ICMJE DISCLOSURE FORM

Date: ______ 03/28/2021

Your Name: Jie Yang

Manuscript Title: Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small cell lung cancer: a case report

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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| 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.)<br>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 declared

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

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Date:______03/28/2021______________________________________________________________
Your Name:_____Haoran Xia________________________________________________________
Manuscript Title:___ Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small cell lung cancer: a case report____
Manuscript number (if known):______________________________________________________

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|   | **No time limit for this item.** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | **Time frame: past 36 months** |
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Date: 03/28/2021

Your Name: Fenghuan Sun

Manuscript Title: Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small cell lung cancer: a case report

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| 4 | Consulting fees                                                                               | None |
|   | Description                                                                 | Status |
|---|-----------------------------------------------------------------------------|--------|
| 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   |
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Date:______03/28/2021__________________________________________________________
Your Name:____Peng Zhang________________________________________________________
Manuscript Title:___Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small cell lung cancer: a case report___
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.** | Shanghai Hospital Development Grants No. SHDC2020CR2020B, SHDC12018122 |
|   | Shanghai Science and Technology Committee Grant No. 19XD1423200 | Shanghai Pulmonary Hospital Grants No. fkgg1801, fkcx1904 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). None | |
| 3 | Royalties or licenses None | |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                                      | None |
|---|-------------------------------------------------------------------------------------------------|------|
| 4 | Consulting fees                                                                                 | None |
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This work was supported by Shanghai Hospital Development (Grants No. SHDC2020CR2020B, SHDC12018122), Shanghai Science and Technology Committee (Grant No. 19XD1423200), and Shanghai Pulmonary Hospital (Grants No. fkgg1801, fkcx1904).

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Date:______03/28/2021______________________________________________________________
Your Name:______Gening Jiang _______________________________________________________
Manuscript Title:___Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small cell lung cancer: a case report_____ 
Manuscript number (if known):_________________________________________________________________

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

|   | **Time frame: past 36 months**                                                                |                                                                                  |
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