

Instructions

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1. Given Name (Fin Sangtian	rst Name)	2. Surname (Last Name) Liu	3. Date 10-June-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Caicun Zhou
		of M descriptors of the 8t	h TNM classification for advanced NSCLC patients treated
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Are there any relevant conflicts of interest?	Yes	
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Dr. Liu has nothing to disclose.

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4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Caicun Zhou		
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🖌 No

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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes		No
	1 1		•	



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Section 1.	Identifying Inform	nation		
	,,			
1. Given Name (Fir	rst Name)	2. Surname (Last Name)		3. Date
Chunxia		Su		10-June-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nar Caicun Zhou	me
		of M descriptors of the 8th	n TNM classification for adva	nced NSCLC patients treated
6. Manuscript Ider TLCR-19-396	ntifying Number (if you k	now it)		

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Dr. Su has nothing to disclose.

Evaluation and Feedback



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Caicun	rst Name)	2. Surname (Last Name) Zhou	3. Date 10-June-2020	
4. Are you the cor	responding author?	✓ Yes No		

5. Manuscript Title

Predictive and prognostic significance of M descriptors of the 8th TNM classification for advanced NSCLC patients treated with immune checkpoint inhibitors

6. Manuscript Identifying Number (if you know it)

TLCR-19-396

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?	Yes	\checkmark	No

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No
	1 1		•	



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Dr. Zhou has nothing to disclose.

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