	Χ	None	
	manuscript (e.g.,			
	funding, provision			
	of study			
	materials, medical			Click the tab key to add additional rows.
	writing, article processing			
	charges, etc.)			
	No time limit for			
	this item.			
			Time frame: past 36 month	is .
2	Grants or			
	contracts from	Χ	None	
	any entity (if not			
	indicated in item			
	#1 above).			
3	Royalties or			
	licenses	$\boxtimes$	None	

			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	relatio	Sising of marcate none (add 1003 as needed)	made to you of to your institution;
		Х	None	
5	Payment or			
,	honoraria for	Х	None	
	lectures,			
	presentations, speakers			
	bureaus,			
	manuscript writing or			
	educational			
6	events Payment for			
•	expert testimony	$\boxtimes$	None	
7	Support for			
	attending meetings and/or travel	Ш	None	
8	Patents planned,			
	issued or	$\boxtimes$	None	
	pending			
9	Participation on			
	a Data Safety Monitoring	$\boxtimes$	None	
	Board or			
	Advisory Board			
10	Leadership or			
	fiduciary role in	$\boxtimes$	None	
	other board, society,			
	committee or			
	advocacy group, paid or unpaid			
11	Stock or stock			
	options	$\boxtimes$	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)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/26/2023
Your Name:	Laurence Jabot
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural mesothelioma rarely induces hyperprogressive disease: a case report
	mesothenomia farety madees hyperprogressive disease: a case report
Manuscript Number (if known):	TLCR-24-382

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		relat	Time frame: Since the initial planning	
2	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 month	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses		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)	re
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	X None	
6	events  Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	None None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	_
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	
11	Stock or stock options	None 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)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/26/2023	
Your Name:	Amel Boudjemaa	
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural	
	mesothelioma rarely induces hyperprogressive disease: a case report	
Manuscript Number (if known):	TI CR-24-382	

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		TCIGC	Time frame: Since the initial planning	
2	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.  Grants or contracts from any entity (if not	x	None  Time frame: past 36 month  None	Click the tab key to add additional rows.
	indicated in item #1 above).			
3	Royalties or licenses		None	

		Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution)
4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	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)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/26/2023	
Your Name:	Christos Chouaïd	
Manuscript Title:	cript Title: Double immune-checkpoint-inhibitor therapy for unresectable pleural mesothelioma ran	
	induces hyperprogressive disease: a case report	
Manuscript Number (if known):	TLCR-24-382	

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		relationship or indicate none (add rows as needed)	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  AZ, BI, GSK, Roche, Sanofi Aventis, BMS, MSD, Lilly, Novartis, Pfizer, Takeda, Bayer and Amgen  Time frame: past 36 month	Me  Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  AZ, BI, GSK, Roche, Sanofi Aventis, BMS, MSD, Lilly, Novartis, Pfizer, Takeda, Bayer and Amgen	Institution
3	Royalties or licenses	None     Non	

		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)
4	Consulting fees	□ None	
		AZ, BI, GSK, Roche, Sanofi Aventis, BMS, MSD, Lilly, Novartis, Pfizer, Takeda, Bayer and Amgen	
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	AZ, BI, GSK, Roche, Sanofi Aventis, BMS, MSD, Lilly, Novartis, Pfizer, Takeda, Bayer and Amgen	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     ■	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None     Non	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		
	recently that thave answered every question and have not aftered the wording of any of the questions of this form.		

Date:	12/26/2023
Dur Name: Jean-Bernard Auliac	
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural mesothelioma rarely induces hyperprogressive disease: a case report
Manuscript Number (if known):	TLCR-24-382

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		relationship or indicate none (add rows as needed)	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	Boehringer Ingelheim, Hoffman-Roche, Takeda,	
	of study	BMS, MSD, Astra Zeneca, Amgen, Janssen and	
	materials, medical	Pfizer	
	writing, article		
	processing		Click the tab key to add additional rows.
	charges, etc.)  No time limit for		
	this item.		
	tilis itemi.	Time frame: past 36 month	
2	Grants or	Time traine: past 50 month	
_	contracts from	□ None	
	any entity (if not		
	indicated in item	Boehringer Ingelheim, Hoffman-Roche, Takeda,	
	#1 above).	BMS, MSD, Astra Zeneca, Amgen, Janssen and	
		Pfizer	
		T TIZE!	
3	Royalties or		
	licenses	⊠ None	

			cifications/Comments (e.g., if payments were de to you or to your institution)
4	Consulting fees	Telectoristing of inference floric (and 10ws as fleeded)   filled	ac to you or to your institution;
	_	□ None	
		Darkein and Institute Haffman Back a Talenda	
		Boehringer Ingelheim, Hoffman-Roche, Takeda, BMS, MSD, Astra Zeneca, Amgen, Janssen and	
		Pfizer	
5	Payment or		
	honoraria for lectures,	☐ None	
	presentations,	Boehringer Ingelheim, Hoffman-Roche, Takeda,	
	speakers	BMS, MSD, Astra Zeneca, Amgen, Janssen and	
	bureaus, manuscript	Pfizer	
	writing or		
	educational events		
6	Payment for		
	expert testimony		
7	Support for attending		
	meetings and/or	☐ None	
	travel	Boehringer Ingelheim, Hoffman-Roche, Takeda,	
		BMS, MSD, Astra Zeneca, Amgen, Janssen and Pfizer	
		FIIZEI	
8	Patents planned, issued or	∑ No.	
	pending	None	
9	Participation on		
	a Data Safety	None	
	Monitoring Board or		
	Advisory Board		
10	Leadership or		
	fiduciary role in other board,	⊠ None	
	society,		
	committee or		
	advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None     Non	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		
	recently that thave answered every question and have not aftered the wording of any of the questions of this form.		

Date:	12/26/2023	
Your Name:	Jean-Baptiste Assie	
Manuscript Title:	Double immune-checkpoint-inhibitor therapy for unresectable pleural	
	mesothelioma rarely induces hyperprogressive disease: a case report	
Manuscript Number (if known):	TLCR-24-382	

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		relati	Time frame: Since the initial planning	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	BMS	None 5, GSK, Sanofi	Me Click the tab key to add additional rows.
	this item.		Time frame: past 36 month	nc .
2	Grants or contracts from any entity (if not indicated in item		None	5
	#1 above).			
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	re
4	Consulting fees	□ None	
		BMS, GSK, SANOFI	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None  BMS, GSK, SANOFI	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None     Non	
	Please place an "X" next to the following statement to indicate your agreement:  \[ \sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		
	recently that i have answered every question and have not different the wording of any of the questions on this form.		