ICMJE DISCLOSURE FORM

Date: _______________ 2022/6/23________________________________________
Your Name: ____________ Jianchun Duan __________________________________________
Manuscript Title: ______ Expert consensus on perioperative treatment for non-small cell lung cancer______
Manuscript number (if known):________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | ______ X ______ None | Time frame: Since the initial planning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ______ X ______ None | Time frame: past 36 months |
| 3 | Royalties or licenses | ______ X ______ None |
| 4 | Consulting fees | ______ X ______ None |
|   | 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: _______________ 2022/6/23

Your Name: __________ Fengwei Tan

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

Manuscript number (if known): __________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                          |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                          |
| 4 | Consulting fees                                                                               | _X_ None                                                                          |
|   | Conflict of Interest                                                                 | X | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
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| 11| Stock or stock options                                                              | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services     | X | None |
| 13| Other financial or non-financial interests                                            | X | None |

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ICMJE DISCLOSURE FORM

Date: ______________ 2022/6/23 ______________
Your Name: ______________ Nan Bi ______________
Manuscript Title: ____ Expert consensus on perioperative treatment for non-small cell lung cancer ____
Manuscript number (if known): ______________

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ICMJE DISCLOSURE FORM

Date: ______________ 2022/6/23 ____________________________________________________________
Your Name: __________ Chun Chen _______________________________________________________
Manuscript Title: _____ Expert consensus on perioperative treatment for non-small cell lung cancer _____
Manuscript number (if known): __________________________________________________________

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

Time frame: past 36 months
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| 11| Stock or stock options                                                      | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                  | X None |

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Date: _____________2022/6/23____________________

Your Name: __________ Ke-Neng Chen ________________________________

Manuscript Title:____ Expert consensus on perioperative treatment for non-small cell lung cancer____

Manuscript number (if known):__________________________________________

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

|   | Royalties or licenses                                                     | _X_ None                                                                           |
| 3 |                                                                                  |                                                                                   |

|   | Consulting fees                                                           | _X_ None                                                                           |
| 4 |                                                                                  |                                                                                   |
|   | Description                                                                 | X | None |
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Date: ______________ 2022/6/23 ________________________________

Your Name: ___________ Ying Cheng ________________________________

Manuscript Title:____ Expert consensus on perioperative treatment for non-small cell lung cancer____

Manuscript number (if known):______________________________

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| 11 | Stock or stock options                                                      | X  | None |
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Date: ________________ 2022/6/23

Your Name: __________ Qian Chu

Manuscript Title: ____ Expert consensus on perioperative treatment for non-small cell lung cancer____

Manuscript number (if known): _____________________________________________

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Date: _______________ 2022/6/23

Your Name: _______________ Di Ge

Manuscript Title: ____ Expert consensus on perioperative treatment for non-small cell lung cancer____

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|   | **Time frame: past 36 months**                                                                                                                                                                                |                                                                                                                                                                           |
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|   |                                                                                                                                                                                                            |                                                                                                                                                                           |
| 3 | Royalties or licenses                                                                                                                                                                                                 | _X__ None                                                                                                                                                              |
|   |                                                                                                                                                                                                            |                                                                                                                                                                           |
| 4 | Consulting fees                                                                                                                                                                                              | _X__ None                                                                                                                                                              |
|   |                                                                                                                                                                                                            |                                                                                                                                                                           |
|   | Description                                                                 | X  |
|---|-----------------------------------------------------------------------------|----|
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|   | manuscript writing or educational events                                    | None|
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|   |                                                                             | None|
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|   | group, paid or unpaid                                                        | None|
|11 | Stock or stock options                                                      | X  |
|   |                                                                             | None|
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other     | X  |
|   | services                                                                     | None|
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|   |                                                                             | None|

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Date: ________________ 2022/6/23
Your Name: __________ Jie Hu
Manuscript Title: _____ Expert consensus on perioperative treatment for non-small cell lung cancer_____
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|---|-------------------------------------------------|---|
| 5 | None                                            |   |
|   | **Payment for expert testimony**               |   |
| 6 | None                                            |   |
|   | **Support for attending meetings and/or travel** |   |
| 7 | None                                            |   |
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| 8 | None                                            |   |
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Date: _____________ 2022/6/23
Your Name: _________________ Yunchao Huang
Manuscript Title: _________________ Expert consensus on perioperative treatment for non-small cell lung cancer
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| 4 | Consulting fees | ___X__None |
|   | **Time frame: past 36 months**                                           |                                                                                     |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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

