| Date: December 8, 2021   |
|--|
| Your Name: Guanghui Gao  |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | _XNone   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 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                        | X None                         |             |
|     | meetings and/or travel                       |                                |             |
|     | _  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     | Detects planted issued as                    | V Nove                         |             |
| 8   | Patents planned, issued or pending           | _XNone                         |             |
|     | pending                                      |                                |             |
| ^   | Participation on a Data                      | V None                         |             |
| 9   | Participation on a Data                      | XNone                          |             |
|     | Safety Monitoring Board or<br>Advisory Board |                                |             |
| 10  |  | V N                            |             |
| 10  | Leadership or fiduciary role                 | _XNone                         |             |
|     | in other board, society,                     |                                |             |
|     | committee or advocacy                        |                                |             |
| 11  | group, paid or unpaid Stock or stock options | X None                         |             |
| 11  | Stock of Stock options                       | XNone                          |             |
|     |  |                                |             |
| 12  | Receipt of equipment,                        | X None                         |             |
| 12  | materials, drugs, medical                    | None                           |             |
|     | writing, gifts or other                      |                                |             |
|     | services                                     |                                |             |
| 13  | Other financial or non-                      | X None                         |             |
| 13  | financial interests                          | XNONE                          |             |
|     | manda meereses                               |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| Ple | ase summarize the above c                    | onflict of interest in the fol | lowing box: |
|     |  |                                |             |
|     | None.  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |

| Date: December 8, 2021   |
|--|
| Your Name: Jun Zhao  |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): <u>ATM-21-4792-CL</u>  |

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|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 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   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 5   | Payment or honoraria for                       | _XNone                        |             |
|-----|--|-------------------------------|-------------|
|     | lectures, presentations,                       |                               |             |
|     | speakers bureaus,                              |                               |             |
|     | manuscript writing or                          |                               |             |
|     | educational events                             | V N                           |             |
| 6   | Payment for expert                             | _XNone                        |             |
|     | testimony                                      |                               |             |
| 7   | Command for adding                             | V Nove                        |             |
| 7   | Support for attending                          | _XNone                        |             |
|     | meetings and/or travel                         |                               |             |
|     |  |                               |             |
|     |  |                               |             |
|     |  |                               |             |
| 8   | Patents planned, issued or                     | _XNone                        |             |
|     | pending  |                               |             |
| _   |  |                               |             |
| 9   | Participation on a Data                        | XNone                         |             |
|     | Safety Monitoring Board or                     |                               |             |
| 40  | Advisory Board                                 | V N                           |             |
| 10  | Leadership or fiduciary role                   | _XNone                        |             |
|     | in other board, society, committee or advocacy |                               |             |
|     | group, paid or unpaid                          |                               |             |
|     | Stock or stock options                         | X None                        |             |
|     | Stock of Stock options                         |                               |             |
|     |  |                               |             |
| 12  | Receipt of equipment,                          | X None                        |             |
|     | materials, drugs, medical                      |                               |             |
|     | writing, gifts or other                        |                               |             |
|     | services                                       |                               |             |
| 13  | Other financial or non-                        | _XNone                        |             |
|     | financial interests                            |                               |             |
|     |  |                               |             |
|     |  |                               |             |
|     |  |                               |             |
| Ple | ease summarize the above c                     | onflict of interest in the fo | lowing box: |
| Г   | A.   |                               |             |
|     | None.  |                               |             |
|     |  |                               |             |
|     |  |                               |             |
|     |  |                               |             |

| Date: December 8, 2021   |
|--|
| Your Name: Shengxiang Ren  |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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>.

