ICMJE DISCLOSURE FORM

Date:___11 March 2022_

Your Name: Tomoki Nishida

Manuscript Title: Neoadjuvant gefitinib therapy: a potential standard therapy for non-small cell lung cancer Manuscript number (if known): JTD-22-104

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.

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	All support for the present	✓ None	
	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	✓ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	✓ None	
4	Consulting fees	✓ None	
5	Payment or honoraria for	🗸 None	

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	✓ 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.

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Date:____9 March 2022__

Your Name:_Yuichi Saito_

Manuscript Title: Neoadjuvant gefitinib therapy: a potential standard therapy for non-small cell lung cancer Manuscript number (if known): JTD-22-104

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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)
	l.	Time frame: Since the initial	planning of the work
1	All support for the present	✓ None	
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	No time limit for this item.		
	No time innt for this item.		
		Time from a post	26 months
2	Caracter on a state state for an	Time frame: past	36 months
2	Grants or contracts from	✓ None	
	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	✓ None	
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Date:____11 March 2022__

Your Name:_Ryuta Fukai__

Manuscript Title: Neoadjuvant gefitinib therapy: a potential standard therapy for non-small cell lung cancer Manuscript number (if known): JTD-22-104

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