ICMJE DISCLOSURE FORM

Date: __________ Jan-5-2022___________________________________________________________
Your Name: Shuang Dong

Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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.) | ___ 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: __________ Jan-5-2022________________________
Your Name: Wuling Ou

Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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.) | _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: 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 |
|---|------------------------------------------------------------------------------|-----------|
| 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: ____ Jan-5-2022______________________________________________________________
Your Name: ___Yi Zhong__________________________________________________________

Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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.**                                                                |                                                                                  |
|   | **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: ________________ Jan-5-2022
Your Name: ____________ Xianmin Zhu
Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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.

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

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: ____ Jan-5-2022_______________________________________________
Your Name: ____ Qian Cai __________________________________________

Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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: ______ Jan-5-2022__________________________________________________________
Your Name: ______ Jing Zhang__________________________________________________

Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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.) | _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: ______ Jan-5-2022
Your Name: Fengming Ran
Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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                                                                           |
|   | Description                                                                 | Answer | 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: ______ Jan-5-2022_______________________________________________________________
Your Name: __Yu Qian_______________________________________________________________

Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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.

| # | 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.) | 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 | |
|   | Question                                                                 | 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: ______ Jan-5-2022______________________________________________________________
Your Name: _______Jun Wang_____________________________________________________

Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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 | Specifications/Comments (e.g., if payments were made to you or to your institution) | Time frame |
|------|-------------|---------------------------------------------------------------------------------|------------|
| **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 | Since the initial planning of the work |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None | past 36 months |
| **3** | Royalties or licenses | _X_ None | past 36 months |
| **4** | Consulting fees | _X_ None | 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: _______ Jan-5-2022
Your Name: _______ Sheng Hu

Manuscript Title: A single-arm prospective study of apatinib mesylate combined with pemetrexed in patients with advanced non-squamous non-small cell lung cancer after failure of first-line or second-line therapy
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 | 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 | __X__None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | __X__None | __X__None |
| 3    | Royalties or licenses | __X__None | __X__None |
| 4    | Consulting fees | __X__None | __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.