ICMJE DISCLOSURE FORM

Date: August 10, 2021
Your Name: Bin Qiu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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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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.) | ___X__ None                                                                       |
|   | **Time frame: Since the initial planning of the work**                                           |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | ___X__ None                                                                       |
| 3 | Royalties or licenses                                                                            | ___X__ None                                                                       |
| 4 | Consulting fees                                                                                 | ___X__ None                                                                       |

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

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

None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Kaican Cai
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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|   | **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).                      | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                         |
| 4 | Consulting fees                                                                              | _X_ None                                                                         |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
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| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Chun Chen
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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|   |                                                                                                 |                                                                                  |
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|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |
| 3 | Royalties or licenses                                                                             | _X_ None                                                                         |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |
| 4 | Consulting fees                                                                                  | _X_ None                                                                         |
|   |                                                                                                 |                                                                                  |
|   | Description                                                                 | Answer |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | _X_ None |
|   | manuscript writing or educational events                                    |        |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy | _X_ None |
|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | _X_ None |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | _X_ None |

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

None.

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

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

Date: Aug. 11\textsuperscript{th}, 2021
Your Name: Jun Chen
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|   | **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).                    | __X__ None                                                                       |
| 3 | Royalties or licenses                                                                       | __X__ None                                                                       |
| 4 | Consulting fees                                                                            | __X__ None                                                                       |


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

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

None.

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

___X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Ke-Neng Chen
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|   |                                                                                               |                                                                                  |
|   | **Time frame: past 36 months**                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __X__ None                                                                      |
| 3 | Royalties or licenses                                                                         | __X__ None                                                                      |
| 4 | Consulting fees                                                                               | __X__ None                                                                      |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                  | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                    | X | None |

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

None.

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Date: Aug. 11th, 2021
Your Name: Qi-Xun Chen
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X_ None                                                                          |
| 3 | Royalties or licenses                                                                             | _X_ None                                                                          |
| 4 | Consulting fees                                                                                  | _X_ None                                                                          |
| # | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|--     |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: Aug. 11th, 2021
Your Name: Chao Cheng
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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| **2** | Grants or contracts from any entity (if not indicated in item #1 above).                    | _X_ None                                                                           |
| **3** | Royalties or licenses                                                                       | _X_ None                                                                           |
| **4** | Consulting fees                                                                             | _X_ None                                                                           |
|   | Description                                                                                           | Answer |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                      | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid      | X None |
|11 | Stock or stock options                                                                                  | X None |
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|13 | Other financial or non-financial interests                                                              | X None |

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**ICMJE DISCLOSURE FORM**

Date: Aug. 11th, 2021
Your Name: Tian-Yang Dai
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |

| 3 | Royalties or licenses | _X_ None |

| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | X | None |
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| 13| Other financial or non-financial interests                                   | X | None |

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ICMJE DISCLOSURE FORM

Date: Aug. 11\textsuperscript{th}, 2021
Your Name: Junqiang Fan
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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| 3 | Royalties or licenses                                                                           | **X** None                                                                         |
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| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                   | X None |

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ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Zhaohui Fan
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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

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|---|---|
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_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: Aug. 11th, 2021
Your Name: Jian Hu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) | _X_ None                                                                         |
|   | No time limit for this item.                                                                  |                                                                                  |
|   |                                                                                              |                                                                                  |
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|   | Time frame: past 36 months                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                         |
|   |                                                                                              |                                                                                  |
| 3 | Royalties or licenses                                                                        | _X_ None                                                                         |
|   |                                                                                              |                                                                                  |
| 4 | Consulting fees                                                                             | _X_ None                                                                         |
|   | Description                                                                 | Status |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                | X None |
| 7 | Support for attending meetings and/or travel                                 | X None |
| 8 | Patents planned, issued or pending                                          | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                   | X None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Wei-Dong Hu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) | X 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). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | _X_ None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                  | _X_ None |
| 7 | Support for attending meetings and/or travel                                   | _X_ None |
| 8 | Patents planned, issued or pending                                            | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                        | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                     | _X_ None |

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None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Yun-Chao Huang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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,         | __X__ None                                                                       |
|   | medical writing, article processing charges, etc.) No time limit for this item.                |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | __X__ None                                                                       |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                       |
| 4 | Consulting fees                                                                                | __X__ None                                                                       |
|   | Time frame: past 36 months                                                                     |                                                                                  |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                               | X | None |
| 7 | Support for attending meetings and/or travel                                | X | None |
| 8 | Patents planned, issued or pending                                         | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                     | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                  | X | None |

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None.

