Date:	May 20t	¹, 2024			
Your Name: Gary Birsen					
Manus	cript Title:	Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma			
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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	•	XNone		
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
10	Advisory Board  Leadership or fiduciary role	X None		
10	in other board, society,	^None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	Stock of Stock options	XNONE		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Pla	ease summarize the above o	onflict of interest in the fol	lowing hox:	
- 1	Please summarize the above conflict of interest in the following box:			
	No COI to declare			

Date:	Pate: May 26 <sup>th</sup> , 2024				
Your Name: Valérie Gounant					
Manuscript Title: Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma					
	_				
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 initia	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
	meetings unayor traver			
0	Patents planned, issued or	V None		
8	pending	XNone		
	periamb			
9	Participation on a Data	X None		
9	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	X None		
13	financial interests	XNone		
	Please summarize the above conflict of interest in the following box:  No COI to declare			

Date: May 15th	e: <u>May 15<sup>th</sup>, 2024</u>				
Your Name: Nicolas Girard					
Manuscript Title: Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma					
 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 initia	I 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Abbvie AMGEN AstraZeneca Beigene Boerhinger Ingelheim Bristol Myers Squibb Daiichi-Sankyo	

		Ciload	
		Gilead	
		Hoffmann-La Roche	
		Janssen	
		LeoPharma	
		Lilly	
		Merck Serono	
		Merck Sharp & Dohme	
		Novartis	
		Sanofi	
		Sivan	
3	Royalties or licenses	XNone	
4	Consulting fees	Abbvie	
		AMGEN	
		AstraZeneca	
		Beigene	
		Bristol Myers Squibb	
		Daiichi-Sankyo	
		Gilead	
		Ipsen	
		Hoffmann-La Roche	
		Janssen	
		LeoPharma	
		Lilly	
		Merck Sharp & Dohme	
		Mirati	
		Novartis	
		Pfizer	
		Pierre Fabre	
		Sanofi	
_		Takeda	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nava	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	D 11 1 1 2 1		
9	Participation on a Data	Hoffmann-La Roche	

	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	AstraZeneca	Employment of a family member

Research grants/support from Abbvie, Amgen, AstraZeneca, Beigene, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi-Sankyo, Gilead, Hoffmann-La Roche, Janssen, LeoPharma, Lilly, Merck Serono, Merck Sharp & Dohme, Novartis, Sanofi, Sivan; Consultative services for Abbvie, Amgen, AstraZeneca, Beigene, Bristol Myers Squibb, Daiichi-Sankyo, Gilead, Ipsen, Hoffmann-La Roche, Janssen, LeoPharma, Lilly, Merck Sharp & Dohme, Mirati, Novartis, Pfizer, Pierre Fabre, Sanofi, Takeda; Participation on a data safety monitoring board for Hoffmann-La Roche; Employment of a family member with AstraZeneca.

# Please place an "X" next to the following statement to indicate your agreement:

Date: _	May 15 <sup>th</sup> , 2024	
Your N	lame: Jacques CADRANEL	
Manus	script Title: « Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carci	noma »
Manus	script 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)  Time frame: Since the initia	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	AMGEN AZ	Participation to board of experts Participation to board of experts
		Daiichi	Participation to board of experts
		BMS	Participation to board of experts
		MSD	Participation to board of experts

		Roche	Participation to board of experts
		Sanofi	Participation to board of experts
		Janssen	Participation to board of experts
		Takeda	Participation to board of experts
		Pfizer	Participation to board of experts
5	Payment or honoraria for	X None	Tartis/patient to acai a crioriporto
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	Janssen	Meetings and travelling
	ineetings and/or traver	Pfizer	Meetings and travelling
			and grades of
		Daiichi	Meetings and travelling
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

The author receives consulting fees for participation to boards of experts from AMGEN, AZ, Daiichi (and travelling), BMS, MSD, Roche, Sanofi, Janssen (and travelling), Takeda, Pfizer (and travelling)

Please place an "X" next to the following statement to indicate your agreement:

Date: MAY 15 207	- (,	
Your Name: MONNET	. 1	
Manuscript Title: Mellicacy of	first line muche	checkhoust whi stors
Manuscript number (if known):	1 1 1 1	julmonany caroning
		toid rarringues

