

## ICMJE DISCLOSURE FORM

Date: 04.07.2024

Your Name: Edyta Maria Urbanska

Manuscript Title: ALK-TKI intrinsic resistance due to de novo *MET*-amplification in metastatic *ALK*-rearranged NSCLC effectively treated by Alectinib-Crizotinib combination – case report.

Manuscript number (if known): TLCR-24-439.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Merck, AstraZeneca	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Janssen, lectures	
		Amgen, lectures	
		AstraZeneca, lectures	
		Novartis, lectures	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	AstraZeneca	Participation in IASLC WCLC 2023, Singapore
		Roche	Participation in TTLC Meeting 2024, Santa Monica, USA
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Roche, Advisory Board	
		Takeda, Advisory Board	
		Pfizer, Advisory Board	
		AstraZeneca, Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

**Please summarize the above conflict of interest in the following box:**

I have received research grants from AstraZeneca and Merck; speaker fees from Amgen, AstraZeneca, Janssen and Novartis; travel support related to participation in international scientific meeting from AstraZeneca and Roche; payment for participation in Advisory Board from AstraZeneca, Pfizer, Roche and Takeda.

**Please place an “X” next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 15.05.2024

**Your Name:** Morten Grauslund

**Manuscript Title:** ALK-TKI intrinsic resistance due to *de novo* MET-amplification in metastatic ALK-rearranged NSCLC effectively treated by Alectinib-Crizotinib combination.

**Manuscript number (if known):** \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> Merck, Roche	Payment was made to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Amgen, AstraZeneca, Boehringer Ingelheim, ThermoFisher Scientific	Received personal fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

MG reports speaker fees from Amgen, AstraZeneca, Boehringer Ingelheim and ThermoFisher Scientific and research grants from Merck and Roche.

**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.

# ICMJE DISCLOSURE FORM

Date: 5/18/2024

Your Name: Siv Marie Sollien Berger

Manuscript Title: ALK-TKI intrinsic resistance due to de novo MET-amplification in metastatic ALK-rearranged NSCLC effectively treated by Alectinib-Crizotinib combination.

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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

**Please summarize the above conflict of interest in the following box:**

No conflict of interest for this author.

**Please place an “X” next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

Date: 18.05.2024

Your Name: Junia Cardoso Costa

Manuscript Title: ALK-TKI intrinsic resistance due to de novo MET-amplification in metastatic ALK-rearranged NSCLC effectively treated by Alectinib-Crizotinib combination.

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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

**Please summarize the above conflict of interest in the following box:**

No conflicts of interest for this author.

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

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



## ICMJE DISCLOSURE FORM

Date: 07/05/2024

Your Name: Peter Rindom Koffeldt

Manuscript Title: ALK-TKI intrinsic resistance due to de novo MET-amplification in metastatic ALK-rearranged NSCLC effectively treated by Alectinib-Crizotinib combination

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

**Please summarize the above conflict of interest in the following box:**

No conflicts of interest for this author.

**Please place an “X” next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** July 5, 2024

**Your Name:** Jens Benn Sørensen

**Manuscript Title:** ALK-TKI intrinsic resistance due to de novo MET-amplification in metastatic ALK-rearranged NSCLC effectively treated by Alectinib-Crizotinib combination – case report.

**Manuscript number (if known):** TLCR-24-439

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	AstraZeneca, Bristol-Myers Squibb, Merck, Janssen, Roche	Personal fee

5	Payment or honoraria for lectures, presentations, speakers' bureaus, manuscript writing or educational events	Bristol-Myers Squibb, Janssen	Personal fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> X None	
7	Support for attending meetings and/or travel	AstraZeneca, Janssen, Merck	Paid to my institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca, Bristol-Myers Squibb, Merck, Janssen, Roche, Genmab	Personal fee
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X None	
11	Stock or stock options	<input checked="" type="checkbox"/> X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X None	

**Please summarize the above conflict of interest in the following box:**

I have received consulting fees from AstraZeneca, Bristol-Myers Squibb, Merck, Janssen, Roche and honoraria for lectures from Bristol-Myers Squibb and Janssen. I have received support for attending meetings and travel from AstraZeneca, Janssen, and Merck. I have also received payment for participation in Advisory Board from AstraZeneca, Bristol-Myers Squibb, Merck, Janssen, and Roche, Genmab.

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

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

## ICMJE DISCLOSURE FORM

**Date:** 05/07/2024

**Your Name:** Eric Santoni-Rugiu

**Manuscript Title:** ALK-TKI intrinsic resistance due to de novo MET-amplification in metastatic ALK-rearranged NSCLC effectively treated by Alectinib-Crizotinib combination.

**Manuscript number (if known):** unknown \_\_\_\_\_

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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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None Sanofi, Takeda	Payments made to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers' bureaus, manuscript writing or educational events	Amgen, AstraZeneca, Bayer, Bristol-Myers Squibb, Roche, Takeda	All payments made to my institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> X None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Roche, Takeda	Payments made to my institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X None	
11	Stock or stock options	<input checked="" type="checkbox"/> X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X None	

**Please summarize the above conflict of interest in the following box:**

Author received grants from Sanofi and Takeda. Author received honoraria Amgen, AstraZeneca, Bayer, Bristol-Myers Squibb, Roche, Takeda. Author received payment for participation in Advisory Board from Roche and Takeda.

**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.