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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) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 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   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 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                        | _XNone                         |             |
|     | meetings and/or travel                       |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| 8   | Patents planned, issued or                   | _XNone                         |             |
|     | pending                                      |                                |             |
|     | 5 5 .  |                                |             |
| 9   | Participation on a Data                      | XNone                          |             |
|     | Safety Monitoring Board or<br>Advisory Board |                                |             |
| 10  | Leadership or fiduciary role                 | V. None                        |             |
| 10  | in other board, society,                     | _XNone                         |             |
|     | committee or advocacy                        |                                |             |
|     | group, paid or unpaid                        |                                |             |
| 11  | Stock or stock options                       | X None                         |             |
|     | •  | _ <del>_</del>                 |             |
|     |  |                                |             |
| 12  | Receipt of equipment,                        | _XNone                         |             |
|     | materials, drugs, medical                    |                                |             |
|     | writing, gifts or other                      |                                |             |
|     | services                                     |                                |             |
| 13  | Other financial or non-                      | _XNone                         |             |
|     | financial interests                          |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| Ple | ease summarize the above co                  | onflict of interest in the fol | lowing box: |
|     | None.  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |

| Date: December 8, 2021   |
|--|
| Your Name: Yina Wang   |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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>.

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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) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 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   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 5   | Payment or honoraria for                    | _XNone                         |             |
|-----|---|--------------------------------|-------------|
|     | lectures, presentations,                    |                                |             |
|     | speakers bureaus,                           |                                |             |
|     | manuscript writing or                       |                                |             |
|     | educational events                          | V N                            |             |
| 6   | Payment for expert                          | _XNone                         |             |
|     | testimony                                   |                                |             |
| 7   | Command for add and the a                   | V Nove                         |             |
| 7   | Support for attending                       | _XNone                         |             |
|     | meetings and/or travel                      |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| 8   | Patents planned, issued or                  | _XNone                         |             |
|     | pending                                     |                                |             |
| _   |   |                                |             |
| 9   | Participation on a Data                     | XNone                          |             |
|     | Safety Monitoring Board or                  |                                |             |
| 40  | Advisory Board                              |                                |             |
| 10  | Leadership or fiduciary role                | _XNone                         |             |
|     | in other board, society,                    |                                |             |
|     | committee or advocacy group, paid or unpaid |                                |             |
| 11  | Stock or stock options                      | X None                         |             |
| 11  | Stock of Stock options                      | _XNone                         |             |
|     |   |                                |             |
| 12  | Receipt of equipment,                       | X None                         |             |
|     | materials, drugs, medical                   |                                |             |
|     | writing, gifts or other                     |                                |             |
|     | services                                    |                                |             |
| 13  | Other financial or non-                     | _XNone                         |             |
|     | financial interests                         |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| Ple | ease summarize the above c                  | onflict of interest in the fol | lowing box: |
|     |   |                                |             |
|     | None.                                       |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |

| Date: December 8, 2021   |
|--|
| Your Name: Gongyan Chen  |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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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) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 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   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 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                        | _XNone                         |             |
|     | meetings and/or travel                       |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| 8   | Patents planned, issued or                   | _XNone                         |             |
|     | pending                                      |                                |             |
|     | 5 5 .  |                                |             |
| 9   | Participation on a Data                      | XNone                          |             |
|     | Safety Monitoring Board or<br>Advisory Board |                                |             |
| 10  | Leadership or fiduciary role                 | V. None                        |             |
| 10  | in other board, society,                     | _XNone                         |             |
|     | committee or advocacy                        |                                |             |
|     | group, paid or unpaid                        |                                |             |
| 11  | Stock or stock options                       | X None                         |             |
|     | •  | _ <del>_</del>                 |             |
|     |  |                                |             |
| 12  | Receipt of equipment,                        | _XNone                         |             |
|     | materials, drugs, medical                    |                                |             |
|     | writing, gifts or other                      |                                |             |
|     | services                                     |                                |             |
| 13  | Other financial or non-                      | _XNone                         |             |
|     | financial interests                          |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| Ple | ease summarize the above co                  | onflict of interest in the fol | lowing box: |
|     | None.  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |

