Date: March 14, 2021 Your Name: Zhicheng Niu

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscript number (if known):_ATM-21-1423______

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>.

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		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)
4	All C II	Time frame: Since the initial	planning of the work
1	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	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
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				
			•		
Ple	Please summarize the above conflict of interest in the following box:				

Dr. Niu has nothing to disclose.	

Date: March 14, 2021 Your Name: Shenghu Guo

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscript number (if known):_ATM-21-1423_____

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		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	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
•	pending	Trong	
	, , , , , , , , , , , , , , , , , , , ,		
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		
Ple	ease summarize the above c	ontlict of interest in the	tollowing box:

Dr. Guo has nothing to disclose.		

Date: March 14, 2021 Your Name: Jing Cao

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscript number (if known):_ATM-21-1423_____

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.

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		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.	None None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
12	Descint of annings and	Nava	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dla	asa summariza tha abaya s	anflict of interest in the f	allowing hove

Dr. Cao has nothing to disclose.		

Date: March 14, 2021
Your Name: Yuehua Zhang

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscri	ot number	(if known):	ATM-21-1423	

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</u> <u>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.

		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	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
•	pending	Trong	
	, , , , , , , , , , , , , , , , , , , ,		
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		
Ple	ease summarize the above c	ontlict of interest in the	tollowing box:

Dr. Zhang has nothing to disclose.		

Date: March 14, 2021 Your Name: Xiaojin Guo

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscript number (if known):_ATM-21-1423______

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.

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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.	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	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
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			
			•	
Ple	Please summarize the above conflict of interest in the following box:			

Dr. Guo has nothing to disclose.		

Date:	March	14.	2021
Ducc.	IVIUI CII	,	2021

Your Name: Francesco Grossi

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscript number (if known):__ATM-21-1423______

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.

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4	All C II	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

- 1			
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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		

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

Dr. Grossi has nothing to disclose.	

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

Date:	March	19.	2021
Ducc.		,	

Your Name: Yoshinobu Ichiki

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscript number (if known)	: ATM-21-1423	
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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.

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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

- 1			
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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		

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

Dr. Ichiki has nothing to disclose.	

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

Date:	March	14,	2021
Your N	lame: `	You	Li

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscript number (if known):__ATM-21-1423______

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3	Royalties or licenses	None	
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5	Payment or honoraria for	None		
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	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
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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			
11	group, paid or unpaid	Nava		
11	Stock or stock options	None		
12	Descint of aguinment	Nege		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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Please summarize the above conflict of interest in the following box:

Dr. Li has nothing to disclose.		

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

Date: March 14, 2021 Your Name: Zhiyu Wang

Manuscript Title: Immune checkpoint inhibitors for treatment of small-cell lung cancer: a systematic review and meta-

analysis

Manuscript number (if known):_ATM-21-1423______

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4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
	g ,			
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			
11	group, paid or unpaid Stock or stock options	Nama		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical	Tronc		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	ase summarize the above c	onflict of interest in the fo	ollowing box:	

Dr. Wang has nothing to disclose.	