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ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Ge-Ning Jiang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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| 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_ None                                                                             |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                             |
|   |                                                                                              |                                                                                   |
| 3 | Royalties or licenses                                                                        | _X_ None                                                                             |
|   |                                                                                              |                                                                                   |
| 4 | Consulting fees                                                                             | _X_ None                                                                             |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                               | _X_ None |
| 7 | Support for attending meetings and/or travel                                | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                      | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                  | _X_ None |

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

None.

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

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

Date: Aug. 11th, 2021
Your Name: Jie Jiang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) | _X_ 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).                                                        | _X_ None                                                                            |
| 3 | Royalties or licenses                                                                                                           | _X_ None                                                                            |
| 4 | Consulting fees                                                                                                                 | _X_ None                                                                            |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
|---|-----------------------------------------------------------------------------------------------------------------|-----------|
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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

None.

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__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: Aug. 11th, 2021
Your Name: Tao Jiang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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| 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_ None                                                                         |
|   |                                                                                                 |                                                                                 |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                         |
| 3 | Royalties or licenses | _X_ None                                                                         |
| 4 | Consulting fees | _X_ None                                                                         |
|   | Please summarize the above conflict of interest in the following box: | |
|---|---|---|
|   | None. | |

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

___X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Wen-Jie Jiao
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
Manuscript number (if known):

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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.) | __X__ 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).                     | __X__ None                                                                      |
| 3 | Royalties or licenses                                                                         | __X__ None                                                                      |
| 4 | Consulting fees                                                                                | __X__ None                                                                      |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ | None |
| 6 | Payment for expert testimony                                                 | _X_ | None |
| 7 | Support for attending meetings and/or travel                                 | _X_ | None |
| 8 | Patents planned, issued or pending                                           | _X_ | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | _X_ | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ | None |
|11 | Stock or stock options                                                       | _X_ | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ | None |
|13 | Other financial or non-financial interests                                   | _X_ | None |

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

None.

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__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: Aug. 11\textsuperscript{th}, 2021
Your Name: He-Cheng Li
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------------------------|
|   |                                                                                                    | Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None          |
| 3 | Royalties or licenses                                                            | _X_ None          |
| 4 | Consulting fees                                                                 | _X_ None          |
|   | Conflict of Interest | Yes/No |
|---|----------------------|--------|
| 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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None.

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__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: Aug. 11th, 2021
Your Name: Qiang Li
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None | Time frame: Since the initial planning of the work |
|   | **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). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                  | X | None |

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None.

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_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: Aug. 11\textsuperscript{th}, 2021  
Your Name: Yong-De Liao  
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer  
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.

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No time limit for this item. | __X__None |
|   | **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__None |
| 3 | Royalties or licenses | __X__None |
| 4 | Consulting fees | __X__None |
|   | Description                                                                 | X | Note |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
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| 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 |
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ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Hong-Xu Liu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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**                                        | **Time frame: past 36 months**                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         |
|   | **No time limit for this item.**                                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                         |
| 4 | Consulting fees                                                                               | _X_ None                                                                         |
|   |   |   |
|---|---|---|
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| **6** | Payment for expert testimony | _X_ None |
| **7** | Support for attending meetings and/or travel | _X_ None |
| **8** | Patents planned, issued or pending | _X_ None |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| **11** | Stock or stock options | _X_ None |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| **13** | Other financial or non-financial interests | _X_ None |

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

None.

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

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

Date: Aug. 11th, 2021
Your Name: Jun-Feng Liu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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. | __X__ None                                                                            |
|   | Time frame: past 36 months |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None                                                                            |
| 3 | Royalties or licenses | __X__ None                                                                            |
| 4 | Consulting fees | __X__ None                                                                            |
|   | Please summarize the above conflict of interest in the following box: |   |
|---|---|---|
|   | None. |   |

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Lunxu Liu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) | **X** 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).                       | **X** None |
| 3 | Royalties or licenses                                                                            | **X** None |
| 4 | Consulting fees                                                                                 | **X** None |
Please summarize the above conflict of interest in the following box:

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Yang Liu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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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|---|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|   | **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.) | __X__ 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).                                                      | __X__ None |
| 3 | Royalties or licenses                                                                                                         | __X__ None |
| 4 | Consulting fees                                                                                                               | __X__ None |
|   |                                                                                      |   |
|---|-------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,               | _X_ None |
|   | manuscript writing or educational events                                          |   |
| 6 | Payment for expert testimony                                                       | _X_ None |
| 7 | Support for attending meetings and/or travel                                       | _X_ None |
| 8 | Patents planned, issued or pending                                                 | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                  | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, | _X_ None |
|   | paid or unpaid                                                                      |   |
| 11| Stock or stock options                                                              | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services    | _X_ None |
| 13| Other financial or non-financial interests                                          | _X_ None |

