Manuscript Title: An analysis of the immunological tumor microenvironment of primary tumors and regional lymph

Date: Jul. 25th, 2021

Consulting fees

_X__None

nodes in squamous cell lung cancer

Your Name: ____

Yoshinobu Ichiki

Manuscript number (if known): TLCR-21-479-CL

rel pa to	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.						
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>				
to me	the epidemiology of hyperto edication, even if that medic item #1 below, report all su	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensi the manuscript. d in this manuscript without time limit. For all other it	ve			
the	e time frame for disclosure i	s 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)				
		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.	XNone					
		Time frame: past	36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone					
3	Royalties or licenses	XNone					

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	ease summarize the above c	onflict of interest in the fo	lowing box:
Ple	ease place an "X" next to the	following statement to in	dicate vour agreement:

Date:	Jul. 25 th , 2	<u>2021 </u>				
Your Nam	ne: <u>N</u>	lari Ueno				
Manuscri	ipt Title: <u>A</u>	n analysis of the	immunological tum	or microenvironme	nt of primary tumor	rs and regional lymph
nodes in s	squamous	cell lung cancer				
Manuscri	ipt numbe	r (if known): <u>TL</u>	CR-21-479-CL			
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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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_	2		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	owing box:
N	one.		
'\	one.		
Dloa	se place an "X" next to the	following statement to in	licate vour agreement

Date	e: <u>Jul. 25th, 2021</u>		
You	· Name: Shinya Yanagi		
Man	uscript Title: An analysis of	the immunological tumor	microenvironment of primary tumors and regional lymph
node	es in squamous cell lung car	<u>ncer</u>	
Man	uscript number (if known):	TLCR-21-479-CL	
			relationships/activities/interests listed below that are
	-	•	ns any relation with for-profit or not-for-profit third
•	•	•	the manuscript. Disclosure represents a commitment
			If you are in doubt about whether to list a
reiai	ionship/activity/interest, it	is preferable that you do	50.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th	• •	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	·
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time minit for this item.		

Time frame: past 36 months

_X__None

_X__None

X__None

Grants or contracts from any entity (if not indicated

in item #1 above). Royalties or licenses

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_	2		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	owing box:
N	one.		
'\	one.		
Dloa	se place an "X" next to the	following statement to in	licate vour agreement

Date: Jul. 25th, 2021

Consulting fees

You	r Name: <u>Yoshiro Kanas</u>	saki	
Mar	nuscript Title: An analysis of	the immunological tumor	microenvironment of primary tumors and regional lymph
<u>nod</u>	<u>es in squamous cell lung car</u>	<u>ncer</u>	
Mar	nuscript number (if known):	TLCR-21-479-CL	
rela part to to rela The	ted to the content of your n ies whose interests may be ransparency and does not n tionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. os/activities/interests as they relate to the current
to ti med In it	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare ition is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3		X None	
3	Royalties or licenses	XNone	

_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_	2		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	owing box:
N	one.		
'\	one.		
Dloa	se place an "X" next to the	following statement to in	licate vour agreement

Date	e: <u>Jul. 25th, 2021</u>		
You	r Name: <u>Hidenori Goto</u>		
Maı	nuscript Title: <u>An analysis of</u>	the immunological tumor	microenvironment of primary tumors and regional lymph
<u>nod</u>	es in squamous cell lung car	<u>ncer</u>	
Maı	nuscript number (if known):	TLCR-21-479-CL	
rela part to to rela The mar The to to	ted to the content of your materies whose interests may be ransparency and does not not tionship/activity/interest, it following questions apply to the content only. author's relationships/activity and the epidemiology of hyperterestication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship wities/interests should be go nsion, you should declare tion is not mentioned in t	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initia	al planning of the work
			in planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mine for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		

Royalties or licenses

Consulting fees

_X__None

_X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_	2		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	owing box:
N	one.		
'\	one.		
Dloa	se place an "X" next to the	following statement to in	licate vour agreement

Date: Jul. 25th, 2021

Consulting fees

You	r Name: <u>Takashi Fukuy</u>	rama	
Man	uscript Title: An analysis of	the immunological tumor	microenvironment of primary tumors and regional lymph
node	<u>es in squamous cell lung car</u>	<u>ncer</u>	
Man	uscript number (if known):	TLCR-21-479-CL	
relate part to trelate The man The to the med	ted to the content of your miles whose interests may be cansparency and does not not tionship/activity/interest, it following questions apply to uscript only. author's relationships/activity e epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do the author's relationship rities/interests should be on tion, you should declare a tion is not mentioned in the	es/activities/interests as they relate to the <u>current</u> <u>lefined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
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_None

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
_	2			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
	30.00			
Plea	Please summarize the above conflict of interest in the following box:			
N	None.			
'	None.			
Plas	se place an "X" next to the	following statement to in	licate vour agreement	

Date:	Jul. 25 th , 2021
Your Na	ne: Shuji Mikami
Manuscr	ipt Title: An analysis of the immunological tumor microenvironment of primary tumors and regional lymph
<u>nodes in</u>	squamous cell lung cancer
Manuscr	ipt number (if known): <u>TLCR-21-479-CL</u>
related t	erest of transparency, we ask you to disclose all relationships/activities/interests listed below that are the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third
•	whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
to transp	arency and does not necessarily indicate a bias. If you are in doubt about whether to list a

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
_	2			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
	30.00			
Plea	Please summarize the above conflict of interest in the following box:			
N	None.			
'	None.			
Plas	se place an "X" next to the	following statement to in	licate vour agreement	

Date	e: <u>Jul. 25th, 2021</u>				
You	Your Name: Kozo Nakanishi				
Maı	nuscript Title: An analysis of	the immunological tumor	microenvironment of primary tumors and regional lymph		
<u>nod</u>	es in squamous cell lung car	<u>ncer</u>			
Maı	nuscript number (if known):	TLCR-21-479-CL			
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	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as needed)			
		Time frame: Since the initia	I planning of the work		
			planning of the work		
1	All support for the present	XNone			
	manuscript (e.g., funding, provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	X None	. 30 months		
_	any entity (if not indicated				
	in item #1 above).				

Royalties or licenses

Consulting fees

_X__None

_X__None

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
_	2			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
	30.00			
Plea	Please summarize the above conflict of interest in the following box:			
N	None.			
'	None.			
Plas	se place an "X" next to the	following statement to in	licate vour agreement	

Date: Jul. 25th, 2021

Royalties or licenses

Consulting fees

_X__None

_X__None

You	Your Name:Tsuyoshi Ishida				
Manuscript Title: An analysis of the immunological tumor microenvironment of primary tumors and regional lymph					
nod	nodes in squamous cell lung cancer				
Mar	nuscript number (if known):	TLCR-21-479-CL			
rela part to ti rela	ted to the content of your mater whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do			
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
The author's relationships/activities/interests should be <u>defined broadly</u> . 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	Superifications/Supersonts		
		whom you have this	Specifications/Comments (e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as	Institution		
		needed)			
		Time frame: Since the initia	l planning of the work		
1	All support for the present	X None			
_	manuscript (e.g., funding,				
	provision of study materials, medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	: 36 months		
2	Grants or contracts from	X None			
-	any entity (if not indicated				
	in item #1 above).				

5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel	XNone		
	o ,			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
11	group, paid or unpaid	V. None		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None		
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None.			
None.				
Dlea	se place an "X" next to the	following statement to in	dicate your agreement:	