

## ICMJE DISCLOSURE FORM

Date: 23/05/2021  
 Your Name: Hiroaki Kuroda  
 Manuscript Title: Survival benefit of immune checkpoint inhibitor monotherapy in patients with non-small cell lung cancer recurrence after complete pulmonary resection  
 Manuscript number (if known): ATM-21-1492-R1

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.

The author's relationships/activities/interests should be defined broadly. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

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

None

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

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

## ICMJE DISCLOSURE FORM

Date: June 2, 2021

Your Name: Yusuke Takahashi

Manuscript Title: Survival benefit of immune checkpoint inhibitor monotherapy in patients with non-small cell lung cancer recurrence after complete pulmonary resection

Manuscript number (if known): \_\_\_\_\_

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

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## ICMJE DISCLOSURE FORM

Date: June 2nd, 2021

Your Name: Suguru Shirai

Manuscript Title: Survival benefit of immune checkpoint inhibitor monotherapy in patients with non-small cell lung cancer recurrence after complete pulmonary resection

Manuscript number (if known): \_\_\_\_\_

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### ICMJE DISCLOSURE FORM

Date: Jun 27 2021  
 Your Name: Hiroto mo Takahara  
 Manuscript Title: Survival benefit of immune checkpoint inhibitor monotherapy in patients with non-small cell lung cancer  
 Manuscript number (if known): recurrence after complete pulmonary resection

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

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

## ICMJE DISCLOSURE FORM

Date: 1 Jun 2021

Your Name: Takeo Nakada

Manuscript Title: Survival benefit of immune checkpoint inhibitor monotherapy in patients with non-small cell lung cancer recurrence after complete pulmonary resection

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.

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13	Other financial or non-financial interests	<u><input checked="" type="checkbox"/> None</u>	

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

I have no conflicts of interest or any financial ties to disclose.

**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.

## ICMJE DISCLOSURE FORM

Date: June 2, 2021  
 Your Name: Noriaki Sakakura  
 Manuscript Title: Survival benefit of immune checkpoint inhibitor monotherapy in patients with non-small cell lung cancer recurrence after complete pulmonary resection  
 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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr. Sakakura has nothing to disclose.

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

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

## ICMJE DISCLOSURE FORM

Date: June 2, 2021  
 Your Name: Hirokazu Matsushita  
 Manuscript Title: Survival benefit of immune checkpoint inhibitor monotherapy in patients with non-small cell lung cancer recurrence after complete pulmonary resection  
 Manuscript number (if known): \_\_\_\_\_

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