ICMJE DISCLOSURE FORM

Date:____May 10th, 2021____
Your Name:___ Sijia Ren ___
Manuscript Title:_ A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future__
Manuscript number (if known):__ TLCR-21-259____________________________________

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. | __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                                                                          |
|   | 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:

Sijia Ren has 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: _____May 10th, 2021____
Your Name: ___ Anyi Xu ___
Manuscript Title: _ A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future _
Manuscript number (if known): __ TLCR-21-259__________________________________________

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.

| 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) |

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

Anyi Xu has 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: _____ May 10th, 2021____
Your Name: ___ Yilian Lin ___
Manuscript Title: A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future ___
Manuscript number (if known): __ TLCR-21-259_______________________________

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                                                                 | Choice | 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:

Yilian Lin has 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:____ 3/18/2021 ____________________________________________

Your Name: ___________ D. Ross Camidge ____________________________

Manuscript Title: A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future

Manuscript number (if known): TLCR-21-259____________________________

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.**                                                      |                                                                                     |
|   | **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 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:

Dr. Camidge has 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: _____ 30 Mar 2021____________________________________________________________
Your Name: ___ Massimo Di Maio____________________________________________________________
Manuscript Title: A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future
Manuscript number (if known): TLCR-21-259

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.) | **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                                                                      |
|   | Statement                                                                 | 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:

Dr. Di Maio has 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: _____ 19/3/21____
Your Name: __________ Raffaele Califano
Manuscript Title: A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future
Manuscript number (if known): TLCR-21-259____________________

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 |
| | | |
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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 |
| | | |
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| | | |
| | | |
| 3 | Royalties or licenses | _X_ None |
| | | |
| | | |
| | | |
| 4 | Consulting fees | AZ, MSD, Roche and BMS Personal payment |
| | | |
| | | |
|   | Description                                                                                   | Sponsors                          | Payment Type       |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------|--------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | AZ, MSD, Roche and BMS            | Personal payment   |
| 6 | Payment for expert testimony                                                                  | None                              |                    |
| 7 | Support for attending meetings and/or travel                                                  | Roche and MSD                     |                    |
| 8 | Patents planned, issued or pending                                                             | None                              |                    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                             | AZ, MSD, Roche and BMS            | Personal payment   |
| 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. Califano has received honoraria for lectures, presentations, speakers bureaus, educational events and advisory boards from Astrazeneca, Roche, BMS and MSD, and support for attending meetings and/or travel from MSD and Roche, 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.
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Date: _____ 18 Mar 2021 ________________________________________________________________
Your Name: ___Toyoaki Hida_____________________________________________________________
Manuscript Title: ___A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future___
Manuscript number (if known): ___ TLCR-21-259________________________________________

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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|   | 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                                                                         |
|   |                                                                 | _X_ None |
|---|-----------------------------------------------------------------|---------|
| 5 | Payment or honoraria for lectures, presentations,               |         |
|   | speakers bureaus, 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    | _X_ None|
|   | Board or Advisory Board                                        |         |
| 10| Leadership or fiduciary role in other board, society,           | _X_ None|
|   | committee or advocacy group, paid or unpaid                    |         |
| 11| Stock or stock options                                         | _X_ None|
| 12| Receipt of equipment, materials, drugs, medical writing,       | _X_ None|
|   | gifts or other services                                        |         |
| 13| Other financial or non-financial interests                      | _X_ None|

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

Dr. Hida has 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.
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                                                                       |
|   | 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:

Dr. Rossi has 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: ________ March 31, 2021 ____________________________
Your Name: ________ Nicolas Guibert ____________________________
Manuscript Title: A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future
Manuscript number (if known): _ TLCR-21-259 ____________________________

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.

| # | Relationship/Activity | 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 |
| **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 | Astra Zeneca, Roche, BMS, MSD, AMGEN, Novartis, |
|   |   | Pfizer, Chiesi |
|---|---|---|
|   |   |   |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Astra Zeneca, Roche, BMS, MSD, AMGEN, Novartis, Pfizer, Chiesi |
| **6** | Payment for expert testimony | AMGEN, PulmonX |
| **7** | Support for attending meetings and/or travel | Astra Zeneca, Roche, BMS, MSD, AMGEN, Novartis, Pfizer, Chiesi |
| **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:

Dr. Guibert reports personal fees from Astra Zeneca, Roche, BMS, MSD, AMGEN, Novartis, Pfizer, Chiesi, 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:____ May 10th, 2021____
Your Name:___ Chenchu Zhu ___
Manuscript Title:__ A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future__
Manuscript number (if known):__ TLCR-21-259_______________________________

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.

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|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | **Time frame: Since the initial planning of the work**                                  |                                                                                  |
|   | 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 | **Time frame: past 36 months**                                                          |                                                                                  |
|   | 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:

Chenchu Zhu has 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: _____ May 10th, 2021 _____
Your Name: ___ Jianfei Shen ___
Manuscript Title: _ A narrative review of primary research endpoints of neoadjuvant therapy for lung cancer: past, present and future ___
Manuscript number (if known): _ TLCR-21-259 __________________________

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