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

None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11\textsuperscript{th}, 2021
Your Name: Hao Long
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) <br>No time limit for this item. | **X** None                                                                               |
|   |                                                                                               |                                                                                     |
| **Time frame: past 36 months** |                                                                                       |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | **X** None                                                                               |
| 3 | Royalties or licenses                                                                         | **X** None                                                                               |
| 4 | Consulting fees                                                                              | **X** None                                                                               |
|   | Conflict of Interest Description                                                                 | Agreement |
|---|-------------------------------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                                     | _X_ None |
| 7 | Support for attending meetings and/or travel                                                      | _X_ None |
| 8 | Patents planned, issued or pending                                                                 | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                 | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                                            | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | _X_ None |
| 13| Other financial or non-financial interests                                                        | _X_ None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Qing-Quan Luo
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) | _X_ 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).                       | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                         |
| 4 | Consulting fees                                                                               | _X_ None                                                                         |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                    | X | None |

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

None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Hai-Tao Ma
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) | __X__ 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).                       | __X__ None                                                                        |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                        |
| 4 | Consulting fees                                                                                | __X__ None                                                                        |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

None.

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

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

Date: Aug. 11th, 2021  
Your Name: Nai-Quan Mao  
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer  
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.

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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. | _X_ None                                                                          |

|   | **Time frame: past 36 months**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                          |
| 3 | Royalties or licenses                                                                       | _X_ None                                                                          |
| 4 | Consulting fees                                                                            | _X_ None                                                                          |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:  Aug. 11\textsuperscript{th}, 2021
Your Name: Xiao-Jie Pan
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|   | 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.) | __X__ 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). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Conflict of Interest                                                                 | Answer |
|---|-------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                        | _X_ None |
| 7 | Support for attending meetings and/or travel                                         | _X_ None |
| 8 | Patents planned, issued or pending                                                   | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                              | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services     | _X_ None |
|13 | Other financial or non-financial interests                                            | _X_ None |

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

None.

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

_ X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Fengwei Tan
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|   | 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** |

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

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

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

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

None.

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

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

Date: Aug. 11th, 2021
Your Name: Li-Jie Tan
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|   | 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. | _X_ None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ 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 | X None   |
| 6 | Payment for expert testimony                                                                  | X None   |
| 7 | Support for attending meetings and/or travel                                                   | X None   |
| 8 | Patents planned, issued or pending                                                             | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                              | X None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
| 11| Stock or stock options                                                                         | X None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services               | X None   |
| 13| Other financial or non-financial interests                                                      | X None   |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Hui Tian
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

|   | 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.) | **X** None                                                                      |
|   | **No time limit for this item.**                                                                |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | **X** None                                                                      |
| 3 | Royalties or licenses                                                                            | **X** None                                                                      |
| 4 | Consulting fees                                                                                 | **X** 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 | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Dong Wang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.** | __X__ None                                                                                 |
| **Time frame: past 36 months** |                                                                                           |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | __X__ None                                                                                 |
| 3 | Royalties or licenses                                                                         | __X__ None                                                                                 |
| 4 | Consulting fees                                                                               | __X__ None                                                                                 |
|   |   |
|---|---|
|   |   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

None.

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

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

Date: Aug. 11th, 2021
Your Name: Wen-Xiang Wang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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. | _X_ None                                                                          |
|   | Time frame: past 36 months                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                          |
| 3 | Royalties or licenses                                        | _X_ None                                                                          |
| 4 | Consulting fees                                              | _X_ None                                                                          |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | X  | None |
|   | manuscript writing or educational events                                    |    |      |
| 6 | Payment for expert testimony                                                | X  | None |
| 7 | Support for attending meetings and/or travel                                 | X  | None |
| 8 | Patents planned, issued or pending                                          | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X  | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | X  | None |
|   | group, paid or unpaid                                                        |    |      |
| 11| Stock or stock options                                                       | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | X  | None |
|   | services                                                                     |    |      |
| 13| Other financial or non-financial interests                                   | X  | None |

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

None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Li Wei
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) | __X__ 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).                       | __X__ None                                                                        |
| 3 | Royalties or licenses                                                                            | __X__ None                                                                        |
| 4 | Consulting fees                                                                                 | __X__ None                                                                        |
|   | Description                                                                 | Yes/No Answer |
|---|-----------------------------------------------------------------------------|----------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | **X** No      |
| 6 | Payment for expert testimony                                               | **X** No      |
| 7 | Support for attending meetings and/or travel                                | **X** No      |
| 8 | Patents planned, issued or pending                                          | **X** No      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | **X** No      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | **X** No      |
| 11| Stock or stock options                                                      | **X** No      |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | **X** No      |
| 13| Other financial or non-financial interests                                  | **X** No      |

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

None.

