ICMJE DISCLOSURE FORM

Manuscript Title: Meta-analysis of the effects of postoperative radiotherapy and chemotherapy and

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

PD-1 inhibitors on the survival and safety of patients with glioblastoma

Date:_____May 20, 2022Your

Manuscript number (if known):__None_

Name: Yingjun Fan

Consulting fees

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 <u>current</u> <u>manuscript only</u> .					
to me	the epidemiology of hyperto dication, even if that medic	ension, you should declare cation is not mentioned in to poor the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other ite	e		
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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.	_XNone	pranning of the work			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months			
3	Royalties or licenses	_XNone				

None

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_XNone		
	testimony			
7	Support for attending meetings and/or travel	_XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	X None		
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12	Receipt of equipment,	X None		_
12	materials, drugs, medical			_
	writing, gifts or other			_
	services			
13	Other financial or non-	X None		Г
	financial interests			
Ple	ase summarize the above c	onflict of interest in the f	ollowing 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.

Date: May 20, 2022
Your Name: Ting Wang

Manuscript Title: <u>Meta-analysis of the effects of postoperative radiotherapy and chemotherapy and PD-1</u> <u>inhibitors on the survival and safety of patients with glioblastoma</u>

Manuscript number (if known): None

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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speakers bureaus,		
manuscript writing or		
educational events		
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testimony		
Support for attending	_XNone	
meetings and/or travel		
Patents planned, issued or	XNone	
pending		
Participation on a Data	_XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
1 Stock or stock options	_XNone	
Receipt of equipment,	_XNone	
Receipt of equipment, materials, drugs, medical	_XNone	
	_XNone	
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materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Please summarize the above of None. Please place an "X" next to the	XNone conflict of interest in the f	

Date:	May 20	, 2022
Your Name:	Jun Lei	

Manuscript number (if known): None

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	entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non-financial interests	XNone	
	ase summarize the above co	nflict of interest in the follo	wing box:
	ace place on "V" post to the	following statement to indi	cata vour agreement

__ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:	May	20,	2022
Your Name:	Fan	Fei	

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Date:	May 20, 2022
Your Name:	Jun Liu

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13	Other financial or non-financial interests	XNone	
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Ple	ase place an "X" next to the _X I certify that I have ans form.		ndicate your agreement: d have not altered the wording of any of the questions on t

Date:	May 20, 2022
<u>Your</u> Name <u>:</u>	_Yanhui Liu

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