

ICMJE DISCLOSURE FORM

Date: 12/4/2023

Your Name: Yohei Kawaguchi

Manuscript Title: The impact of lymph node dissection on the efficacy of immune checkpoint inhibitor in non-small lung cancer patients with postoperative recurrence

Manuscript Number (if known): [Click or tap here to enter text.]

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 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.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 12/4/2023

Your Name: Nanako Nishioka

Manuscript Title: The impact of lymph node dissection on the efficacy of immune checkpoint inhibitor in non-small lung cancer patients with postoperative recurrence

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 12/4/2023

Your Name: Taiyo Nakamura

Manuscript Title: The impact of lymph node dissection on the efficacy of immune checkpoint inhibitor in non-small lung cancer patients with postoperative recurrence

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 12/4/2023

Your Name: Kentaro Imai

Manuscript Title: The impact of lymph node dissection on the efficacy of immune checkpoint inhibitor in non-small lung cancer patients with postoperative recurrence

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ICMJE DISCLOSURE FORM

Date: 4/12, 2023

Your Name: Takuya Aoki

Manuscript Title: The impact of lymph node dissection on the efficacy of immune checkpoint inhibitor in non-small lung cancer patients with postoperative recurrence

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 4/ 12, 2023

Your Name: Naohiro Kajiwara

Manuscript Title: The impact of lymph node dissection on the efficacy of immune checkpoint inhibitor in non-small lung cancer patients with postoperative recurrence

Manuscript Number (if known): [Click or tap here to enter text.]

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 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.

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.

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ICMJE DISCLOSURE FORM

Date: 4/12, 2023

Your Name: Norihiko Ikeda

Manuscript Title: The impact of lymph node dissection on the efficacy of immune checkpoint inhibitor in non-small lung cancer patients with postoperative recurrence

Manuscript Number (if known): [Click or tap here to enter text.]

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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