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

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

Date: Aug. 11th, 2021
Your Name: Nan Wu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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__ None                                                                         |

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

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|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | __X__ None                                                                         |

**Time frame: 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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                                                        | __X__ None                                                                         |

|   | 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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                             | __X__ None                                                                         |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Qing-Chen Wu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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. | __X__ None<br>_<br>_ |

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

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None<br>_<br>_ |

**Time frame: 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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                                                         | __X__ None<br>_<br>_ |

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                | __X__ None<br>_<br>_ |
|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                             | _X_ None |
| 7 | Support for attending meetings and/or travel                             | _X_ None |
| 8 | Patents planned, issued or pending                                      | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                   | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                | _X_ None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Jiaqing Xiang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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|   | 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.) | X None |
|   | **No time limit for this item.**                                                          | **Time frame: Since the initial planning of the work**                              |

|   | 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) |
|---|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                   | X None |
| 3 | Royalties or licenses                                                                       | X None |
| 4 | Consulting fees                                                                             | X None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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

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

Date: Aug. 11th, 2021
Your Name: Shi-Dong Xu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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. | __X__ None                                                                  |
| 2 |     |                                                                             |
| 3 |     |                                                                             |
| 4 |     |                                                                             |
|   | **Time frame: past 36 months**                                                               |                                                                             |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | __X__ None                                                                  |
| 3 | Royalties or licenses                                                                       | __X__ None                                                                  |
| 4 | Consulting fees                                                                             | __X__ None                                                                  |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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

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

Date: Aug. 11th, 2021
Your Name: Lin Yang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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.) | __X__ 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). | __X__ None |   |
| 3 | Royalties or licenses | __X__ None |   |
| 4 | Consulting fees | __X__ None |   |
|   | Description                                                                 | Agreement | Notes |
|---|-----------------------------------------------------------------------------|-----------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None    |       |
| 6 | Payment for expert testimony                                                | X None    |       |
| 7 | Support for attending meetings and/or travel                                 | X None    |       |
| 8 | Patents planned, issued or pending                                           | X None    |       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None    |       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None    |       |
| 11| Stock or stock options                                                       | X None    |       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None    |       |
| 13| Other financial or non-financial interests                                   | X None    |       |

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

None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Sept. 11th, 2021
Your Name: Hao Zhang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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. | _X_ None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Conflict of Interest |   |
|---|---------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Lanjun Zhang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

|   | 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__ None |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------|
| | |
| | |
| | |
| | |

| **Time frame: past 36 months** | |
|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|-------------------------------------------------------------------------------------------------|------|
|   | Payment for expert testimony                                                                     | None |
|   | Support for attending meetings and/or travel                                                     | None |
|   | Patents planned, issued or pending                                                                | None |
|   | Participation on a Data Safety Monitoring Board or Advisory Board                                 | None |
|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
|   | Stock or stock options                                                                            | None |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | None |
|   | Other financial or non-financial interests                                                         | None |

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

None.

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

___X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Peng Zhang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

|   | 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_ None |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Yi Zhang
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

|   | 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.) | X None |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above) | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | **Time frame: past 36 months** | |
| No. | Description                                                                 | Verdict  | Notes  |
|-----|------------------------------------------------------------------------------|----------|--------|
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |        |
| 6   | Payment for expert testimony                                                 | __X__ None |        |
| 7   | Support for attending meetings and/or travel                                  | __X__ None |        |
| 8   | Patents planned, issued or pending                                           | __X__ None |        |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board             | __X__ None |        |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |        |
| 11  | Stock or stock options                                                        | __X__ None |        |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |        |
| 13  | Other financial or non-financial interests                                   | __X__ None |        |

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

None.

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

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

Date: Aug. 11th, 2021  
Your Name: Zhenfa Zhang  
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer  
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.

|   | 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___ None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___X___ None |
| 3 | Royalties or licenses | ___X___ None |
| 4 | Consulting fees | ___X___ None |
|   | Please summarize the above conflict of interest in the following box: |
|---|---------------------------------------------------------------------|
|   | None.                                                               |

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Kunshou Zhu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

|   | 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.) | _X_ None |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | **Time frame: past 36 months** | |
|   |   |   |
|---|---|---|
|5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
|6  | Payment for expert testimony | _X_ None |
|7  | Support for attending meetings and/or travel | _X_ None |
|8  | Patents planned, issued or pending | _X_ None |
|9  | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests | _X_ None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Yuming Zhu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

| Item | 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.) | **X** None                                                                      |
|      | **No time limit for this item.**                                                               |                                                                                  |

Time frame: Since the initial planning of the work

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

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

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

None.

