

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Zhuo

2. Surname (Last Name)

Yu

3. Date

24-November-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Weikuan Gu, Xicheng Jiang

5. Manuscript Title

PD-1/PD-L1 inhibitors as a hope for smokers of non-small cell lung cancer patient

6. Manuscript Identifying Number (if you know it)

TCR-19-1398

### Section 2. The Work Under Consideration for Publication

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 Yes No

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Dr. Yu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Peiqing	2. Surname (Last Name) Zhang	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weikuan Gu, Xicheng Jiang
5. Manuscript Title PD-1/PD-L1 inhibitors as a hope for smokers of non-small cell lung cancer patient		
6. Manuscript Identifying Number (if you know it) TCR-19-1398		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Zhang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Weikuan

2. Surname (Last Name)  
Gu

3. Date  
24-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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Xicheng

2. Surname (Last Name)  
Jiang

3. Date  
24-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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