| Date: December 8, 2021   |
|--|
| Your Name: <u>Jianhua Chen</u>   |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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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) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 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   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 5   | Payment or honoraria for                    | _XNone                         |             |
|-----|---|--------------------------------|-------------|
|     | lectures, presentations,                    |                                |             |
|     | speakers bureaus,                           |                                |             |
|     | manuscript writing or                       |                                |             |
|     | educational events                          | V N                            |             |
| 6   | Payment for expert                          | _XNone                         |             |
|     | testimony                                   |                                |             |
| 7   | Command for add and the a                   | V Nove                         |             |
| 7   | Support for attending                       | _XNone                         |             |
|     | meetings and/or travel                      |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| 8   | Patents planned, issued or                  | _XNone                         |             |
|     | pending                                     |                                |             |
| _   |   |                                |             |
| 9   | Participation on a Data                     | XNone                          |             |
|     | Safety Monitoring Board or                  |                                |             |
| 40  | Advisory Board                              |                                |             |
| 10  | Leadership or fiduciary role                | _XNone                         |             |
|     | in other board, society,                    |                                |             |
|     | committee or advocacy group, paid or unpaid |                                |             |
| 11  | Stock or stock options                      | X None                         |             |
| 11  | Stock of Stock options                      | _XNone                         |             |
|     |   |                                |             |
| 12  | Receipt of equipment,                       | X None                         |             |
|     | materials, drugs, medical                   |                                |             |
|     | writing, gifts or other                     |                                |             |
|     | services                                    |                                |             |
| 13  | Other financial or non-                     | _XNone                         |             |
|     | financial interests                         |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| Ple | ease summarize the above c                  | onflict of interest in the fol | lowing box: |
|     |   |                                |             |
|     | None.                                       |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |

| Date: December 8, 2021   |
|--|
| Your Name: Kangsheng Gu  |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 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   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 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                        | _XNone                         |             |
|     | meetings and/or travel                       |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| 8   | Patents planned, issued or                   | _XNone                         |             |
|     | pending                                      |                                |             |
|     | 5 5 .  |                                |             |
| 9   | Participation on a Data                      | XNone                          |             |
|     | Safety Monitoring Board or<br>Advisory Board |                                |             |
| 10  | Leadership or fiduciary role                 | V. None                        |             |
| 10  | in other board, society,                     | _XNone                         |             |
|     | committee or advocacy                        |                                |             |
|     | group, paid or unpaid                        |                                |             |
| 11  | Stock or stock options                       | X None                         |             |
|     | •  | _ <del>_</del>                 |             |
|     |  |                                |             |
| 12  | Receipt of equipment,                        | _XNone                         |             |
|     | materials, drugs, medical                    |                                |             |
|     | writing, gifts or other                      |                                |             |
|     | services                                     |                                |             |
| 13  | Other financial or non-                      | _XNone                         |             |
|     | financial interests                          |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| Ple | ease summarize the above co                  | onflict of interest in the fol | lowing box: |
|     | None.  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |

| Date: December 8, 2021   |
|--|
| Your Name: Renhua Guo  |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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.

|   |   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _XNone   |   |
|   | No time limit for this item.  |  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 5   | Payment or honoraria for                    | _XNone                         |             |
|-----|---|--------------------------------|-------------|
|     | lectures, presentations,                    |                                |             |
|     | speakers bureaus,                           |                                |             |
|     | manuscript writing or                       |                                |             |
|     | educational events                          | V N                            |             |
| 6   | Payment for expert                          | _XNone                         |             |
|     | testimony                                   |                                |             |
| 7   | Command for addition                        | V Nove                         |             |
| 7   | Support for attending                       | _XNone                         |             |
|     | meetings and/or travel                      |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| 8   | Patents planned, issued or                  | _XNone                         |             |
|     | pending                                     |                                |             |
| _   |   |                                |             |
| 9   | Participation on a Data                     | XNone                          |             |
|     | Safety Monitoring Board or                  |                                |             |
| 40  | Advisory Board                              |                                |             |
| 10  | Leadership or fiduciary role                | _XNone                         |             |
|     | in other board, society,                    |                                |             |
|     | committee or advocacy group, paid or unpaid |                                |             |
| 11  | Stock or stock options                      | X None                         |             |
| 11  | Stock of Stock options                      | _XNone                         |             |
|     |   |                                |             |
| 12  | Receipt of equipment,                       | X None                         |             |
|     | materials, drugs, medical                   |                                |             |
|     | writing, gifts or other                     |                                |             |
|     | services                                    |                                |             |
| 13  | Other financial or non-                     | _XNone                         |             |
|     | financial interests                         |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| Ple | ease summarize the above c                  | onflict of interest in the fol | lowing box: |
|     |   |                                |             |
|     | None.                                       |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |