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

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

Date: 29th July 2021

Your Name: Sang-Won Um

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

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.

|   | 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.) | X None                                                                             |
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X None                                                                             |
| 3 | Royalties or licenses                                                                           | X None                                                                             |
| 4 | Consulting fees                                                                                 | X None                                                                             |
| 5 | Payment or honoraria for                                                                         | X None                                                                             |

|   |                                                                 |                                                                                   |
|---|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Time frame: past 36 months                                    |                                                                                   |
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| 3 |                                                                 |                                                                                   |
| 4 |                                                                 |                                                                                   |
| 5 |                                                                 |                                                                                   |
|   |   |
|---|---|
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|   |   |
|   |   |
| 6 | Payment for expert testimony | _ X None |
| 7 | Support for attending meetings and/or travel | _ X None |
| 8 | Patents planned, issued or pending | __ X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __ X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __ X None |
| 11 | Stock or stock options | __ X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __ X None |
| 13 | Other financial or non-financial interests | __ X None |

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

None.

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

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

Date: 02-Aug-2021
Your Name: In-Jae Oh
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
Manuscript number (if known): NA

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. | _X__None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____Yes | Research funding from Roche |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | ____Yes | Roche, Ono, MSD, Pfizer, Boehringer-Ingelheim, AstraZeneca, Takeda |

Time frame: Since the initial planning of the work

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

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

In Jae Oh has grant from Roche. He also has received consulting fee from Roche, Ono, MSD, Pfizer, Boehringer-Ingelheim, AstraZeneca 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:________ July 30, 2021

Your Name:__ Yusuke Tomita

Manuscript Title:__ Expert consensus on perioperative immunotherapy for non-small cell lung cancer

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.

|   | 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 |
|   | JSPS KAKENHI grant number JP18K15928; The payment was made to Tomita Y. |
|   | Takeda Science Foundation The payment was made to Tomita Y. |
| 3 | Royalties or licenses | ✔ None |
| 4 | Consulting fees | ✔ None |

|   | **Time frame: past 36 months** |
|---|--------------------------------|

None
|   | Description                                                                 | Answer | Details |
|---|-----------------------------------------------------------------------------|--------|---------|
| 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:**

Dr. Tomita reports grants from JSPS KAKENHI grant number JP18K15928 and grants from Takeda Science Foundation outside the submitted work.

**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: __29/July/2021______________________________________________________________
Your Name: __Satoshi Watanabe__________________________________________________
Manuscript Title: _Expert consensus on perioperative immunotherapy for non-small cell lung cancer________
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.

|   | 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.) | _x_ None |
|   | **No time limit for this item.** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None |
| 3 | Royalties or licenses | _x_ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Activity Description                                                                 | Company(s)                                                                 |
|---|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 4 | Consulting fees                                                                     | _x_ None                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | AstraZeneca Grant and personal fee                                          |
|   |                                                                                      | Chugai Pharma Personal fee                                                |
|   |                                                                                      | Ono Pharmaceutical Personal fee                                            |
|   |                                                                                      | Bristol-Myers Personal fee                                                |
|   |                                                                                      | Boehringer Ingelheim Grant and personal fee                               |
|   |                                                                                      | Eli Lilly Personal fee                                                    |
|   |                                                                                      | MSD Personal fee                                                          |
|   |                                                                                      | Taiho Pharmaceutical Personal fee                                          |
|   |                                                                                      | Pfizer Personal fee                                                       |
|   |                                                                                      | Novartis Personal fee                                                     |
|   |                                                                                      | Pfizer Personal fee                                                       |
|   |                                                                                      | Novartis Personal fee                                                     |
|   |                                                                                      | Daiichi Sankyo Personal fee                                               |
| 6 | Payment for expert testimony                                                          | _x_ None                                                                  |
| 7 | Support for attending meetings and/or travel                                          | _x_ None                                                                  |
| 8 | Patents planned, issued or pending                                                    | _x_ None                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                     | _x_ None                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None                                                                  |
| 11| Stock or stock options                                                               | _x_ None                                                                  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services      | _x_ None                                                                  |
| 13| Other financial or non-financial interests                                             | _x_ None                                                                  |

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

Satoshi Watanabe reports grant and personal fee from AstraZeneca and Boehringer Ingelheim, personal fee from Chugai Pharma, Ono Pharmaceutical, Bristol-Myers, Eli Lilly, MSD, Taiho Pharmaceutical, Pfizer, Novartis, Daiichi Sankyo.
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: 29 July 2021
Your Name: Takeo Nakada
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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.

|   | 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.** | _x_ None |

|   | **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_ None |

|   | **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None |
| 3 | Royalties or licenses | _x_ None |
| 4 | Consulting fees | _x_ None |
|   | Description                                                                 |   |
|---|----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                              | X None |
| 7 | Support for attending meetings and/or travel                              | X None |
| 8 | Patents planned, issued or pending                                        | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board          | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                    | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                 | X None |

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

I declare no conflict of interest.

