ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
erik  
2. Surname (Last Name)  
Thunnissen  
3. Date  
12-December-2019  
4. Are you the corresponding author?  
✔ Yes  
☐ No  
5. Manuscript Title  
Lung Cancer Biomarker Testing: Perspective from Europe  
6. Manuscript Identifying Number (if you know it)  

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☐ Yes  
✔ No  

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☐ No  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Thunnissen reports personal fees from Abbvie, personal fees from Takeda, grants and personal fees from Pfizer, personal fees from Thermofisher, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Birgit

2. Surname (Last Name)  
   Weynand

3. Date  
   08-December-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
erik thunnissen

5. Manuscript Title  
   Lung Cancer Biomarker Testing: Perspective from Europe

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Dr. Weynand reports personal fees from Astra-Zeneca, personal fees from Roche, personal fees from MSD, personal fees from Merck, personal fees from Pfizer, outside the submitted work.

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1. Given Name (First Name)  
   Dalma

2. Surname (Last Name)  
   Udovicic-Gagula

3. Date  
   06-December-2019

4. Are you the corresponding author?  
   Yes [x]  No

5. Manuscript Title  
   Lung Cancer Biomarker Testing: Perspective from Europe

6. Manuscript Identifying Number (if you know it)

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Dr. Udovicic-Gagula has nothing to disclose.

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1. Given Name (First Name)  
   Luka

2. Surname (Last Name)  
   Brcic

3. Date  
   10-December-2019

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author's Name  
   Erik Thunnissen

5. Manuscript Title  
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**Other**: Anything not covered under the previous three boxes

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**Royalties**: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Malgorzata

2. Surname (Last Name)  
   Szolkowska

3. Date  
   12-December-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   erik thunnissen

5. Manuscript Title  
   Lung Cancer Biomarker Testing: Perspective from Europe

6. Manuscript Identifying Number (if you know it)

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

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Are there any relevant conflicts of interest?  
   Yes ☑  No ☐

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td>☐</td>
<td>☐</td>
<td>✓</td>
<td>☐</td>
<td>participation in workshop; travel and accomodation payed by company</td>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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Section 6. Disclosure Statement

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Dr. Szolkowska reports personal fees from Boehringer Ingelheim, personal fees from Hammermed, personal fees from MSD Polska, personal fees from Astra Zeneca Pharma Poland, non-financial support from Pfizer Polska, outside the submitted work; .

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Hofman</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-December-2019</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>erik thunnissen</td>
</tr>
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<td>Lung Cancer Biomarker Testing: Perspective from Europe</td>
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Dr. Hofman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Silvana

2. Surname (Last Name)  
   Smožer-Ježek

3. Date  
   08-December-2019

4. Are you the corresponding author?  
   Yes   No  
   ✔

5. Manuscript Title  
   Lung Cancer Biomarker Testing: Perspective from Europe

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Dr. Smojver-Ježek has nothing to disclose.

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<td>Anttila</td>
<td>11-December-2019</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
erik thunnissen

5. Manuscript Title
Lung Cancer Biomarker Testing: Perspective from Europe

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Dr. Anttila has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Fiorella

2. Surname (Last Name)  
Calabrese

3. Date  
09-December-2019

4. Are you the corresponding author?  
[ ] Yes  [ ] No  
Corresponding Author’s Name  
erik thunnissen

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Dr. Calabrese has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  IZIDOR
2. Surname (Last Name)  KERN
3. Date  04-December-2019
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title  Lung Cancer Biomarker Testing: Perspective from Europe
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest?  Yes  No  ✔

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Are there any relevant conflicts of interest?  Yes  No  ✔

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No  ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. KERN has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Birgit

2. Surname (Last Name)  
   Skov

3. Date  
   05-December-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

Corresponding Author’s Name  
   erik thunnissen

5. Manuscript Title  
   Lung Cancer Biomarker Testing: Perspective from Europe

6. Manuscript Identifying Number (if you know it)

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Dr. Skov has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sven
2. Surname (Last Name)  Perner
3. Date  04-December-2019

4. Are you the corresponding author?  Yes

5. Manuscript Title
Lung Cancer Biomarker Testing: Perspective from Europe

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>Vibeke</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Grotnes-Dale</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-August-2019</td>
</tr>
<tr>
<td>Are you the corresponding author?</td>
<td>☑ Yes</td>
</tr>
<tr>
<td>Manuscript Title</td>
<td>Lung Cancer Biomarker Testing: Perspective from Europe</td>
</tr>
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Are there any relevant conflicts of interest? ☑ Yes

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Dr. Grotnes-Dale has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Zivka

2. **Surname (Last Name)**
   - Eri

3. **Date**

4. **Are you the corresponding author?**
   - Yes □
   - No ✓

   **Corresponding Author’s Name**
   - Erik Thunnissen

5. **Manuscript Title**
   - Lung Cancer Biomarker Testing: Perspective from Europe

6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?

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- No ✓

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- No ✓

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- Yes □
- No ✓
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Dr. Eri has nothing to disclose.

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Haragan
ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tbody>
<tr>
<td>Alexander</td>
<td>Haragan</td>
<td>04-March-2019</td>
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4. Are you the corresponding author?  ☑ No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ☑ No

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Dr. Haragan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Diana

2. Surname (Last Name)  
Leonte

3. Date  
12-December-2019

4. Are you the corresponding author?  
☑ Yes  
☐ No

Corresponding Author’s Name  
erik thunnissen

5. Manuscript Title  
Lung Cancer Biomarker Testing: Perspective from Europe

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☑ Yes  
☐ No

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☐ No

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☐ No
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Dr. Leonte has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Lina  

2. Surname (Last Name)  
   Carvallo  

3. Date  
   10-December-2019  

4. Are you the corresponding author?  
   ✔ No  

5. Manuscript Title  
   Lung Cancer Biomarker Testing: Perspective from Europe  

6. Manuscript Identifying Number (if you know it)  

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ✔ No

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Are there any relevant conflicts of interest?  
   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Carvallo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Spasenija

2. Surname (Last Name)  
   Savic Prince

3. Date  
   16-December-2019

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  
   Corresponding Author’s Name  
   erik thunnissen

5. Manuscript Title  
   Lung Cancer Biomarker Testing: Perspective from Europe

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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- No  
   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  
- No  
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Dr. Savic Prince has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Siobhan  
2. Surname (Last Name)  
   Nicholson  
3. Date  
   06-December-2019  
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   erik thunnissen  
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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Dr. Nicholson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
IRENE

2. Surname (Last Name)  
SANSANO

3. Date  
08-December-2019

4. Are you the corresponding author?  
[ ] Yes  [x] No  
Corresponding Author’s Name  
erik thunnissen

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. SANSANO reports personal fees and non-financial support from Roche pharma, personal fees from Roche diagnostics, personal fees from Abbvie, personal fees and non-financial support from MSD, personal fees and non-financial support from Pfizer, personal fees from Takeda, personal fees and non-financial support from BMS, non-financial support from Astra-Zeneca, non-financial support from Boeringher, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Ales

2. Surname (Last Name)  
Ryska

3. Date  
06-December-2019

4. Are you the corresponding author?  
Yes  ☑  No

Corresponding Author's Name  
erik thunnissen

5. Manuscript Title  
Lung Cancer Biomarker Testing: Perspective from Europe

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ☑ No

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ryska reports grants and personal fees from AstraZeneca, grants, personal fees and non-financial support from MSD, grants from Roche, personal fees and non-financial support from BMS, during the conduct of the study;

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