

## ICMJE DISCLOSURE FORM

Date: May, 19<sup>th</sup>, 2021

Your Name: Ping Yue

Manuscript Title: Perioperative alectinib in a patient with locally advanced ALK-positive NSCLC: a case report

Manuscript number (if known): \_\_\_\_\_

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

None.

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Date: May, 19<sup>th</sup>, 2021

Your Name: Shengxiong Zhang

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Date: May, 19<sup>th</sup>, 2021

Your Name: Ling Zhou

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## ICMJE DISCLOSURE FORM

Date: May, 20<sup>th</sup>, 2021

Your Name: Jie Xiang

Manuscript Title: Perioperative alectinib in a patient with locally advanced ALK-positive NSCLC: a case report

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## ICMJE DISCLOSURE FORM

Date: May, 20<sup>th</sup>, 2021

Your Name: Shengguang Zhao

Manuscript Title: Perioperative alectinib in a patient with locally advanced ALK-positive NSCLC: a case report

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Date: May. 19<sup>th</sup>, 2021

Your Name: Xiaoyan Chen

Manuscript Title: Perioperative alectinib in a patient with locally advanced ALK-positive NSCLC: a case report

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Your Name: Lei Dong

Manuscript Title: Perioperative alectinib in a patient with locally advanced ALK-positive NSCLC: a case report

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Date: May, 21<sup>st</sup>, 2021

Your Name: Wenjie Yang

Manuscript Title: Perioperative alectinib in a patient with locally advanced ALK-positive NSCLC: a case report

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