| Date: December 8, 2021   |
|--|
| Your Name: Yueyin Pan  |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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.

|   |   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | _XNone   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 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   | _XNone         |  |
|     | meetings and/or travel  |                |  |
|     |   |                |  |
|     |   |                |  |
|     |   |                |  |
| 8   | Patents planned, issued or  | _XNone         |  |
|     | pending   |                |  |
|     | 5 5 .   |                |  |
| 9   | Participation on a Data   | XNone          |  |
|     | Safety Monitoring Board or<br>Advisory Board                          |                |  |
| 10  | Leadership or fiduciary role  | V. None        |  |
| 10  | in other board, society,  | _XNone         |  |
|     | committee or advocacy   |                |  |
|     | group, paid or unpaid   |                |  |
| 11  | Stock or stock options  | X None         |  |
|     | •   | _ <del>_</del> |  |
|     |   |                |  |
| 12  | Receipt of equipment,   | _XNone         |  |
|     | materials, drugs, medical   |                |  |
|     | writing, gifts or other   |                |  |
|     | services  |                |  |
| 13  | Other financial or non-   | _XNone         |  |
|     | financial interests   |                |  |
|     |   |                |  |
|     |   |                |  |
| Ple | Please summarize the above conflict of interest in the following box: |                |  |
|     | None.   |                |  |
|     |   |                |  |
|     |   |                |  |
|     |   |                |  |

| Date: December 8, 2021   |
|--|
| Your Name: Quanren Wang  |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 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   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 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                             |                          |  |
| 11 | Stock or stock options                            | _XNone                   |  |
|    |   |                          |  |
| 12 | Descint of annings and                            | V. Nana                  |  |
| 12 | Receipt of equipment,                             | _XNone                   |  |
|    | materials, drugs, medical writing, gifts or other |                          |  |
|    | services  |                          |  |
| 13 | Other financial or non-                           | Jiangsu Hengrui          | Employee of Jiangsu Hengrui Pharmaceuticals Co., Ltd |
| -5 | financial interests                               | Pharmaceuticals Co., Ltd |  |
|    |   |                          |  |
|    |   |                          |  |
|    |   |                          |  |
|    |   |                          |  |

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

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|  |

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

| Date: December 8, 2021                         |  |
|--|--|
| Your Name: Weixia Li                           |  |
| Manuscript Title: Efficacy and safety of camre | lizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer                     |  |
| Manuscript number (if known): ATM-21-4792-     | -CL  |

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 | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
|   |   | needed) Time frame: Since the initial  | planning of the work  |
| 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   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 5  | Payment or honoraria for                     | _XNone                   |  |
|----|--|--------------------------|--|
|    | lectures, presentations,                     |                          |  |
|    | speakers bureaus,                            |                          |  |
|    | manuscript writing or                        |                          |  |
|    | educational events                           |                          |  |
| 6  | Payment for expert                           | _XNone                   |  |
|    | testimony                                    |                          |  |
| 7  | Command for add and the                      | V No.                    |  |
| 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 group, paid or unpaid  |                          |  |
| 11 | Stock or stock options                       | X None                   |  |
| 11 | Stock of Stock options                       | XNone                    |  |
|    |  |                          |  |
| 12 | Receipt of equipment,                        | X None                   |  |
|    | materials, drugs, medical                    |                          |  |
|    | writing, gifts or other                      |                          |  |
| _  | services                                     |                          |  |
| 13 | Other financial or non-                      | Jiangsu Hengrui          | Employee of Jiangsu Hengrui Pharmaceuticals Co., Ltd |
|    | financial interests                          | Pharmaceuticals Co., Ltd |  |
|    |  |                          |  |
|    |  |                          |  |
|    |  |                          |  |
|    |  |                          |  |