None

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

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

Date: ______________ 2022/6/23 ____________________________________________________________________________________________________

Your Name: ____________ Tao Jiang ____________________________________________________________________________________________________

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

Manuscript number (if known): ____________________________________________________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                                                         |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __X__ None                                                                                                                  |
|   |                                                                                                 |                                                                                                                         |
|   |                                                                                                 |                                                                                                                         |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | __X__ None                                                                                                                  |
|   |                                                                                                 |                                                                                                                         |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                                                                  |
|   |                                                                                                 |                                                                                                                         |
| 4 | Consulting fees                                                                                | __X__ None                                                                                                                  |
|   |                                                                                                 |                                                                                                                         |
|   | **Time frame: past 36 months**                                                                  |                                                                                                                         |


|   | Description                                                                 | X | Note |
|---|-----------------------------------------------------------------------------|----|------|
| 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: _______________ 2022/6/23

Your Name: Hao Long

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

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | _X_ None |

Time frame: Since the initial planning of the work

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

Time frame: past 36 months
Please summarize the above conflict of interest in the following box:

None

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ICMJE DISCLOSURE FORM

Date:______________ 2022/6/23
Your Name:_________ You Lu
Manuscript Title:____ Expert consensus on perioperative treatment for non-small cell lung cancer____
Manuscript number (if known):_________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| **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: ______________ 2022/6/23
Your Name: __________ Meiqi Shi
Manuscript Title: ___ Expert consensus on perioperative treatment for non-small cell lung cancer____
Manuscript number (if known): ____________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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None

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ICMJE DISCLOSURE FORM

Date: __________ 2022/6/23

Your Name: __________ Jialei Wang

Manuscript Title: ____ Expert consensus on perioperative treatment for non-small cell lung cancer____

Manuscript number (if known): ___________________________________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _X_ None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | 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 |

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None

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**ICMJE DISCLOSURE FORM**

Date: ___________ 2022/6/23 ____________________________________________________________________________

Your Name: ___________ Qiming Wang ________________________________________________________________

Manuscript Title: ___ Expert consensus on perioperative treatment for non-small cell lung cancer_____

Manuscript number (if known): ______________________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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None

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ICMJE DISCLOSURE FORM

Date: ___________ 2022/6/23
Your Name: ___________ Fan Yang
Manuscript Title: ____ Expert consensus on perioperative treatment for non-small cell lung cancer_____
Manuscript number (if known): ____________________________

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

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

None

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ICMJE DISCLOSURE FORM

Date: ________________2022/6/23______________________________________________________
Your Name: __________ Nong Yang ______________________________________________________
Manuscript Title: ____ Expert consensus on perioperative treatment for non-small cell lung cancer______
Manuscript number (if known): ____________________________________________________________

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

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None

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ICMJE DISCLOSURE FORM

Date: _______________2022/6/23__________________________________________

Your Name: ___________ Yu Yao __________________________________________

Manuscript Title: ___ Expert consensus on perioperative treatment for non-small cell lung cancer______

Manuscript number (if known): ___________________________________________

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)** | **None** |
|   | **No time limit for this item.** | **No time limit for this item.** |
|   | **Time frame: Since the initial planning of the work** | **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, manuscript writing or educational events | __X__ None |
| **6** | Payment for expert testimony | __X__ None |
| **7** | Support for attending meetings and/or travel | __X__ None |
| **8** | Patents planned, issued or pending | __X__ None |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| **11** | Stock or stock options | __X__ None |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| **13** | Other financial or non-financial interests | __X__ None |

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None

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ICMJE DISCLOSURE FORM

Date: ____________ 2022/6/23 ________________________________

Your Name: ___________ Jianming Ying _________________________________________

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

Manuscript number (if known): _________________________________________________

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| Item | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | X  None                                                                          |
|      | Time frame: Since the initial planning of the work                                                |                                                                                  |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                        | X  None                                                                          |
| 3    | Royalties or licenses                                                                           | X  None                                                                          |
| 4    | Consulting fees                                                                                | X  None                                                                          |

Time frame: past 36 months
|   |                                                                                                  |   |
|---|---------------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                                       | 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                                   | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  | X None |
|11 | Stock or stock options                                                                               | X None |
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|13 | Other financial or non-financial interests                                                          | X None |

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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: 2022/6/23
Your Name: Caicun Zhou
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _X_ None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 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: __________ 2022/6/23__________________________________________________________
Your Name: __________ Qing Zhou ________________________________________________
Manuscript Title: ____ Expert consensus on perioperative treatment for non-small cell lung cancer_____
Manuscript number (if known): ______________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)
### Please summarize the above conflict of interest in the following box:

Lecture and presentations fees to myself from AstraZeneca, Boehringer Ingelheim, BMS, Eli Lilly, MSD, Pfizer, Roche, and Sanofi.

