## ICMJE DISCLOSURE FORM

Date:2021.5.27				
Your Name:Xiaodong Gu				
Manuscript Title:Clinical efficacy and safety of mecapegfilgrastim in small cell lung cancer as primary				
prophylaxis of neutropenia post chemotherapy: a retrospective analysis				
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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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.

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3	Royalties or licenses	XNone	
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Payment or honoraria for	<b>X</b> None	
lectures, presentations,		
speakers bureaus,		
manuscript writing or educational events		
Payment for expert	<b>X</b> None	
testimony		
Support for attending meetings and/or travel	XNone	
Patents planned, issued or	<b>X</b> None	
pending		
Dautiainatian an a Data		
Participation on a Data Safety Monitoring Board or	<b>X</b> None	
Advisory Board		
Leadership or fiduciary role	<b>X</b> None	
in other board, society,		
committee or advocacy		
	<b>36</b>	
Stock or stock options	XNone	
Receipt of equipment.	X None	
materials, drugs, medical		
writing, gifts or other		
services		
	XNone	
Tinancial interests		
		llowing box:
a	group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  X_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.

## ICMJE DISCLOSURE FORM

Date:2021.5.27	
Your Name:Yiping Zhang	
Manuscript Title:Clinical efficacy and safety of mecapegfilgrastim in small cell lung cancer as prim	ary
prophylaxis of neutropenia post chemotherapy: a retrospective analysis	
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 lectures, presentations,	<b>X</b> None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data	XNone	
	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	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
12	services Other financial or non-	V Name	
13	financial interests	<b>X</b> None	
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Please summarize the above conflict of interest in the following box:			
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