Date: May 6, 2022

Your Name: **Guangming Tian** 

**Manuscript Title:** 

Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement

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)  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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | None None   |   |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | None  None  | 36 months   |
| 4 | Consulting fees   | None  |   |

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

Date: May 7, 2022 Your Name: Xinliang Zhao Manuscript Title:

Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement 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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

Date: May 7, 2022
Your Name: Jun Nie
Manuscript Title:
Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement
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.

|   |   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | None None   |   |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | None  None  | 36 months   |
| 4 | Consulting fees   | None  |   |

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

Date: May 7, 2022
Your Name: Ling Dai
Manuscript Title:
Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement
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.

|   |   | 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)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

Date: May 7, 2022
Your Name: Weiheng Hu
Manuscript Title:

Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement 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.

|   |   | 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)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

Date: May 7, 2022
Your Name: Jie Zhang
Manuscript Title:
Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement
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.

|   |   | 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)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

Date: May 7, 2022
Your Name: Xiaoling Chen
Manuscript Title:

Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement

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.

|   |   | 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)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

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.

|   |   | 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. | None   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None   |   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

Date: May 7, 2022
Your Name: Xiangjuan Ma
Manuscript Title:

Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement

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.

|   |   | 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)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

Date: May 7, 2022
Your Name: Di Wu
Manuscript Title:
Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement
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.

|   |   | 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)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

Date: May 7, 2022
Your Name: Sen Han
Manuscript Title:
Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement
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.

|   |   | 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)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None   |             |
|----|--|--------|-------------|
| Ь  | testimony  | None   |             |
| 7  | Support for attending meetings and/or travel   | None   |             |
| 8  | Patents planned, issued or pending   | None   |             |
| -  |  |        |             |
| 9  | Participation on a Data  | None   |             |
|    | Safety Monitoring Board or Advisory Board  |        |             |
| 10 | Leadership or fiduciary role   | None   |             |
| 10 | in other board, society,   | None   |             |
|    | committee or advocacy<br>group, paid or unpaid   |        |             |
| 11 | Stock or stock options   | None   |             |
|    |  |        |             |
|    |  |        |             |
| 12 | Receipt of equipment,  | None   |             |
|    | materials, drugs, medical  |        |             |
|    | writing, gifts or other  |        |             |
| 13 | services Other financial or non-   | None   |             |
| 13 | financial interests  | TVOITE |             |
|    |  |        |             |
|    | ease summarize the above conflicts of inter  |        | lowing box: |

Date: May 7, 2022
Your Name: Jieran Long
Manuscript Title:

Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement 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.

|   |   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | None None   |   |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | None  None  | 36 months   |
| 4 | Consulting fees   | None  |   |

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

Date: May 7, 2022
Your Name: Yang Wang
Manuscript Title:
Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement
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.

|   |   | 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)  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. | None  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None  |  |  |
|----|--|-------|--|--|
| 6  | testimony  | None  |  |  |
| 7  | Support for attending meetings and/or travel   | None  |  |  |
| 8  | Patents planned, issued or pending   | None  |  |  |
| _  |  |       |  |  |
| 9  | Participation on a Data  | None  |  |  |
|    | Safety Monitoring Board or<br>Advisory Board   |       |  |  |
| 10 | Leadership or fiduciary role   | None  |  |  |
| 10 | in other board, society,   | None  |  |  |
|    | committee or advocacy<br>group, paid or unpaid   |       |  |  |
| 11 | Stock or stock options   | None  |  |  |
|    |  |       |  |  |
|    |  |       |  |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical   | None  |  |  |
|    |  |       |  |  |
|    | writing, gifts or other  |       |  |  |
| 13 | Other financial or non-<br>financial interests   | None  |  |  |
| 13 |  | TYONG |  |  |
|    |  |       |  |  |
|    | Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.               |       |  |  |

Date: May 7, 2022
Your Name: Ziran Zhang
Manuscript Title:

Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement 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.

|   |   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | None None   |   |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | None  None  | 36 months   |
| 4 | Consulting fees   | None  |   |

| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert | None  |  |  |
|----|--|-------|--|--|
| 6  | testimony  | None  |  |  |
| 7  | Support for attending meetings and/or travel   | None  |  |  |
| 8  | Patents planned, issued or pending   | None  |  |  |
| _  |  |       |  |  |
| 9  | Participation on a Data  | None  |  |  |
|    | Safety Monitoring Board or<br>Advisory Board   |       |  |  |
| 10 | Leadership or fiduciary role   | None  |  |  |
| 10 | in other board, society,   | None  |  |  |
|    | committee or advocacy<br>group, paid or unpaid   |       |  |  |
| 11 | Stock or stock options   | None  |  |  |
|    |  |       |  |  |
|    |  |       |  |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical   | None  |  |  |
|    |  |       |  |  |
|    | writing, gifts or other  |       |  |  |
| 13 | Other financial or non-<br>financial interests   | None  |  |  |
| 13 |  | TYONG |  |  |
|    |  |       |  |  |
|    | Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.               |       |  |  |

Date: May 6, 2022
Your Name: Jian Fang
Manuscript Title:
Overall survival in Chinese patients with advanced non-small cell lung cancer harboring the ALK rearrangement
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.

|   |   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | None None   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  | 36 months   |
| 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 | None  |  |  |
|----|--|-------|--|--|
| 6  | testimony  | None  |  |  |
| 7  | Support for attending meetings and/or travel   | None  |  |  |
| 8  | Patents planned, issued or pending   | None  |  |  |
| _  |  |       |  |  |
| 9  | Participation on a Data  | None  |  |  |
|    | Safety Monitoring Board or<br>Advisory Board   |       |  |  |
| 10 | Leadership or fiduciary role   | None  |  |  |
| 10 | in other board, society,   | None  |  |  |
|    | committee or advocacy<br>group, paid or unpaid   |       |  |  |
| 11 | Stock or stock options   | None  |  |  |
|    |  |       |  |  |
|    |  |       |  |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical   | None  |  |  |
|    |  |       |  |  |
|    | writing, gifts or other  |       |  |  |
| 13 | Other financial or non-<br>financial interests   | None  |  |  |
| 13 |  | TYONG |  |  |
|    |  |       |  |  |
|    | Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.               |       |  |  |