### 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: ______________ 2022/6/23

Your Name: __________ Qinghua Zhou __________

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

Manuscript number (if known): _________________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__None |
|   | **Time frame: Since the initial planning of the work** |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above) | __X__None |
| 3 | Royalties or licenses | __X__None |
| 4 | Consulting fees | __X__None |

**Time frame: past 36 months**
| No. | Description                                                                                           | X | None |
|-----|-------------------------------------------------------------------------------------------------------|----|------|
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |    |      |
| 6   | Payment for expert testimony                                                                         |    |      |
| 7   | Support for attending meetings and/or travel                                                          |    |      |
| 8   | Patents planned, issued or pending                                                                   |    |      |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board                                     |    |      |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid     |    |      |
| 11  | Stock or stock options                                                                                |    |      |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services                      |    |      |
| 13  | Other financial or non-financial interests                                                            |    |      |

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

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: 06/05/2022

Your Name: Stefano Bongiolatti

Manuscript Expert consensus on perioperative treatment for non-small cell lung cancer

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
No time limit for this item. | None                                                                          |

Time frame: Since the initial planning of the work

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

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

None.

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

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 May 2022

Your Name: Alessandro Brunelli

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

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. |  

Time frame: Since the initial planning of the work

|   |   |   |
|---|---|---|
| 1 | None |  |

**Time frame: past 36 months**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |  

|   |   |
|---|---|
| None |  |
| 3 | Royalties or licenses |  

|   |   |
|---|---|
| None |  |
| 4 | Consulting fees |  

|   |   |
|---|---|
| Advisory Board consulting fee | Astra Zeneca, BD, Ethicon, Medtronic, Roche |
| No. | Conflict of Interest | Details |
|-----|---------------------|---------|
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Medela, Ethicon |
| 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 | Astra Zeneca, BD, Ethicon, Medtronic, Roche |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | President of European Society of Thoracic Surgeons |
| 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. Brunelli received consulting fees as an Advisory Board with Astra Zeneca, BD, Ethicon, Medtronic, Roche, and is the president of European Society of Thoracic Surgeons.

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

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

Date: 02-06.2022  
Your Name: Alfonso Fiorelli  
Manuscript Title: "Expert Consensus on perioperative treatment for non-small cell lung cancer"  
Manuscript number (if known): not available

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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




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: ______________ 2022/6/6 ________________________________________________________________________________
Your Name: ________________ Elisa Gobbini ____________________________________________________________________________
Manuscript Title: ____ Expert Consensus on perioperative treatment for non-small cell lung cancer _______
Manuscript number (if known): ______________________________________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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                                    |    |      |
| 6 | Payment for expert testimony                                                |    |      |
| 7 | Support for attending meetings and/or travel                                 |    |      |
| 8 | Patents planned, issued or pending                                         |    |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            |    |      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  |    |      |
|   | group, paid or unpaid                                                        |    |      |
| 11| Stock or stock options                                                      |    |      |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      |    |      |
|   | services                                                                     |    |      |
| 13| Other financial or non-financial interests                                  |    |      |

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

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: ___ 10 May 2022
Your Name: ___ CESARE GRIDELLI
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer

Manuscript number (if known): __________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | ___ None                                                                          |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                   | ___ None                                                                          |
| 3 | Royalties or licenses                                                                      | ___ None                                                                          |
|   | 4 Consulting fees | Menarini, Roche, Karyopharm, Amgen, MSD | To me |
|---|------------------|-----------------------------------------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __ Menarini, Roche, Eli Lilly, Boehringer, Amgen, Pfizer, Novartis, MSD, BMS, Astra Zeneca, Takeda, Novartis, GSK | To me |
| 6 | Payment for expert testimony | ___None | |
| 7 | Support for attending meetings and/or travel | ___None | |
| 8 | Patents planned, issued or pending | ___None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Roche, Eli Lilly, Boehringer, Amgen, Pfizer, Novartis, MSD, Takeda, Novartis, GSK | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___None | |
| 11 | Stock or stock options | ___None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___None | |
| 13 | Other financial or non-financial interests | ___None | |

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

Honoraria as speaker bureau or advisory board member or consultant for Menarini, Roche, Eli Lilly, Boehringer, Amgen, Pfizer, Novartis, MSD, BMS, Astra Zeneca, Takeda, Novartis, GSK, Karyopharm
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.

