

ICMJE DISCLOSURE FORM

Date: 8/5/2021

Your Name: Rimas V Lukas

Manuscript Title: An International Perspective on the Management of Glioblastoma

Manuscript number (if known): CCO-2019-EMG-09 (CCO-21-107)

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)
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.	X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	NIH P50CA221747 BrainUp 2136
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	___ None	Novocure-Speakers' bureau
			American Physician Institute-CME content creation and presentation
			EBSCO Publishing-medical editing
			Medlink Neurology-medical editing
6	Payment for expert testimony	<u>__X__</u> None	
7	Support for attending meetings and/or travel	<u>_X__</u> None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	Novocure-Scientific Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ X ___ None	
11	Stock or stock options	<u>_X__</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	BMS-Research support (drug only)
13	Other financial or non-financial interests	___ None	

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

Dr RV Lukas has received research support from NIH P50CA221747, BrainUp 2136, and BMS (drug only). Dr RV Lukas has received honoraria from serving on a scientific advisory board and speakers' bureau for Novocure. Dr RV Lukas has received honoraria for medical editing for EBSCO Publishing and Medlink Neurology and for the creation and presentation of CME board review content for American Physician Institute.

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: Friday, August 6, 2021 _____

Your Name: Evangelia Razi _____

Manuscript Title: An International Perspective on the Management of Glioblastoma _____

Manuscript number (if known): CCO-2019-EMG-09(CCO-21 107) _____

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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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.		
		Novartis	Research Funding
		Parexel	Research Funding
		Tesaro	Research Funding
Time frame: past 36 months			
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	Consulting
		Bristol Mayer Squibb	Consulting

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bristol Mayer Squibb	Honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Leo Pharma, Roche, Genekor, Merck, Ipsen	Travel, Accommodations Expenses
		Sanofi, Novartis, Pfizer, Bristol Mayer Squibb	Travel, Accommodations Expenses
		Genesis Pharmaceuticals	Travel, Accommodations Expenses
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca	Advisory Role
		Bristol Mayer Squibb	Advisory Role
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:

Research Funding-Novartis, Paraxel, Tesaro.
Consulting or Advisory Role – AstraZeneca, Bristol Mayer Squibb.
Bristol Mayer Squibb- Honoraria.
Travel, accommodations expenses- Leo Pharma, Roche, Genekor, Merck, Ipsen, Sanofi, Novartis, Pfizer, Bristol Mayer Squibb, Genesis Pharmaceuticals.

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: 8/5/2021

Your Name: Jason T Huse

Manuscript Title: An International Perspective on the Management of Glioblastoma

Manuscript number (if known): CCO-2019-EMG-09(CCO-21-107)

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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	

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