

ICMJE DISCLOSURE FORM

Date: 05/12/2023

Your Name: Saad Alamri

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

Manuscript number (if known): TCR-23-1816-R2

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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
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 checked="" 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 checked="" 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:

I confirm that neither I nor any of my relatives nor any business with which I am associated have any personal or business interest in or potential for personal gain from any of the organizations or projects linked to this research. I also confirm that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me.

And I confirm neither I or my relative have a financial or other interest in the subject/matter of the work in which I will be involved, which may be considered as constituting a real, potential or apparent conflict of interest.

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: 03/12/2023

Your Name: Maryam Zaki Badah.

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

Manuscript number (if known): TCR-23-1816-R2

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ICMJE DISCLOSURE FORM

Date: 05/12/2023

Your Name: Soha Zorgi.

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

Manuscript number (if known): TCR-23-1816-R2

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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:

I confirm that I have no financial conflict and I confirm that non my relative has financial or other interest of my work.

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: 04/12/2023

Your Name: Reva Mutairan Alanazi

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

Manuscript number (if known): TCR-23-1816-R2

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
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13	Other financial or non-financial interests	None	

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ICMJE DISCLOSURE FORM

Date: 04/12/2023

Your Name: Huda M Alshanbari

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: 03/12/2023

Name: Mohamed A. M. Ali

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

Manuscript number (if known): TCR-23-1816-R2

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

Mohamed A. M. Ali has no conflicts of interest relevant to the content of this article.

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.

ICMJE DISCLOSURE FORM

Date: 4/12/2023

Ghida Mohammed Murished

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

Manuscript number (if known): TCR-23-1816-R2

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

I have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

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

I Ghida Mohammed Murished 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: 04/12/2023

Your Name: Maaweya E. Awadalla

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

Manuscript number (if known): TCR-23-1816-R2

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13	Other financial or non-financial interests	<u> </u> None	

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

I would like to emphasize that my involvement with any for-profit or not-for-profit third parties that may have a stake in the content of the manuscript is completely non-existent.

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.

ICMJE DISCLOSURE FORM

Date: 06/12/2023

Your Name: Ammar Alshehri.

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I confirm that I have no conflict of interest and also I confirm that I have no financial benefits from my work.

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: 06/12/2023

Your Name: Waleed Alghareeb.

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

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

<p>I confirm that:</p> <ul style="list-style-type: none"> - Nor any of my relatives nor any businesses have potentially conflicts with my work I presented. - I have no financial benefits with work I presented. - I confirm my disclosed information is correct.

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ICMJE DISCLOSURE FORM

Date: 04/12/2023

Your Name: Bandar Alosaimi

Manuscript Title: **Disease Prognosis and Therapeutic Strategies in Patients with Advanced Non-Small-Cell Lung Carcinoma (NSCLC): A Six-Year Epidemiological Study between 2015–2021**

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

The author has no conflict of interests; financial, professional, personal, or otherwise related to this publication.

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.