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 29, 2021
Your Name: Nobuhiko Seki
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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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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.) | | X None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above) | Commercial research grants | Eli Lilly, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, and Nippon Boehringer Ingelheim |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |

| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above) | Commercial research grants | Eli Lilly, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, and Nippon Boehringer Ingelheim |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Speaking honoraria | Eli Lilly, AstraZeneca, MSD Oncology, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, Nippon Boehringer Ingelheim, and Bristol-Myers Squibb Japan |
| 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:**

Dr Nobuhiko Seki obtained commercial research grants from Eli Lilly, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, and Nippon Boehringer Ingelheim, and has received speaking honoraria from Eli Lilly, AstraZeneca, MSD Oncology, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, Nippon Boehringer Ingelheim, and Bristol-Myers Squibb Japan.

**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: __29 July, 2021________________________

Your Name: ____Toyoaki Hida_______________________

Manuscript Title: __Expert consensus on perioperative immunotherapy for non-small cell lung cancer___

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.

|   | 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*
|   | 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: 2021.8.2
Your Name: Shinji Sasada
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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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|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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 | 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:

None

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. X
ICMJE DISCLOSURE FORM

Date:____July29,2021______________

Your Name:__________JUNJI UCHINO________________________

Manuscript Title:____Expert consensus on perioperative immunotherapy for non-small cell lung cancer_______

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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|---|---|---|
| | 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 |
|   | 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:

None

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

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:________ Aug 02, 2021________
Your Name:________ Haruhiko Sugimura________
Manuscript Title:________ Expert consensus on perioperative immunotherapy for non-small cell lung cancer________
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.

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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. | x None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | x None |
| 3 | Royalties or licenses | x None |
| 4 | Consulting fees | x None |
|   | Question                                                                 | X | None |
|---|--------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | X  | None |
|   | manuscript writing or educational events                                  |    |      |
| 6 | Payment for expert testimony                                              | X  | None |
| 7 | Support for attending meetings and/or travel                              | X  | None |
| 8 | Patents planned, issued or pending                                        | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | X  | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X  | None |
| 11| Stock or stock options                                                    | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X  | None |
| 13| Other financial or non-financial interests                                 | X  | None |

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

None

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

_x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: July 29th 2021

Your Name: Said Dermime

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

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.

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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                                                                 | 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:

None

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

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

Date: _____ July 30, 2021____________________________

Your Name: ___ Federico Cappuzzo _________________________

Manuscript Title: _ Expert consensus on perioperative immunotherapy for non-small cell lung cancer _______

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.

|   | 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 |
|   | **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 |
| 5 | Payment or honoraria for lectures, presentations, Roche, AstraZeneca, BMS, Pfizer, Takeda, Lilly, Bayer, | |
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Please summarize the above conflict of interest in the following box:

- Fees for membership of an advisory board from Roche, AstraZeneca, BMS, Pfizer, Takeda, Lilly, Bayer, Amgen, Sanofi, Pharmamar, Novocure and MSD

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: ___29.07.2021___
Your Name: __Stefania Rizzo___
Manuscript Title: __Expert consensus on perioperative immunotherapy for non-small cell lung cancer_____
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.

|   | 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 |
|   | 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:

None

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: __________ 30 July 2021
Your Name: William C. S. Cho
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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.

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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 None                                                                            |
|   | **Time frame: past 36 months**                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | X None                                                                            |
| 3 | Royalties or licenses                                                                          | X None                                                                            |
| 4 | Consulting fees                                                                                | X None                                                                            |
|   | Description                                                                 |   |   |
|---|-----------------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |   |
| 6 | Payment for expert testimony                                                | X None |   |
| 7 | Support for attending meetings and/or travel                                 | X None |   |
| 8 | Patents planned, issued or pending                                          | X None |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None |   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |   |
| 11| Stock or stock options                                                       | X None |   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |   |
| 13| Other financial or non-financial interests                                   | X None |   |

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

Not applicable

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: 29/07/2021

Your Name: PIERFILIPPO CRUCITTI

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

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.

|   | 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: past 36 months
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | None     |
|   | 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 | None     |
|   | group, paid or unpaid                                                        |          |
| 11| Stock or stock options                                                       | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | None     |
|   | services                                                                     |          |
| 13| Other financial or non-financial interests                                   | None     |

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

I HAVE NO CONFLICT 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: 02/08/2021
Your Name: Filippo Longo
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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.

| Item | Description | Time frame: Since the initial planning of the work | 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 |  |
| 5    | Payment or honoraria for lectures, presentations, | None |  |
|   |   |   |
|---|---|---|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | 9 |
| 10 | 11 | 12 |
| 13 |   |   |

**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 interests

**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: ___Aug 2\textsuperscript{nd} 2021___

Your Name: __Kye Young Lee__

Manuscript Title: __Expert consensus on perioperative immunotherapy for non-small cell lung cancer__

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.

