

## ICMJE DISCLOSURE FORM

Date: 3/11/24  
 Your Name: Rajika Jindani  
 Manuscript Title: The Impact of Neoadjuvant Therapy on Postoperative Outcomes following Sleeve Lobectomy for Locally Advanced Non-Small Cell Lung Cancer: A Call for Future Investigation  
 Manuscript number (if known): JTD-23-1982

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.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	NIH T32 grant (No. 5T32CA200561-10)	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:**

The author reports funding from NIH T32 grant (No. 5T32CA200561-10).

**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: 3/11/24

Your Name: Brendon Stiles

Manuscript Title: The Impact of Neoadjuvant Therapy on Postoperative Outcomes following Sleeve Lobectomy for Locally Advanced Non-Small Cell Lung Cancer: A Call for Future Investigation

Manuscript number (if known): JTD-23-1982

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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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	research funding from Bristol Myers Squibb Foundation	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees		
		consulting or advisor role at AstraZeneca, Gala Therapeutics, Medtronic, Arcus Biosciences, and Pfizer	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	personal honoraria from AstraZeneca, Bristol Myers Squibb, Genentech, and Pfizer	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	patents, royalties, and other intellectual property related with a therapeutic antibody targeting ART1	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	leadership at Verrica Pharmaceuticals	
11	Stock or stock options	stock and other ownership interests in Pfizer, PPD, and Xalud Therapeutics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  x  </u> None	
13	Other financial or non-financial interests	other relationship with Lung Cancer Research Foundation and Lungevity.	

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

The author reports leadership at Verrica Pharmaceuticals; stock and other ownership interests in Pfizer, PPD, and Xalud Therapeutics; personal honoraria from AstraZeneca, Bristol Myers Squibb, Genentech, and Pfizer; consulting or advisor role at AstraZeneca, Gala Therapeutics, Medtronic, Arcus Biosciences, and Pfizer; research funding from Bristol Myers Squibb Foundation; patents, royalties, and other intellectual property related with a therapeutic antibody targeting ART1, an extracellular mono-ADP ribosyltransferase, for the treatment of cancer patent application filed; other relationship with Lung Cancer Research Foundation and Lungevity.

**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.