

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Meng	2. Surname (Last Name) Qiao	3. Date 31-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
5. Manuscript Title Efficacy of immune-checkpoint inhibitors in advanced non-small cell lung cancer patients with different metastases		
6. Manuscript Identifying Number (if you know it) ATM-20-1471		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Qiao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Fei	2. Surname (Last Name) Zhou	3. Date 31-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
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1. Given Name (First Name) Likun	2. Surname (Last Name) Hou	3. Date 31-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
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Section 1.

Identifying Information

1. Given Name (First Name)

Chao

2. Surname (Last Name)

Zhao

3. Date

31-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Caicun Zhou

5. Manuscript Title

Efficacy of immune-checkpoint inhibitors in advanced non-small cell lung cancer patients with different metastases

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tao	2. Surname (Last Name) Jiang	3. Date 31-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
5. Manuscript Title Efficacy of immune-checkpoint inhibitors in advanced non-small cell lung cancer patients with different metastases		
6. Manuscript Identifying Number (if you know it) ATM-20-1471		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Jiang has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Guanghui	2. Surname (Last Name) Gao	3. Date 31-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
5. Manuscript Title Efficacy of immune-checkpoint inhibitors in advanced non-small cell lung cancer patients with different metastases		
6. Manuscript Identifying Number (if you know it) ATM-20-1471		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Gao has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chunxia	2. Surname (Last Name) Su	3. Date 31-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
5. Manuscript Title Efficacy of immune-checkpoint inhibitors in advanced non-small cell lung cancer patients with different metastases		
6. Manuscript Identifying Number (if you know it) ATM-20-1471		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Su has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chunyan	2. Surname (Last Name) Wu	3. Date 31-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
5. Manuscript Title Efficacy of immune-checkpoint inhibitors in advanced non-small cell lung cancer patients with different metastases		
6. Manuscript Identifying Number (if you know it) ATM-20-1471		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Wu has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shengxiang	2. Surname (Last Name) Ren	3. Date 31-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Caicun Zhou
5. Manuscript Title Efficacy of immune-checkpoint inhibitors in advanced non-small cell lung cancer patients with different metastases		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ren has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Caicun

2. Surname (Last Name)
Zhou

3. Date
31-May-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Efficacy of immune-checkpoint inhibitors in advanced non-small cell lung cancer patients with different metastases

6. Manuscript Identifying Number (if you know it)
ATM-20-1471

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Dr. Zhou has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.