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

Time frame: Since the initial planning of the work

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

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

None

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ______ 30/07/2021
Your Name: ___ Dirk De Ruysscher
Manuscript Title: _ Expert consensus on perioperative immunotherapy for non-small cell lung cancer ________
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.

|   | 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. | X None |

Time frame: Since the initial planning of the work

|   | 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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | Bristol-Myers Squibb outside the submitted work                                  |
|   |                                                                                               | AstraZeneca outside the submitted work                                          |
|   |                                                                                               | Boehringer Ingelheim outside the submitted work                                 |
|   |                                                                                               | Philips outside the submitted work                                              |
|   |                                                                                               | Olink outside the submitted work                                               |
|   |                                                                                               | Celgene outside the submitted work                                             |
|   |                                                                                               | Seattle Genetics outside the submitted work                                    |
|   |                                                                                               | Roche/Genentech outside the submitted work                                     |
|   |                                                                                               | Merck/Pfizer outside the submitted work                                         |

Time frame: past 36 months
|   | Description                                                                 | Status |
|---|------------------------------------------------------------------------------|--------|
| 3 | Royalties or licenses                                                         | X None |
| 4 | Consulting fees                                                              | X None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                  | X None |
| 7 | Support for attending meetings and/or travel                                  | X None |
| 8 | Patents planned, issued or pending                                            | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                                        | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13 | Other financial or non-financial interests                                    | X None |

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

I reports grants from Bristol-Myers Squibb, grants from AstraZeneca, grants from Boehringer Ingelheim, from Philips, from Olink, from Celgene, from Seattle Genetics, from Roche/Genentech, from Merck/Pfizer, outside the submitted work.
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:_________ 4-8-2021
Your Name:___________ Ben G. L. Vanneste
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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.

|   | 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 |
|   | 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:

None

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: July 30th, 2021
Your Name: Muhammad Furqan
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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.

|   | 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 | **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                                                                               |
| 2 | **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 | Yes |
|    | Participated in advisory board for AstraZeneca, AbbVie and Beigene LLC | |
| 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:

Participated in advisory board for AstraZeneca, AbbVie and Beigene LLC

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: ____7/29/21______________________________________________________________

Your Name: _____Jessica Sieren________________________________________________

Manuscript Title: ___Expert consensus on perioperative immunotherapy for non-small cell lung cancer

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.

| # | 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). | NIH Grant for unrelated work paid to institution  
Noahs Hope Foundation Grant for unrelated work paid to institution |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | VIDA Diagnostic  
Spouse is a paid consultant for VIDA Diagnostic |
|   | Description                                                                 | NIH                                           | Honoraria for NIH study section service paid to me |
|---|------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | NIH                                           | Honoraria for NIH study section service paid to me |
| 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                                                        | VIDA diagnostics                              | Spouse has received stock options in VIDA Diagnostic |
|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:**

Jessica Sieren has grant support from National Institute of Health and the Noah’s Hope Foundation. She also has a family member that owns stock options and receives financial compensation from VIDA Diagnostics.

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

IENTATION  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: 07/29/2021

Your Name: Sai Yendamuri

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

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.

|   | 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.) | __X__ None |
|   | No time limit for this item.                                                                  |                                    |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | __X__ None |
| 3 | Royalties or licenses                                                                       | __X__ None |
| 4 | Consulting fees                                                                             | __X__ None |

Time frame: Since the initial planning of the work

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

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

None

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: August 1, 2021

Your Name: Kenneth Merrell

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

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.

|   | 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.** | Varian Medical education grant, Africa |
|   | | AstraZeneca Clinical trial grant |
|   | | Pfizer Medical education grant, Africa |
|   | | Novartis Clinical trial grant |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |

Time frame: past 36 months
|   |                                                                 |  
|---|-----------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x__None  
| 6 | Payment for expert testimony                                   | _x__None  
| 7 | Support for attending meetings and/or travel                    | ___None  
|    |                                                                 | AstraZeneca  
|    |                                                                 | Travel and accommodations to a clinical trial meeting, 2019  
| 8 | Patents planned, issued or pending                              | _x__None  
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _x__None  
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___None  
|    |                                                                 | Global Access to Cancer Care Foundation  
|    |                                                                 | Board of Directors, unpaid  
| 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                      | _X__None  

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

Kenneth Merrell reports Medical education grant, Africa from Varian and Pfizer, Clinical trial grant from AstraZeneca and Novartis; travel and accommodations to a clinical trial meeting, 2019 from AstraZeneca; Dr. Kenneth Merrell is an unpaid Board of Directors of Global Access to Cancer Care Foundation.

