Date: Jun. 15 th , 2022
Your Name:Jia Liu
Manuscript Title: Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study
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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		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	X_None	
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				
0	Datants planned issued or	V None			
8	Patents planned, issued or	XNone			
	pending				
0	Double in the control of the control	V None			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10		V None			
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,	XNone			
12	materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plo	ease summarize the above o	onflict of interest in the fo	llowing hox:		
- 10	Please summarize the above conflict of interest in the following box:				
	None.				
	itoric.				
Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:		

form.

	te: Jun. 15''', 2022		
	ur Name:Yukun Cao		
Ma	nuscript Title:_ Early evalua	ation of subclinical cardiot	toxicity in patients with lung cancer receiving immune
che	eckpoint inhibitors by cardic	ovascular magnetic resona	ance: a prospective observational study
Ma	nuscript number (if known)	:	
relator	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
to i me	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time from a nec	A 2C manufus
2	Grants or contracts from	Time frame: pas X None	t 50 months
-	any entity (if not indicated in item #1 above).	X_None	
}	Royalties or licenses	XNone	
	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone	
	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	X None	
	Safety Monitoring Board or		
40	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	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- financial interests	XNone	
	illialiciai liiterests		
	ease summarize the above o	onflict of interest in the	following box:
Dia	ease place an "X" next to the	a following statement to	indicate vous agreements

Da	te: Jun. 15 th , 2022					
	ur Name: Kuikui Zhu					
	Manuscript Title:_ Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study					
	Manuscript number (if known):					
rel	ated to the content of your	manuscript. "Related" me	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment			
to	•	necessarily indicate a bias	. If you are in doubt about whether to list a			
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current			
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items			
		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 initia	al planning of the work			
-	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, nos	+ 2C			

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

5

any entity (if not indicated

Payment or honoraria for

X__None

X__None

X__None

X__None

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Г	Please summarize the above conflict of interest in the following box:			

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

Date: Jun. 15 th , 2022
Your Name:Sheng Yao
Manuscript Title: Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study
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</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 lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	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,	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	llowing box:
	None.		
 _ I.a	and place on "Y" nove to the	o following statement to !-	dicate your agreement.
PIE	ase place an "X" next to the	z ronowing statement to in	uicate your agreement:

Date: Jun. 15 th , 2022			
Your Name:Mei Yuan			
Manuscript Title:_ Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune			
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study			
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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		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	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 lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	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,	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	llowing box:
	None.		
 _ I.a	and place on "Y" nove to the	o following statement to !-	dicate your agreement.
PIE	ase place an "X" next to the	z ronowing statement to in	uicate your agreement:

Date: Jun. 15 th , 2022
Your Name:Xiangchuang Kong
Manuscript Title: Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study
Manuscript number (if known):

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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	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	Support for attending	XNone			
	meetings and/or travel				
0	Datants planned issued or	V None			
8	Patents planned, issued or	XNone			
	pending				
0	Double in the control of the control	V None			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10		V None			
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,	XNone			
12	materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plo	ease summarize the above o	onflict of interest in the fo	llowing hox:		
- 10	Please summarize the above conflict of interest in the following box:				
	None.				
	itoric.				
Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:		

form.

Date: Jun. 15 th , 2022
Your Name:Xiaoming Liu
Manuscript Title:_ Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study
Manuscript number (if known):

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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	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 lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	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,	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	llowing box:
	None.		
 _ I.a	and place on "Y" nove to the	o following statement to !-	dicate your agreement.
PIE	ase place an "X" next to the	z ronowing statement to in	uicate your agreement:

Date: Jun. 15 th , 2022
Your Name:Yumin Li
Manuscript Title:_ Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study
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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		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 lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	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,	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	llowing box:
	None.		
 _ I.a	and place on "Y" nove to the	o following statement to !-	dicate your agreement.
PIE	ase place an "X" next to the	z ronowing statement to in	uicate your agreement:

Date: Jun. 15 th , 2022
Your Name:Yue Cui
Manuscript Title:_ Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study
Manuscript number (if known):

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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	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 lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	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,	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	llowing box:
	None.		
 _ I.a	and place on "Y" nove to the	o following statement to !-	dicate your agreement.
PIE	ase place an "X" next to the	z ronowing statement to in	uicate your agreement:

	ICMJE DISCLOSURE FORM					
Date	:: Jun. 15 th , 2022					
You	Name:Xiaoyu Han					
che	Manuscript Title:_ Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study Manuscript number (if known):					
rela part to ti	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					

		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)
	Lau ca d	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				
-	C	, N			
7	Support for attending meetings and/or travel	_XNone			
0	Datasta slassed issued as	X None			
8	Patents planned, issued or pending	_XNone			
	pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	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-	XNone			
	financial interests				
	Please summarize the above conflict of interest in the following box:				
Ple	ase summarize the above c	onflict of interest in the fo	ollowing box:		
	ase summarize the above c	onflict of interest in the fo	ollowing box:		
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		onflict of interest in the fo	ollowing box:		
		onflict of interest in the fo	ollowing box:		
		onflict of interest in the fo	ollowing box:		

Date: Jun. 15 th , 2022
Your Name:Xiaoyue Zhou
Manuscript Title:_ Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study
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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		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
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		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 lectures, presentations,	XNone	
	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	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descript of a suitane set	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	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	llowing box:
	None.		
L			

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

Date: Jun. 15 th , 2022
Your Name:Rui Meng
Manuscript Title: Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study
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.

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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 lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	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,	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	llowing box:
	None.		
 _ I.a	acco place on "Y" post to the	o following statement to !-	dicate your agreement.
PIE	ase place an "X" next to the	z ronowing statement to in	uicate your agreement:

Date: Jun. 15 th , 2022				
Your Name: Heshui Shi				
Manuscript Title: Early evaluation of subclinical cardiotoxicity in patients with lung cancer receiving immune				
checkpoint inhibitors by cardiovascular magnetic resonance: a prospective observational study				
Manuscript number (if known):				
. , ,				

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		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		
10	services		
13	Other financial or non-	XNone	
	financial interests		
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PI	ease summarize the above c	onflict of interest in the f	ollowing box:
	None.		

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