

## ICMJE DISCLOSURE FORM

Date: Aug. 6<sup>th</sup>, 2021

Your Name: Hang Zhao

Manuscript Title: Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report

Manuscript number (if known): TLCR-21-603

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: Aug. 6<sup>th</sup>, 2021

Your Name: Junwei Ning

Manuscript Title: Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report

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Date: Aug. 6<sup>th</sup>, 2021

Your Name: Yu Gu

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## ICMJE DISCLOSURE FORM

Date: Aug. 6<sup>th</sup>, 2021

Your Name: Xiaocheng Zhang

Manuscript Title: Consecutive severe immune-related adverse events after PD-1 inhibitor induction and surgery in Locally Advanced non-small cell lung cancer: A Case Report

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Your Name: Wen Yu

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Your Name: Tianxiang Chen

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