Date:2023/9/23_	
Your Name:	Xiaohong Xu
Manuscript Title:_ Ris	factors for brain metastases in locally advanced non-small cell lung cancer patients treated with
Manuscript number (if	known): JTD-23-1435

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	XNone	
	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	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:2023/	9/23	
Your Name:	Gang Chen	
•	-	rain metastases in locally advanced non-small cell lung cancer patients treated with
Manuscript num	ber (if known):	JTD-23-1435

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:2023/9/23_		_
Your Name:	Shaonan Fan	
• –	c factors for brain metastases in locally advanced non-small cell lung cancer patients treated v	vith
Manuscript number (if		

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:2023/9	/23					
Your Name:	Qi Zhang					
• •	-	orain metastases in l	•	•	cancer patients treated	d with
Manuscript numb	er (if known):	JTD-23-1435				

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	No time limit for this item.		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:2023/9/23_	
Your Name:	Wenhan Huang
Manuscript Title:_ Ris	c factors for brain metastases in locally advanced non-small cell lung cancer patients treated with
Manuscript number (if	

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	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:2023/9/23		
Your Name:	Jingyao Chen	
• –		tases in locally advanced non-small cell lung cancer patients treated with
Manuscript number (if	known): JTD-23-1	435

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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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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ar	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2023/9/23_				
Your Nan	ne:	Weixing Ji			
	• –		rain metastases in locally	all cell lung cancer	patients treated with
Manuscri	ipt number (if	known):	JTD-23-1435	 	

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:2023/9/23		
Your Name:	Jintao Ma	
· -		es in locally advanced non-small cell lung cancer patients treated with
Manuscript number (if	known): JTD-23-1435	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5		X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	,		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
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9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
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11	Stock or stock options	_XNone	
	-		
12	Receipt of equipment,	_XNone	
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	services		
13	Other financial or non-	_XNone	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2023/9/23_				 		
Your Nai	me:	_Jian He					
	• –		orain metastases i	•	all cell lung c	ancer patients	s treated with
Manuscr	ript number (i	f known):	_JTD-23-1435		 		

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	manuscript writing or educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	,		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
_			
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
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	-		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

None.

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