Date21/05/2022

Your Name: Ludovic FOURNEL

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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,

		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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manu-	None	
	script writing or educational events		
6	Payment for expert testi- mony	None	
	mony		
7	Support for attending meetings and/or travel	None	
	nigs and/or travel		
8	Patents planned, issued or pending	None	
	Pending		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Pierre MORDANT

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective Cohort 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.

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,

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manu-	None	
	script writing or educational events		
6	Payment for expert testi- mony	None	
	mony		
7	Support for attending meetings and/or travel	None	
	nigs and/or travel		
8	Patents planned, issued or pending	None	
	Pending		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Bertrand RICHARD DELATOUR

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective Cohort 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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,

		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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manu-	None	
	script writing or educational events		
6	Payment for expert testi- mony	None	
	mony		
7	Support for attending meetings and/or travel	None	
	nigs and/or travel		
8	Patents planned, issued or pending	None	
	Pending		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Karel PFEUTY

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

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,

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manu-	None	
	script writing or educational events		
6	Payment for expert testi- mony	None	
	mony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	Penuling		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022 Your Name: Gil FREY

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

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,

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manu-	None	
	script writing or educational events		
6	Payment for expert testi- mony	None	
	mony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	Penuling		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Agathe SEGUIN-GIVELET

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective Cohort 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.

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,

		Name all entities with whom you have this rela- tionship 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	None	
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manu-	None	
	script writing or educational events		
6	Payment for expert testi- mony	None	
	mony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	Penuling		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Alex FOURDRAIN

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

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,

		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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	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	None	
6	Payment for expert testi- mony	None	
	mony		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Christophe LANCELIN

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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,

		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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	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	None	
6	Payment for expert testi- mony	None	
	mony		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Pascal BERNA

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective Cohort 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.

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,

		Name all entities with whom you have this rela- tionship 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	None	
	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	None	
6	Payment for expert testi- mony	None	
	mony		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of th	e
questions on this	
form.	

Date21/05/2022

Your Name: Antoine LEGRAS

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>.

manuscript only.

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,

		Name all entities with whom you have this rela- tionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your instition)
		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	None	
	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	None	
6	Payment for expert testi- mony	None	
	inony		
7	Support for attending meet- ings and/or travel	None	
8	Patents planned, issued or pending	None	
	Pending		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Marco ALIFANO

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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,

		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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	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	None	
6	Payment for expert testi- mony	None	
	inony		
7	Support for attending meet- ings and/or travel	None	
8	Patents planned, issued or pending	None	
	Pending		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Patrick BAGAN

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective Cohort 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.

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,

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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	

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	None	
	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	None	
6	Payment for expert testi- mony	None	
	inony		
7	Support for attending meet- ings and/or travel	None	
8	Patents planned, issued or pending	None	
	Pending		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, com-	None	
	mittee or advocacy group, paid or unpaid		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, ma-	None	
	terials, drugs, medical writ- ing, gifts or other services		
13	Other financial or non-financial interests	None	
	Clai litter ests		
ise si	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Jalal ASSOUAD

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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,

		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	

		Time frame: past	36 months
2	Grants or contracts from any	None	
	entity (if not indicated 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	None	
6	Payment for expert testi- mony	None	
7	Support for attending meet- ings and/or travel	None	
8	Patents planned, issued or pending	None	
	Pending		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10		None	
	in other board, society, committee or advocacy group,		
	paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	None	
12	Possint of aguinment ma	None	
12	terials, drugs, medical writ-	None	
	ing, gifts or other services		
13	Other financial or non-finan-	None	
13	cial interests		
ise s	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date21/05/2022

Your Name: Jalal ASSOUAD

Manuscript Title: Anatomic Lung Resection After Immune Checkpoint Inhibitors For Initially Unresectable Advanced-Staged Non-Small Cell Lung Cancer: a Retrospective

Cohort 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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,

		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	

		Time frame: past	36 months
2	Grants or contracts from any	None	
	entity (if not indicated 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	None	
6	Payment for expert testi- mony	None	
7	Support for attending meet- ings and/or travel	None	
8	Patents planned, issued or pending	None	
	Pending		

9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10		None	
	in other board, society, committee or advocacy group,		
	paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	None	
12	Possint of aguinment ma	None	
12	terials, drugs, medical writ-	None	
	ing, gifts or other services		
13	Other financial or non-finan-	None	
13	cial interests		
ise s	ummarize the above conflict	t of interest in the following	g box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this
form.