ICMJE DISCLOSURE FORM

Date: 
Your Name: 

Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.
Manuscript number (if known): TLCR-22-56

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

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

None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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|   |   |
|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X  None |

**Time frame: past 36 months**

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

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

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ICMJE DISCLOSURE FORM

Date: 
Your Name: Dikke Li
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.
Manuscript number (if known): TLCR-22-56

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|   | Time frame: past 36 months                                                                  |
|---|--------------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | _X_ None                                                                     |
| 3 | Royalties or licenses                                                                       | _X_ None                                                                     |
| 4 | Consulting fees                                                                            | _X_ None                                                                     |
|   |                                                                 |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
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ICMJE DISCLOSURE FORM

Date: ____________________________

Your Name: Yen Huang

Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.

Manuscript number (if known): TLCR-22-56

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| | _X_ None |
| **4** | Consulting fees |
| | _X_ None |
|   |                                                           |       |
|---|------------------------------------------------------------|-------|
| 5 | Payment or honoraria for lectures, presentations,         | X None|
|   | speakers bureaus, manuscript writing or educational       |       |
|   | events                                                    |       |
| 6 | Payment for expert testimony                             | X None|
| 7 | Support for attending meetings and/or travel              | X None|
| 8 | Patents planned, issued or pending                        | X None|
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|   | Advisory Board                                           |       |
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|   | committee or advocacy group, paid or unpaid               |       |
| 11| Stock or stock options                                    | X None|
| 12| Receipt of equipment, materials, drugs, medical writing,  | X None|
|   | gifts or other services                                   |       |
| 13| Other financial or non-financial interests                 | X None|

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ICMJE DISCLOSURE FORM

Date: __________________________
Your Name: 郭凤
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.
Manuscript number (if known): TLCR-22-56

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| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
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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 | None |
| 7 | Support for attending meetings and/or travel | X None |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
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**ICMJE DISCLOSURE FORM**

Date: ________________________________

Your Name: **Wenxin He**

Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.

Manuscript number (if known): _ TCR-22-56__________

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| 2    | Grants or contracts from any entity (if not indicated in Item #1 above). | \_X\_ None | \_X\_ None |
| 3    | Royalties or licenses | \_X\_ None | \_X\_ None |
| 4    | Consulting fees | \_X\_ None | \_X\_ None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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ICMJE DISCLOSURE FORM

Date: 2022-12-31

Your Name: 

Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.
Manuscript number (if known): TCR-22-56

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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| 8 | Patents planned, issued or pending | X None |
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   - _X_ None

**Time frame: past 36 months**

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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
|   |                                | _X_ None |
|---|--------------------------------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |         |
| 6 | Payment for expert testimony    | _X_ None |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
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ICMJE DISCLOSURE FORM

Date: ____________________________________________

Your Name: Yumizhu

Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.

Manuscript number (if known): TLCR-22-56

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| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
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| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                      | _X_ None |
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ICMJE DISCLOSURE FORM

Date: 
Your Name: Chang Chen
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.
Manuscript number (if known): TLCR-22-56

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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
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ICMJE DISCLOSURE FORM

Date: _____Jan, 10, 2022____
Your Name: ____Mariano Provencio____
Manuscript Title: ____Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer____
Manuscript number (if known): ______________________________________________________________________

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|   | **No time limit for this item.** |                                                                                   |

Time frame: past 36 months

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__None |
| 3 | Royalties or licenses | __X__None |
| 4 | Consulting fees | __X__None |
|   | Conflict of Interest | Response |
|---|----------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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

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

Date: 12/15/2021
Your Name: Robert Ramirez, DO, FACP
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer
Manuscript number (if known): __________________________________________________________________________

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

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

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

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

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Merck |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | Astra-Zeneca, Novartis, EMD Serono, Amgen |
|   | 5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Astra-Zeneca, Genentech, Merck |
|---|---|---|
|   | 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:

Robert Ramirez reports grants from Merck; consulting fees from Astra-Zeneca, Novartis, EMD Serono, and Amgen; payment from Astra-Zeneca, Genentech, and Merck.

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: 12/15/21
Your Name: Mara Antonoff
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer
Manuscript number (if known): ________________________________________________________________

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

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

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

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

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

Mara Antonoff

Mara Antonoff 12/15/21
ICMJE DISCLOSURE FORM

Date: 
Your Name: Chunyan Wu 
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer. 
Manuscript number (if known): TLCR-22-56

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

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

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

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

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

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

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

None.

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

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

Date: 
Your Name: 
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer.
Manuscript number (if known): TLR-22-56

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

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

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

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

None.

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

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