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: August 2, 2021
Your Name: Julian R Molina., MD., Ph.D.
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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.

|   | 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.) | _x_ None |
|   | **Time frame: Since the initial planning of the work**                                        |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _x_ None |
| 3 | Royalties or licenses                                                                         | _x_ None |
| 4 | Consulting fees                                                                               | _x_ None |
|   | **Time frame: past 36 months**                                                                |                                                                                   |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None  |
| 6 | Payment for expert testimony                                                  | X | None  |
| 7 | Support for attending meetings and/or travel                                  | X | None  |
| 8 | Patents planned, issued or pending                                            | X | None  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None  |
| 11| Stock or stock options                                                        | X | None  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None  |
| 13| Other financial or non-financial interests                                    | X | None  |

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

None

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ______ 03/08/2021 ____________________________________________________________

Your Name: ___ Giulio Metro ________________________________

Manuscript Title: _ Expert consensus on perioperative immunotherapy for non-small cell lung cancer _______
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.

|   | 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                                                                 | 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 CONFLICT 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 17 august 2021
Your Name: ___ R Califano ____________________________
Manuscript Title: ____________________________________________
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.

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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.) | 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                                                                               | AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis                      |
|   | Conflict of Interest | Manufacturers/Companies |
|---|---------------------|------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | Roche, MSD, Takeda |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | The christie private care |
| 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:**

Dr Califano has received consulting fees, Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis

Dr Califano has Participation on a Data Safety Monitoring Board or Advisory Board with AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis

Dr Califano has received Support for attending meetings and/or travel from Roche, MSD, Takeda

Dr Califano declares stock ownership with The christie private care

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

[ ] Dr Califano has received consulting fees, Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis

[ ] Dr Califano has Participation on a Data Safety Monitoring Board or Advisory Board with AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis

[ ] Dr Califano has received Support for attending meetings and/or travel from Roche, MSD, Takeda

[ ] Dr Califano declares stock ownership with The christie private care
__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: ________________ 30th July 2021 ______________________________

Your Name: Stefano Bongiolatti ______________________________

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

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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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.

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

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

None

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

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

Date: ______ 30/07/2021 ________________________________________________________________
Your Name: ______ Mariano Provencio ___________________________________________________
Manuscript Title: ______ Expert consensus on perioperative immunotherapy for non-small cell lung cancer __________
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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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.) | _X_ None                                                                         |
|   | No time limit for this item.                                     |                                                                                 |

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

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

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

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

I HAVE NO CONFLICT 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: 29 July 2021
Your Name: Paul Hofman
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
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.

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 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                                                                                | AstraZeneca, BMS, Roche, MSD, Pfizer, Novartis, Termofisher, Biocartis, Bayer, Lilly   |
|   | Description                                                                 | Companies                                                                 |
|---|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | AstraZeneca, BMS, Roche, Pfizer, Novartis, MSD, Termofisher, Biocartis, Bayer, Lilly |
| 6 | Payment for expert testimony                                                | None                                                                      |
| 7 | Support for attending meetings and/or travel                                | AstraZeneca, BMS, Roche, Pfizer, Novartis, MSD, Termofisher, Biocartis, Bayer, Lilly |
| 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:

Honoraria for scientific advisory board and meeting presentation: AstraZeneca, BMS, Roche, Pfizer, Novartis, Termofisher, Biocartis, Bayer, Lilly, MSD
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: Aug. 11th, 2021
Your Name: Shugeng Gao
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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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. | __X__ None                                                                                 |
|   |                                                                                                                                  |                                                                                           |
| Time frame: past 36 months |                                                                             |                                                                                           |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None                                                                                 |
| 3 | Royalties or licenses                                                                                                            | __X__ None                                                                                 |
| 4 | Consulting fees                                                                                                                  | __X__ None                                                                                 |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|---|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
|11 | Stock or stock options                                                       | X | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
|13 | Other financial or non-financial interests                                  | X | None |

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

None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Aug. 11th, 2021
Your Name: Jie He
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer
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.

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

|   | **Time frame: past 36 months**                                                               |                                                                                   |
|---|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __X__ None                                                                         |
| 3 | Royalties or licenses                                                                         | __X__ None                                                                         |
| 4 | Consulting fees                                                                               | __X__ None                                                                         |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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