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|  |

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

| Date: December 8, 2021                             |   |
|--|---|
| Your Name: Xinfeng Yang                            |   |
| Manuscript Title: Efficacy and safety of camrelize | umab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer                         | <u> </u>  |
| Manuscript number (if known): ATM-21-4792-CL       |   |

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        | Specifications/Comments                        |  |  |
|---|-------------------------------|-------------------------------|--|--|--|
|   |                               | whom you have this            | (e.g., if payments were made to you or to your |  |  |
|   |                               | relationship or indicate      | institution)                                   |  |  |
|   |                               | none (add rows as             |  |  |  |
|   |                               | needed)                       |  |  |  |
|   |                               | Time frame: Since the initial | planning of the work                           |  |  |
| 1 | All support for the present   | _XNone                        |  |  |  |
|   | 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      | _XNone                        |  |  |  |
|   | any entity (if not indicated  |                               |  |  |  |
|   | in item #1 above).            |                               |  |  |  |
| 3 | Royalties or licenses         | _XNone                        |  |  |  |
|   |                               | ·                             |  |  |  |
|   |                               |                               |  |  |  |
| 4 | Consulting fees               | _XNone                        |  |  |  |

| 5  | Payment or honoraria for                     | _XNone                   |  |
|----|--|--------------------------|--|
|    | lectures, presentations,                     |                          |  |
|    | speakers bureaus,                            |                          |  |
|    | manuscript writing or                        |                          |  |
|    | educational events                           |                          |  |
| 6  | Payment for expert                           | _XNone                   |  |
|    | testimony                                    |                          |  |
| 7  | Command for add and the                      | V No.                    |  |
| 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 group, paid or unpaid  |                          |  |
| 11 | Stock or stock options                       | X None                   |  |
| 11 | Stock of Stock options                       | XNone                    |  |
|    |  |                          |  |
| 12 | Receipt of equipment,                        | X None                   |  |
|    | materials, drugs, medical                    |                          |  |
|    | writing, gifts or other                      |                          |  |
| _  | services                                     |                          |  |
| 13 | Other financial or non-                      | Jiangsu Hengrui          | Employee of Jiangsu Hengrui Pharmaceuticals Co., Ltd |
|    | financial interests                          | Pharmaceuticals Co., Ltd |  |
|    |  |                          |  |
|    |  |                          |  |
|    |  |                          |  |
|    |  |                          |  |

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

| The author is an employee of Jiangsu Hengrui Pharmaceuticals Co., Ltd. |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

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

| Date: December 8, 2021   |
|--|
| Your Name: Caicun Zhou   |
| Manuscript Title: Efficacy and safety of camrelizumab plus apatinib as second-line treatment for advanced squamous |
| non-small cell lung cancer   |
| Manuscript number (if known): ATM-21-4792-CL   |

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | _XNone   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone   |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | _XNone   |   |

| 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   |        |  |  |  |
|     | group, paid or unpaid   |        |  |  |  |
| 11  | Stock or stock options  | _XNone |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| 12  | Receipt of equipment,   | _XNone |  |  |  |
|     | materials, drugs, medical   |        |  |  |  |
|     | writing, gifts or other services                                      |        |  |  |  |
| 13  | Other financial or non-   | X None |  |  |  |
| 13  | financial interests   | XNone  |  |  |  |
|     | inianicial interests  |        |  |  |  |
|     |   |        |  |  |  |
| Ple | 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:
\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.