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)
18	CAN SERVICE THE RESERVE THE PARTY OF THE PAR	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	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None Manual Transcer	THE REPORT OF THE PARTY OF THE
4	lectures, presentations, speakers bureaus,	REGEWER	oN TAN
, 1	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	\ lor attedia
	ernaki apenaka a propinsi salah 19 11. April 2014 a Sherika se	PFIZER	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	-834670199-09320
	Advisory Board	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er i di li Ali Tri i da l'Are re fivini acetari dere la re i vali
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	- the of the same and the participated are sufficient and
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	DO NOTE OF THE SECOND PROPERTY OF THE SECOND
13	Other financial or non-	None	
	financial interests,	<b>。                                    </b>	

Payn	et hour	REC-ENE	20N 10	or pres	elati	04 0	سما
Sylvert	no Take	da, non, l	I zer	-, Oay	re lor	att	<u>_</u>
					ing u		
ease place an ")	K" next to the follow	ing statement to indi	cate your agree	ement:	\		(-

Date: may 14th 2024
---------------------

Your Name: RAYNAUD-DONZEL

Manuscript Title: Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid

Carcinoma

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</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)	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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time mint for this item.		
		Time from a most	26 mantha
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date: ˌ	May 19 <sup>h</sup>	, 2024			
Your Name: Elizabeth Fabre					
Manuscript Title: Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma					
	-				
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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5		XNone			
	lectures, presentations, speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	meetings and/or traver				
0	Patents planned, issued or	V None			
8	pending	XNone			
	periamb				
9	Participation on a Data	X None			
9	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone			
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone			
	services				
13	Other financial or non- financial interests	X None			
13		XNone			
	Please summarize the above conflict of interest in the following box:				
No COI to declare					

Date: <u>May 19<sup>h</sup>,</u>	2024
Your Name: Etienr	ne Giroux Leprieur
Manuscript Title: _	Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma
Manuscript numbe	r (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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	Amgen	

	lectures, presentations, speakers bureaus, manuscript writing or	AstraZeneca
		Ipsen
		Janssen
	educational events	Lilly
		MSD
		Novartis
		Pfizer
		Sanofi
		Takeda
6	Payment for expert	XNone
	testimony	
7	Support for attending meetings and/or travel	Takeda
	,	MSD
		AstraZeneca
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	X None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
	Stock of Stock options	
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

Payment from Amgen, AstraZeneca, Ipsen, Janssen, Lilly, MSD, Novartis, Pfizer, Sanofi, Takeda;
Support for attending meetings and/or travel from Takeda, MSD, AstraZeneca

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>13<sup>th</sup> of may 2024</u>	
Your Name: Karen Leroy	
Manuscript Title: Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma	
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)  Time frame: Since the initial	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 this item.		None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	Astra-Zeneca	To myself
		MSD	To myself
	speakers bureaus,	Janssen	To myself
	manuscript writing or	GSK	To myself
	educational events	Lilly	To myself
		Amgen	To myself
		Roche	To myself
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	Amgen	ESMO 2023
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		

The author received honoraria from Astra-Zeneca, MSD, Janssen, GSK, Lilly, Amgen, Roche for lectures, presentations or educational events; From Amgen for attending meetings and/or travel.

# Please place an "X" next to the following statement to indicate your agreement:

Date: May 19 <sup>t</sup>	, 2024
Your Name: Dian	e Damotte
Manuscript Title:	Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma
Manuscript numb	er (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</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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5		XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
	meetings unayor traver			
0	Patents planned, issued or	V None		
8	pending	XNone		
	periamb			
9	Participation on a Data	X None		
9	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	X None		
13	financial interests	XNone		
	Please summarize the above conflict of interest in the following box:  No COI to declare			

# Date: May, 25<sup>th</sup>, 2024 Your Name: Marco alifano Manuscript Title: XXXXX Manuscript number (if known): Pr M. ALIFANO - PUPH

Chef de service

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 fee prefit 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) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		T		
	Daniel de la contraction de la	V 11		
	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		A CONTRACTOR OF THE CONTRACTOR
	Safety Monitoring Board or			
	Advisory Board			3.000
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy		i	
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
		44444		

Ì	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.



