**ICMJE DISCLOSURE FORM**

**Date:** 2021.8.3  
**Your Name:** Chenxi Zhang

**Manuscript Title:** Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis  
**Manuscript number (if known):** JTD-21-957

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 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
**No time limit for this item.** | **Time frame: Since the initial planning of the work** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **Time frame: past 36 months** |
| 3 | Royalties or licenses | **None** |
| 4 | Consulting fees | **None** |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | **None** |
| Manuscript writing or educational events |  |
|----------------------------------------|--|
| 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:

The author declares that no conflict of interests for present study.

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: 2021.8.3
Your Name: Nan Ma
Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis
Manuscript number (if known): JTD-21-957

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

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

The author declares that no conflict of interests for present study.

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: 2021.8.3
Your Name: Qitong Zhang
Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis
Manuscript number (if known): JTD-21-957

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|   | 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, speakers bureaus,                            | _√_ None |
|   | Time frame: past 36 months                                                                      |                                                                                      |
|   |   |   |
|---|---|---|
| **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:**

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**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: **2021.8.3**  
Your Name: Kaifu Zheng  
Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis  
Manuscript number (if known): **JTD-21-957**  

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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                                                                            |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,                            | ✚ None                                                                            |
| Item                                                                 | Disclosure |
|----------------------------------------------------------------------|------------|
| 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   |

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Date: 2021.8.3
Your Name: Chuang Sun
Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis
Manuscript number (if known): JTD-21-957

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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                                                                    |                                                                                     |
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| 3 | Royalties or licenses                                                                         | √ None                                                                              |
| 4 | Consulting fees                                                                              | √ None                                                                              |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,                          | √ None                                                                              |
| Item                                                                 | Response | Notes |
|----------------------------------------------------------------------|----------|-------|
| 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   |       |

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ICMJE DISCLOSURE FORM

Date: 2021.8.3
Your Name: Xiyang Tang

Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis
Manuscript number (if known): JTD-21-957

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| 4 | Consulting fees | √ None | |
| 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 |
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Date: 2021.8.3

Your Name: Xiaofei Li

Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis

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| **Table:** | **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  
National Natural Science Foundation of China: 81572252 |
| **Table:** | **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, | 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 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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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.
Date: 2021.8.3  
Your Name: Jinbo Zhao  
Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis  
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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. | None<br>Natural Science Foundation of Shaanxi Province: 2016JM8087<br>National Natural Science Foundation of China: 81001041 |

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|---|--------------------------------------------------|
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   | _√_ None |  |
| 3 | Royalties or licenses |  
   | _√_ None |  |
| 4 | Consulting fees |  
   | _√_ None |  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, |  
   | _√_ 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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