ICMJE DISCLOSURE FORM

Date:_	March	11, 2022
Your N	lame:	Hiroyuki Adachi
Manus	script Title	The management of postoperative recurrence of non-small cell lung cancer harboring EGFR
<u>mutati</u>	on: What	s the best
Manus	script num	ber (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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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 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	<u>X</u> None	
	processing charges, etc.) 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).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

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

Nothing to declare.

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: ___9 March 2022 ______ Your Name: _Yuichi Saito ______ Manuscript Title: The management of postoperative recurrence of non-small cell lung cancer harboring EGFR mutation: What is the best way? Manuscript number (if known): JTD-22-97

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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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		1	
1	All support for the present manuscript (e.g., funding,	✓ None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time from a post	26 months
2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated	✓ None	
	in item #1 above).		
3	Royalties or licenses	✔ None	
		-	
4	Consulting fees	✓ None	

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

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

Nothing to declare

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.