ICMJE DISCLOSURE FORM

Date: _____ Aug. 6th, 2021 _____
Your Name: Hang Zhao

Manuscript Title: Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report
Manuscript number (if known): TLR-21-603

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 |

|   | **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 |

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

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: Aug. 6th, 2021
Your Name: Junwei Ning
Manuscript Title: Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report
Manuscript number (if known): TLR-21-603

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|   | **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                                                                 | Option |
|---|-----------------------------------------------------------------------------|--------|
| 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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Date: Aug. 6th, 2021
Your Name: Yu Gu
Manuscript Title: Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report
Manuscript number (if known): TLR-21-603

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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 |
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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Date: _____Aug. 6th, 2021____
Your Name: Xiaocheng Zhang

**Manuscript Title:** Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report

**Manuscript number (if known):** TLR-21-603

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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                                                                       |
| 2 | **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                                                                                       | Statement   |
|---|--------------------------------------------------------------------------------------------------|-------------|
| 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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**Date:** _____ Aug. 6th, 2021 ____

**Your Name:** Wen Yu

**Manuscript Title:** Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report

**Manuscript number (if known):** TLCR-21-603

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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 |
|   | Financial Interest                                                                 |   |
|---|-----------------------------------------------------------------------------------|---|
| 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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Date: _____ Aug. 6th, 2021 _____
Your Name: Tianxiang Chen

Manuscript Title: Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report

Manuscript number (if known): TLR-21-603

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| 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                                                                 | _X_ None |
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| 6 | Payment for expert testimony                                                 | _X_ None |
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| 11| Stock or stock options                                                       | _X_ None |
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Date: _____ Aug. 6th, 2021 _____
Your Name: Qingquan Luo

Manuscript Title: Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report

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| 3 | Royalties or licenses | _X_ None |
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