### ICMIE DISCLOSURE FORM

		ICIVIJE DISCL	OSURE FURIVI				
Dat	:e:03/28/2021						
Ma	Manuscript Title: Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small cell lung						
	cer: a case report	. ,	• •	Ū			
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rela par to t	ated to the content of your ties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.				
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>				
to t me In i	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in topport for the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iter	e			
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)				
		needed) Time frame: Since the initial	planning of the work				
	All support for the present	None	planning of the work				
-	manuscript (e.g., funding,	None					
	provision of study materials,						
	medical writing, article						
	processing charges, etc.)						
	No time limit for this item.						

Time frame: past 36 months

2

3

4

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

None

None

None

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

None declared		

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

#### ICM IF DISCLOSURE FORM

		ICIVIJE DISCI	LOSURE FORIVI	
Dat	te:03/28/2021			
Ma	nuscript Title: Neoadju	ant immunotherapy comb	pined with chemotherapy for local advanced non-small	ll cell lung
	ncer: a case report		• •	
Ma	nuscript number (if known)	):		
rela par to t rela	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do		
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to t me In i	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript perterall relationships with manufacturers of antihypertensithe manuscript.  In this manuscript without time limit. For all other in the manuscript without time limit.	sive
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed) Time frame: Since the initia	planning of the work	
L	All support for the present manuscript (e.g., funding,	None		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			

Time frame: past 36 months

2

3

4

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

None

None

None

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

None declared		

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

# **ICMJE DISCLOSURE FORM**

Da	ite:03/28/2021						
	ur Name:Fenghuan Sเ						
Ma	Manuscript Title: Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small cell lung						
cai	ncer: a case report						
	anuscript number (if known	):					
rel pa to rel Th ma Th to	lated to the content of your rties whose interests may b transparency and does not lationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act the epidemiology of hypert edication, even if that medication.	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declar cation is not mentioned in	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive				
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		whom you have this relationship or indicate					
		whom you have this	(e.g., if payments were made to you or to your				
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)				
1	All support for the present	whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)				
1	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)				
1		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)				
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)				
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi None  Time frame: pas	(e.g., if payments were made to you or to your institution)  al planning of the work				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi None  Time frame: pas	(e.g., if payments were made to you or to your institution)  al planning of the work				

Consulting fees

None

4

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

None declared	

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

#### **ICMJE DISCLOSURE FORM**

Date:03/28/2021
Your Name:Peng Zhang
Manuscript Title: Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small cell lun
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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)  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.	Shanghai Hospital Development Shanghai Science and Technology Committee Shanghai Pulmonary Hospital	Grants No. SHDC2020CR2020B, SHDC12018122  Grant No. 19XD1423200  Grants No. fkgg1801, fkcx1904
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
3	Royalties or licenses	None	

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

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).

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

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

# **ICMJE DISCLOSURE FORM**

Your Name:Gening Jiang Manuscript Title: Neoadjuvant immunotherapy combined with chemotherapy for local advanced non-small 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	ell lung				
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					
related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third					
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 <u>current</u> <u>manuscript only</u> .					
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertai to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensiv 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) Time frame: Since the initial planning of the work					
1 All support for the present None					
manuscript (e.g., funding,					
provision of study materials,					
medical writing, article					
medical writing, article processing charges, etc.)					
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medical writing, article processing charges, etc.) No time limit for this item.  Time frame: past 36 months  2 Grants or contracts from None					
medical writing, article processing charges, etc.) No time limit for this item.  Time frame: past 36 months					

Consulting fees

None

4

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	G ,		
0	Determination and descend on	Al	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10		None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of anythment	Nege	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	None	
	financial interests		

None declared		

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