[Signature]
ICMJE DISCLOSURE FORM

Date: 2/1/2022

Your Name: Thomas John

Manuscript Title: Long-term efficacy and safety of entrectinib in ROS1 fusion-positive non-small cell lung cancer

Manuscript Number (if known): N/A

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 author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Time frame: Since the initial planning of the work |
|      | None                                                                                      | None                                                                              |
|      | No time limit for this item.                                                             | Click the tab key to add additional rows.                                         |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                  | Time frame: past 36 months                                                       |
|      | None                                                                                      | None                                                                              |
| 3    | Royalties or licenses                                                                      | None                                                                              |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                      | ☐ None                                                                            |
|   | Roche                                                                                 | Personal and Institution                                                          |
|   | Merck                                                                                 | Personal Institution                                                              |
|   | MSD                                                                                   | Institutional                                                                     |
|   | Puma                                                                                  | Institutional                                                                     |
|   | AstraZeneca                                                                           | Personal                                                                         |
|   | BMS                                                                                   | Personal                                                                         |
|   | Amgen                                                                                 | Institutional                                                                     |
|   | Gilead                                                                                | Personal                                                                         |
|   | Specialised Therapeutics                                                              | Personal                                                                         |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                            |
|   | AstraZeneca                                                                           | Personal                                                                         |
| 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                   | ☒ None                                                                            |
| No. | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----|---------------------------------------------------------------------------------|
| 11  | Stock or stock options  <br>☑️ None  <br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services  <br>☑️ None  <br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |
| 13  | Other financial or non-financial interests  <br>☑️ None  <br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |

Dr John has received consulting fees from Roche, Merck, MSD, Puma, AstraZeneca, BMS, Amgen, Gilead, Specialised Therapeutics.

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

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

Date: 3rd June 2022

Your Name: Jae-Jun Kim

Manuscript Title: Expert Consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3    | Royalties or licenses | None |
| 4    | Consulting fees | None |
|   | Financial or Non-Financial Interest                                                                 | Answer |
|---|--------------------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 6 | Payment for expert testimony                                                                      | None   |
| 7 | Support for attending meetings and/or travel                                                      | None   |
| 8 | Patents planned, issued or pending                                                                | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                 | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
| 11| Stock or stock options                                                                             | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | None   |
| 13| Other financial or non-financial interests                                                         | None   |

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

I do not have any conflict of interest.

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

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

Date: ______________ 2022/6/12

Your Name: __________ Steven H. Lin

Manuscript Title: ____ Expert consensus on the whole process management for stage IB-IIIA non-small cell lung cancer____

Manuscript number (if known): ______________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.). No time limit for this item. | __X__None                                                                 |

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

|   |   |   |
|---|---|---|
| 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: ______________ 2022/6/7 ____________________________________________
Your Name: __________ Giulio Metro ____________________________________________
Manuscript Title: _____ Expert Consensus on perioperative treatment for non-small cell lung cancer _______
Manuscript number (if known): ________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

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: 1st June 2022
Your Name: Fabrizio Minervini
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known): __________________________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __X__None |
|   | Time frame: 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 |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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                                   | None     |

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

No conflict of interests

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

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

Date:____June 4th, 2022

Your Name:__Nuria M. Novoa________________________________________________________
Manuscript Title:__Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known):________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | Support Type | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|--------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ____None                                                                       |                                                                                 |
|      |               | No time limit for this item                                                      |                                                                                 |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above)         | ____None                                                                       |                                                                                 |
| 3    | Royalties or licenses                                                           | ____None                                                                       |                                                                                 |
| 4    | Consulting fees                                                                 | ____None                                                                       |                                                                                 |
|   |   |   |
|---|---|---|
|5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|6 | Payment for expert testimony | None |
|7 | Support for attending meetings and/or travel | None |
|8 | Patents planned, issued or pending | None |
|9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
|11 | Stock or stock options | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
|13 | Other financial or non-financial interests | None |

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

None

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

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

Date: __June 9 2022__
Your Name: __Dwight H Owen__
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known): ________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __X__ None |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). |
| Genentech | Research funding to institution |
| BMS | Research funding to institution |
| Merck | Research funding to institution |
| Palobiofarma | Research funding to institution |
| Onc.AI | Research funding to institution |
| Pfizer | Research funding to institution |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------|
| **3** | Royalties or licenses |
| __x__ None | |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------|
| **Time frame: past 36 months** |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). |
| Genentech | Research funding to institution |
| BMS | Research funding to institution |
| Merck | Research funding to institution |
| Palobiofarma | Research funding to institution |
| Onc.AI | Research funding to institution |
| Pfizer | Research funding to institution |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------|
| **3** | Royalties or licenses |
| __x__ None | |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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. Owen reports research funding (to institution) from Genentech, BMS, Merck, Pfizer, Palobiofarma, and Onc. AI.

