ICMJE DISCLOSURE FORM

 Date:_______16 Jun 2023_____

 Your Name:____Tsuyoshi Hirata___

 Manuscript Title:_____ Efficacy of second-line chemotherapy after immunotherapy in advanced Non-small cell lung cancer_ ____

 Manuscript number (if known):__JTD-23-858______

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)		
	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.	X_None			
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events XNone 6 Payment for expert testimony XNone 7 Support for attending meetings and/or travel XNone	
Iectures, presentations, speakers bureaus, manuscript writing or educational events	
lectures, presentations, speakers bureaus, manuscript writing or educational events	
speakers bureaus, manuscript writing or educational events XNone 6 Payment for expert testimony XNone 7 Support for attending XNone	
manuscript writing or educational events	
educational events	
6 Payment for expert testimony X_None 7 Support for attending X_None	
testimony	
7 Support for attending XNone	,
montings and (or travel	
8 Patents planned, issued orXNone	
pending	
9 Participation on a Data X_None	
Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleXNone	
in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsXNone	
12 Receipt of equipment, X None	
materials, drugs, medical	
writing, gifts or other	
services	
services	
13 Other financial or non- _X_None	

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

None.

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:	<u>13 Jun 2023</u>		
Your Name:	Taiki	ki Hakozaki	
Manuscript Title:	Efficacy of se	econd-line chemotherapy after immunotherapy in advanced No	n-small cell lung
cancer			
Manuscript number (if known): JTD-23-858			

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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		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	None	
	manuscript (e.g., funding,		
medical wri	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 any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

			1
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chugai Pharmaceutical Ono Pharmaceutical Eisai	Payment for speaker's bureaus Payment for speaker's bureaus Payment for speaker's bureaus
6	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:

Taiki Hakozaki has received Payment for speaker's bureaus from Chugai Pharmaceutical, Ono Pharmaceutical, and Eisai outside the submitted work.

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.