

ICMJE DISCLOSURE FORM

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

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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4	Consulting fees	X None <table border="1" data-bbox="383 296 1516 432"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE 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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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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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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Your Name: Laurence Jabot
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3	Royalties or licenses	<div><input checked="" type="checkbox"/> None</div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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4	Consulting fees	<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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<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>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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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	
<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>			

ICMJE DISCLOSURE 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): TLCR-24-382

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4	Consulting fees	<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>							
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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	
<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>			

ICMJE DISCLOSURE FORM

Date: 12/26/2023
Your Name: Christos Chouaid
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

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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ICMJE DISCLOSURE FORM

Date: 12/26/2023
Your 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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 928 1516 1033"> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1138 1516 1306"> <tr> <td>Boehringer Ingelheim, Hoffman-Roche, Takeda, BMS, MSD, Astra Zeneca, Amgen, Janssen and Pfizer</td> <td></td> </tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>		Boehringer Ingelheim, Hoffman-Roche, Takeda, BMS, MSD, Astra Zeneca, Amgen, Janssen and Pfizer							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1621 1516 1726"> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>									
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ICMJE DISCLOSURE 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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 863 1516 966"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1071 1516 1173"> <tr> <td>BMS, GSK, SANOFI</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		BMS, GSK, SANOFI							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1278 1516 1381"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1486 1516 1589"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1694 1516 1797"> <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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please 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.