

#### Instructions

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| Section 1.   | Identifying Infor | nation                                  |   |
|--|-------------------|---|---|
| 1. Given Name (First<br>Kanishka                             | t Name)           | 2. Surname (Last Name)<br>Rangamuwa     | 3. Date<br>09-November-2020                 |
| 4. Are you the corre   | sponding author?  | ✓ Yes No                                |   |
| 5. Manuscript Title<br>Thermal ablation i<br>immune checkpoi |                   | ng Cancer: a review of treatment modali | ities and the evidence for combination with |

6. Manuscript Identifying Number (if you know it)

TLCR-20-1075

## 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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|---|-----|--------------|----|
|   |     |              |    |

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | ✓ No | ) |
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Dr. Rangamuwa has nothing to disclose.

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| Section 1.  | Identifying Inform        | nation                          |  |
|---|---------------------------|---------------------------------|--|
| 1. Given Name (Fir<br>Tracy                               | rst Name)                 | 2. Surname (Last Name)<br>Leong | 3. Date<br>09-November-2020                            |
| 4. Are you the corresponding author?                      |                           | Yes 🖌 No                        | Corresponding Author's Name<br>Kanishka Rangamuwa      |
| 5. Manuscript Title<br>Thermal ablation<br>immune checkpo | in Non-Small Cell Lur     | ng Cancer: a review of trea     | tment modalities and the evidence for combination with |
| 6. Manuscript Ider<br>TLCR-20-1075                        | ntifying Number (if you k | now it)                         |  |

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Dr. Leong has nothing to disclose.

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| Section 1. Identifying Infor   | mation                           |  |  |  |
|--|----------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Clare  | 2. Surname (Last Name)<br>Weeden | 3. Date<br>09-November-2020                            |  |  |
| 4. Are you the corresponding author?   | Yes 🖌 No                         | Corresponding Author's Name<br>Kanishka Rangamuwa      |  |  |
| 5. Manuscript Title<br>Thermal ablation in Non-Small Cell Lu<br>immune checkpoint inhibitors | ng Cancer: a review of trea      | tment modalities and the evidence for combination with |  |  |
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Dr. Weeden has nothing to disclose.

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|---|---------------------------|--|---|
| 1. Given Name (Fin<br>Marie-Liesse                        | rst Name)                 | 2. Surname (Last Name<br>Asselin-Labat | e) 3. Date<br>09-November-2020                            |
| 4. Are you the corresponding author?                      |                           | Yes 🖌 No                               | Corresponding Author's Name<br>Kanishka Rangamuwa         |
| 5. Manuscript Title<br>Thermal ablation<br>immune checkpo | n in Non-Small Cell Lui   | ng Cancer: a review of tr              | reatment modalities and the evidence for combination with |
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Dr. Asselin-Labat has nothing to disclose.

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| Section 1.  | Identifying Infor         | mation                             |  |
|---|---------------------------|------------------------------------|--|
| 1. Given Name (Fii<br>Michael                             | rst Name)                 | 2. Surname (Last Name)<br>Christie | 3. Date<br>09-November-2020                              |
| 4. Are you the corresponding author?                      |                           | Yes 🖌 No                           | Corresponding Author's Name<br>Kanishka Rangamuwa        |
| 5. Manuscript Title<br>Thermal ablation<br>immune checkpo | in Non-Small Cell Lui     | ng Cancer: a review of tre         | eatment modalities and the evidence for combination with |
| 6. Manuscript Ider<br>TLCR-20-1075                        | ntifying Number (if you k | know it)                           |  |

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🖌 No

| Are there any relevant conflicts of interest? |  | Yes |  |
|---|--|-----|--|
|---|--|-----|--|

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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 | ✓ No | ) |
|--|-----|------|---|
|  |     |      |   |



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Dr. Christie has nothing to disclose.

#### **Evaluation and Feedback**



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| Section 1.  | Identifying Inform        | nation                         |   |
|---|---------------------------|--------------------------------|---|
| 1. Given Name (Fir<br>Tom                                 | st Name)                  | 2. Surname (Last Name)<br>John | 3. Date<br>09-November-2020                             |
| 4. Are you the corresponding author?                      |                           | Yes 🖌 No                       | Corresponding Author's Name<br>Kanishka Rangamuwa       |
| 5. Manuscript Title<br>Thermal ablation<br>immune checkpo | in Non-Small Cell Lur     | ng Cancer: a review of trea    | atment modalities and the evidence for combination with |
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🖌 No

| Are there any relevant conflicts of interest? |  | Yes |
|---|--|-----|
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|---|-----|--------------|----|
|---|-----|--------------|----|

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Dr. John has nothing to disclose.

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| Section 1.  | Identifying Inform        | nation                            |   |                          |
|---|---------------------------|-----------------------------------|---|--------------------------|
| 1. Given Name (Fii<br>Phillip                             | rst Name)                 | 2. Surname (Last Name)<br>Antippa |   | Date<br>-November-2020   |
| 4. Are you the corresponding author?                      |                           | Yes 🖌 No                          | Corresponding Author's Name<br>Kanishka Rangamuwa |                          |
| 5. Manuscript Title<br>Thermal ablation<br>immune checkpo | n in Non-Small Cell Lur   | ng Cancer: a review of trea       | ment modalities and the evide                     | nce for combination with |
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🖌 No

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| Section 1.  | Identifying Inform        | nation                           |  |
|---|---------------------------|----------------------------------|--|
| 1. Given Name (Fir<br>Louis                               | rst Name)                 | 2. Surname (Last Name)<br>Irving | 3. Date<br>09-November-2020                            |
| 4. Are you the corresponding author?                      |                           | Yes 🖌 No                         | Corresponding Author's Name<br>Kanishka Rangamuwa      |
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| Section 1.  | Identifying Infor       | mation                              |   |  |  |
|---|-------------------------|-------------------------------------|---|--|--|
| 1. Given Name (First Name)<br>Daniel                      |                         | 2. Surname (Last Name)<br>Steinfort | 3. Date<br>09-November-2020                             |  |  |
| 4. Are you the corresponding author?                      |                         | Yes 🖌 No                            | Corresponding Author's Name<br>Kanishka Rangamuwa       |  |  |
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Dr. Steinfort has nothing to disclose.

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