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: __04/05/2022______________________________________________________________
Your Name: Maria Rodriguez ____________________________________________________
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known): _________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

I have received honoraria for lectures and expert meetings from Astrazeneca
I have received honoraria for lectures and expert meetings as well as travel expenses from Abex

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: ___________ 2022/6/12

Your Name: ___________ Ichiro Sakanoue

Manuscript Title: ____ Expert consensus on the whole process management for stage IB-IIIA non-small cell lung cancer____

Manuscript number (if known): ____________________________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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: 26 April 2022
Your Name: Marco SCarci
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known): ______________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Time frame: Since the initial planning of the work |
|---|---------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __None |

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

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

None

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

_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 7, 2022________
Your Name: _______Kenichi Suda________
Manuscript Title: _______Expert consensus on perioperative treatment for non-small cell lung cancer________
Manuscript number (if known): ________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None |

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

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Boehringer-Ingelheim | Grants through my institution |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | AstraZeneca |
|   | Conflict of Interest Description                                                                 | Companies Mentioned            |
|---|-------------------------------------------------------------------------------------------------|--------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or       | Chugai                         |
|   | educational events                                                                            | Taiho                          |
|   |                                                                                                | AstraZeneca                    |
| 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     | None                           |
|   | unpaid                                                                                         |                                |
| 11| Stock or stock options                                                                          | None                           |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | None                           |
| 13| Other financial or non-financial interests                                                       | None                           |

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

Suda K has received a research grant from Boehringer-Ingelheim, through Kindai University Faculty of Medicine, has received consulting fees from AstraZeneca, and has received honoraria from Chugai, Taiho, and AstraZeneca.

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: 09/06/2022
Your Name: Fabrizio Tabbò
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this Item. | _x_ None                                                                          |

Time frame: Since the initial planning of the work

|   |   |   |
|---|---|---|
| 1 |   |   |

Time frame: past 36 months

|   |   |   |
|---|---|---|
| 2 |   |   |
| 3 |   |   |
| 4 |   |   |
|   | Description                                                                 | Agreement | Notes |
|---|-----------------------------------------------------------------------------|-----------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___None  | AstraZeneca |
| 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:

Speaker bureau: AstraZeneca

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: ___________________ 06 MAY 2022
Your Name: ___________________ TAM CHI CHUN TERENCE
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if known): ___________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Time frame: Since the initial planning of the work |
|-----------------------------------------------|
| 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | ☑️ None |

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

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

I HAVE NO CONFLICT OF INTEREST TO DECLARE

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

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

Date: **May 5th 2022**

Your Name: **Masanori Tsuchida**

Manuscript Title: an Expert Consensus on "perioperative treatment for non-small cell lung cancer."

Manuscript number (if known): ________________________________

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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) |
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| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | X_None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None |
| 3 | Royalties or licenses | X_None |
| 4 | Consulting fees | X_None |
|   |                                                                                      | X_None |
|---|--------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |        |
| 6 | Payment for expert testimony                                                          |        |
| 7 | Support for attending meetings and/or travel                                         |        |
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|11 | Stock or stock options                                                                |        |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services      |        |
|13 | Other financial or non-financial interests                                            |        |

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

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I have no conflict of interest to disclose with respect to this manuscript.
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Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: _______________

Your Name: JUNJI UCHINO

Manuscript Title: Expert Consensus on perioperative treatment for non-small cell lung cancer

Manuscript number (if known):

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

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

None.

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

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

None.

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

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: ______________ 2022/6/23
Your Name: ___________ Jie Wang ________________________________
Manuscript Title: ___ Expert consensus on perioperative treatment for non-small cell lung cancer_____
Manuscript number (if known): ________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.). **No time limit for this item.** | _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 |
|   | 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 |

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None

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

Date: ___________________________ 2022/6/23

Your Name: ___________ Shugeng Gao

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

Manuscript number (if known): ___________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| 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** | | |
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|  | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
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None

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