ICMJE DISCLOSURE FORM

Date: __________ 2021/3/3
Your Name: Dan Tian

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study
Manuscript number (if known): ATM-21-540-R1-MS-2067

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) |
|---|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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: Since the initial planning of the work                                           |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | None |
| 3 | Royalties or licenses                                                                        | None |
| 4 | Consulting fees                                                                             | None |

|   | 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 |
|   | Description                                                                 | 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 |

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

I have no conflicts of interest to declare.

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: ___________ 2021/3/3
Your Name: ____________________________________________________________________

Manuscript Title: __ Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study __
Manuscript number (if known): __ ATM-21-540-R1-MS-2067 ______________________________________________________________________

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

**Time frame: past 36 months**
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 6 | Payment for expert testimony                                                |      |
| 7 | Support for attending meetings and/or travel                                |      |
| 8 | Patents planned, issued or pending                                          |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            |      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |      |
| 11| Stock or stock options                                                      |      |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services |      |
| 13| Other financial or non-financial interests                                   |      |

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

I have no conflicts of interest to declare.

**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: _______ 2021/3/3
Your Name: Sichao Wang

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study

Manuscript number (if known): ATM-21-540-R1-MS-2067

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.

| Column | 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.) | None |
|        | **No time limit for this item.**                                                              |                                   |
|        | 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 |
|   | Conflict of Interest | Description |
|---|---------------------|-------------|
| 5 | None                | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |
| 6 | None                | Payment for expert testimony |
| 7 | None                | Support for attending meetings and/or travel |
| 8 | None                | Patents planned, issued or pending |
| 9 | None                | Participation on a Data Safety Monitoring Board or Advisory Board |
| 10| None                | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |
| 11| None                | Stock or stock options |
| 12| None                | Receipt of equipment, materials, drugs, medical writing, gifts or other services |
| 13| None                | Other financial or non-financial interests |

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

I have no conflicts of interest to declare.

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: 2021/3/3

Your Name: Weitao Zhuang

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study

Manuscript number (if known): ATM-21-540-R1-MS-2067

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.                                                        | None                                                                            |
|       |                                                                                      |                                                                                  |
| **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 |

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

I have no conflicts of interest to declare.

**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:________ 2021/3/3
Your Name:____ Jiming Tang

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study
Manuscript number (if known): ATM-21-540-R1-MS-2067

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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | **No time limit for this item.** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
| 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 |

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

I have no conflicts of interest to declare.

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: _______ 2021/3/3
Your Name: Liang Xie

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study
Manuscript number (if known): ATM-21-540-R1-MS-2067

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) |
|---|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | **No time limit for this item.** | |
| 2 | | |
|   | | |
|   | **Time frame: past 36 months** | |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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   |

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

I have no conflicts of interest to declare.

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: 2021/3/3
Your Name: Haiyu Zhou

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study
Manuscript number (if known): ATM-21-540-R1-MS-2067

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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | **No time limit for this item.**                                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | None |
| 3 | Royalties or licenses                                                                          | None |
| 4 | Consulting fees                                                                               | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Conflict of Interest                                                                 | None |
|---|--------------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 6 | Payment for expert testimony                                                         |      |
| 7 | Support for attending meetings and/or travel                                          |      |
| 8 | Patents planned, issued or pending                                                   |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    |      |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |      |
|11 | Stock or stock options                                                               |      |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services      |      |
|13 | Other financial or non-financial interests                                            |      |

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

I have no conflicts of interest to declare.

**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:** _______ 2021/3/3

**Your Name:** Dongkun Zhang

**Manuscript Title:** Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study

**Manuscript number (if known):** ATM-21-540-R1-MS-2067

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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.** |  

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | None |   |

|   |   |   |
|---|---|---|
|   | 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 |

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

I have no conflicts of interest to declare.

**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: ___________ 2021/3/3
Your Name: ________________________________ Zihao Zhou

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study
Manuscript number (if known): ATM-21-540-R1-MS-2067

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.) | None                                                                               |
|   | **No time limit for this item.**                                                                |                                                                                  |
|   | **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                                                                               |
|   |   |   |
|---|---|---|
|   | **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 |

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

I have no conflicts of interest to declare.

**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: ______ 2021/3/3
Your Name: Ruiqing Shi

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study
Manuscript number (if known): ATM-21-540-R1-MS-2067

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) |
|---|---|---|
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)** | None |
|   | **No time limit for this item.** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Status |
|---|------------------------------------------------------------------------------|--------|
| 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   |

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

I have no conflicts of interest to declare.

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: __________ 2021/3/3

Your Name: ____________________________ Cheng Deng

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study

Manuscript number (if known): ATM-21-540-R1-MS-2067

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) |
|---|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | No time limit for this item.                                                     |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).         | None |
| 3 | Royalties or licenses                                                             | None |
| 4 | Consulting fees                                                                  | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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     |

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

I have no conflicts of interest to declare.

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: ________ 2021/3/3 __________________________________________________________
Your Name: ____________________ Yu Ding

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study
Manuscript number (if known): ATM-21-540-R1-MS-2067 ____________________________

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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Conflict of Interest Description                                                                 | None |
|---|-------------------------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 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 |

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

I have no conflicts of interest to declare.

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: __________ 2021/3/3
Your Name: Xuanye Zhang

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study
Manuscript number (if known): ATM-21-540-R1-MS-2067

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.) | None                                                                             |
|   | No time limit for this item.                                                       |                                                                                  |

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

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

I have no conflicts of interest to declare.

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:_________ 2021/3/3

Your Name: Guibin Qiao

Manuscript Title: Surgical resection of primary tumors improved the prognosis of patients with bone metastasis of non-small cell lung cancer: a population-based and propensity score-matched study

Manuscript number (if known): ATM-21-540-R1-MS-2067

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) |
|---|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   | Conflict of Interest                                                                 | None |
|---|-------------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 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 |

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

I have no conflicts of interest to declare.

**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.