HOPITAL COCHIN

27, rue du Faubourg St Jacques
75014 Paris

Service de Chirurgie Thoracique
Pr M. ALIFANO - PUPH
Chef de service

RPPS: 10001461069 Tél. secrétariat: 01 58 41 20 64

Date: ˌ	re: <u>May 18<sup>h</sup>, 2024</u>				
Your Name: Jennifer Arrondeau					
Manu	Manuscript Title: Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma				
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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Dayment or honoraria for	V None	
Э	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Patents planned issued or	X None	
8	Patents planned, issued or pending	XNone	
	Penamb		
0	Dankisia skia a sa a Data	V Name	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
	-		
	No COI to declare		

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

Please place an "X" next to the following statement to indicate your agreement:

form.

Date:	May 25 <sup>h</sup>	, 2024				
Your I	Your Name: Isabelle Cremer					
Manu	script Title: _	Efficacy of first-line immune checkp	point inhibitors in Pulmonary Sarcomatoid Carcinoma			
	-		_			
Manu	script numbe	er (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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings unayor traver		
0	Patents planned, issued or	V None	
8	pending	XNone	
	periamb		
9	Participation on a Data	X None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests	XNone	
	Please summarize the above conflict of interest in the following box:  No COI to declare		

Date: 14.05.2024	
Your Name:	Jeanne CHAPRON
Manuscript Title:	Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid Carcinoma
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</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	Specifications/Comments  (e.g., if payments were made to you or to your institution)
		needed)	
100	Assertation and the	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.)  No time limit for this item.		
1.23	Astrophysical page 1945	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
_3	Royalties or licenses	Nohe	
4	Consulting fees	None	
	11		

5	Payment or honoraria for	BMS	
	lectures, presentations,	Astra Zeneca	
	speakers bureaus, manuscript writing or educational events	Pfizer, Sabofi	
6	Payment for expert	MSD	
	testimony	Sanofi	
7	Support for attending meetings and/or travel	Sanofi	
		Regeneron	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	٠.
	Safety Monitoring Board or		<u> </u>
	Advisory Board		
10	Leadership or fiduciary role	None	$\dashv$
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None: The Research of the Rese	-
11	Stock of Stock options		<del>-15-1</del>
78			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
		[발시되지] 전 왕강 및 조금 [[경기] 본 [[경기] 경기 [경기] [[경기] [경기] [[경기] [경기]	1

Conflict of interests with MSD, SANOFI, BMS, Astra Zeneca, Pfizer, for lectures or presentations and attending meetings.

Support for attending meetings and/or travel from Sanofi and Regeneron

# Please place an "X" next to the following statement to indicate your agreement:



Da	te: <u>5/17/2027</u>					
	Your Name: Marie Wislez					
	Manuscript Title: Efficacy of first-line immune checkpoint inhibitors in Pulmonary Sarcomatoid					
_	arcinoma					
Ma	anuscript number (if known)	): <u></u>				
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" means affected by the content of the author's relationship in the content of the content	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		I	I			
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as	,			
		needed)				
		Time frame: Since the initia	l planning of the work			
1	All support for the present	X None				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)  No time limit for this item.					
	No time mine for this item.	Time frame: past	36 months			
2	Grants or contracts from	ASTRAZENECA				
any entity (if not indicated						
	in item #1 above).					
3	Royalties or licenses	XNone				
4	Consulting fees					

Personal fees

Payment or honoraria for

lectures, presentations,

speakers bureaus,

5

AMGEN

AstraZeneca

Bristol Myers Squibb

	manuscript writing or	F. Hoffmann-La Roche	
	educational events	Janssen	
		MSD Oncology	
		Lilly	
		Merck KGaA	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	Janssen	
	meetings and/or travel	Amgen	
		MSD	
		F. Hoffmann-La Roche	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	Amgen	Personal fees
	Safety Monitoring Board or Advisory Board	AstraZeneca	
		Bristol Myers Squibb	
		F. Hoffmann-La Roche	
		Janssen	
		MSD Oncology	
		Lilly Merck KGaA	
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

The author receives payment or honoraria for lectures and presentations from AMGEN, AstraZeneca, Bristol Myers Squibb, F. Hoffmann-La Roche, Janssen, MSD Oncology, Lilly, Merck KGaA; Grants from AstraZeneca; Support for attending meetings and/or travel from Janssen, Amgen, MSD and F. Hoffmann-La Roche; Participation on a Data safety monitoring board or advisory board for AMGEN, AstraZeneca, Bristol Myers Squibb, F. Hoffmann-La Roche, Janssen, MSD Oncology, Lilly and Merck KGaA.

# Please place an "X" next to the following statement to indicate your agreement: