

# ICMJE DISCLOSURE FORM

Date: 2021.8.3

Your Name: Chenxi Zhang

Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis

Manuscript number (if known): JTD-21-957

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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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>√</u> None  |   |
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|   |  |  |   |
| 3   | Royalties or licenses  | <u>√</u> None  |   |
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| 4   | Consulting fees  | <u>√</u> None  |   |
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| 7  | Support for attending meetings and/or travel  | <u>  √  </u> None |  |
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| 8  | Patents planned, issued or pending  | <u>  √  </u> None |  |
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Your Name: Nan Ma

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Your Name: Qitong Zhang

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Date: 2021.8.3

Your Name: Kaifu Zheng

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Your Name: Chuang Sun

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Your Name: Xiyang Tang

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Your Name: Xiaofei Li

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| 11 | Stock or stock options  | <u>  </u> <u>  </u> None |  |
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|    |   |                          |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <u>  </u> <u>  </u> None |  |
|    |   |                          |  |
|    |   |                          |  |
| 13 | Other financial or non-financial interests  | <u>  </u> <u>  </u> None |  |
|    |   |                          |  |
|    |   |                          |  |

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

**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: 2021.8.3

Your Name: Jinbo Zhao

Manuscript Title: Evaluation of Local Aggressive Lung Therapy versus Systemic Therapy in Oligometastatic Non-small Cell Lung Cancer- A Systematic Review and Meta-analysis

Manuscript number (if known): JTD-21-957

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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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>_None</u><br>Natural Science Foundation of Shaanxi Province: 2016JM8087<br>National Natural Science Foundation of China: 81001041 |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>_v_ None</u>  |   |
| 3   | Royalties or licenses  | <u>_v_ None</u>  |   |
| 4   | Consulting fees  | <u>_v_ None</u>  |   |
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus,  | <u>_v_ None</u>  |   |

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

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