Date:August 10, 2021
Your Name:Bin Qiu
Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung
cancer
Manuscript number (if known):

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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		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).	X_None	
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		
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		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
Г			
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Kaican Cai

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
in other board, so	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Chun Chen

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
in other board, so	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Jun Chen

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
in other board, so	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		
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rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Ke-Neng Chen

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
in other board, so	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Qi-Xun Chen

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	noyalties of ficerises		
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
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	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Chao Cheng

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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4	Consulting fees	X None	
-	Consumb rees		

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Tian-Yang Dai

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
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	committee or advocacy		
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13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Junqiang Fan

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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	speakers bureaus,		
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	educational events		
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	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
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13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Zhaohui Fan

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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8	Patents planned, issued or	X_None	
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9	Participation on a Data	X None	
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12	Receipt of equipment,	X_None	
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13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Jian Hu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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8	Patents planned, issued or	X_None	
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9	Participation on a Data	X None	
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rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Wei-Dong Hu

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Manuscript number (if known):

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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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	so months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

lecture	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		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021

Your Name: Yun-Chao Huang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

lecture	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Ge-Ning Jiang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

lecture	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Jie Jiang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

lecture	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Tao Jiang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

lecture	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Wen-Jie Jiao

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

lecture	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		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: He-Cheng Li

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone		
	manuscript writing or			
	educational events	V N		
7	Payment for expert testimony	XNone		
		V None		
/	Support for attending meetings and/or travel	XNone		
		V N		
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		
4.4		V N		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical	X_None		
	writing, gifts or other services			
13	Other financial or non- financial interests	XNone		
О.	Please summerize the above conflict of interest in the fall suring bour			
Please summarize the above conflict of interest in the following box:				
Г	None			
	None.			

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Qiang Li

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

led	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		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Yong-De Liao

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	so months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

led	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		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Hong-Xu Liu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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

led	Payment or honoraria for	XNone	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
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7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Jun-Feng Liu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

led	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Lunxu Liu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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		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	

led	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		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Yang Liu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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4	Consulting fees	XNone	

led	Payment or honoraria for	XNone	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Hao Long

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

lect	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
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	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Qing-Quan Luo

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

lect	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Hai-Tao Ma

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

lect	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
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	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		
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rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Nai-Quan Mao

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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lect	Payment or honoraria for	XNone	
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	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
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13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
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	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Xiao-Jie Pan

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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lect	Payment or honoraria for	XNone	
	lectures, presentations,		
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	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Fengwei Tan

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
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13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Li-Jie Tan

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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8	Patents planned, issued or	X_None	
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9	Participation on a Data	X None	
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10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
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13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Hui Tian

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Dong Wang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021

Your Name: Wen-Xiang Wang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	so months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

lect	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Li Wei

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

lect	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		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Nan Wu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

10	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert	XNone	
	testimony		
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/	Support for attending meetings and/or travel	XNone	
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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, committee or advocacy group, paid or unpaid	X_None	
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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-	XNone	
	financial interests		
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Г	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Qing-Chen Wu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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3	Royalties or licenses	X_None	
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		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Jiaqing Xiang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
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	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Shi-Dong Xu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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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		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Lin Yang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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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		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
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	None		
	None.		

Date: Sept. 11<sup>th</sup>, 2021 Your Name: Hao Zhang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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5	Payment or honoraria for	XNone	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Lanjun Zhang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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3	Royalties or licenses	X_None	
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		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
10			
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
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	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Peng Zhang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
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13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Yi Zhang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

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	manuscript writing or		
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	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Zhenfa Zhang

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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 <u>current 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.

		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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	so months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Kunshou Zhu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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		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	X_None	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	ommet of interest in the for	IIOWIIIS DOA.
	None		
	None.		

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Yuming Zhu

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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 <u>current 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.

		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)
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		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	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Date:29 <sup>th</sup> July 2021	
Your Name:Sang-Won Um	
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript number (if known):	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that	ard

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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.

		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	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_ XNone	
	testimony		
7	Support for attending meetings and/or travel	_ XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
Γ	None.		

lectures, presentations,

**Date:** 02-Aug-2021 **Your Name:** In-Jae Oh

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

Manuscript number (if known): NA

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 <u>current 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.

		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 initia	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).	Yes	Research funding from Roche
3	Royalties or licenses	XNone	
4	Consulting fees	Yes	Roche, Ono, MSD, Pfizer, Boehringer-Ingelheim, AstraZeneca, Takeda

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 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,	_ XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
15	financial interests		
	This is a first of the second		

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

In-Jae Oh has grant from Roche. He also has received consulting fee from Roche, Ono, MSD, Pfizer, Boehringer-Ingelheim, AstraZeneca and Takeda.

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

Date:	_July 30, 2021
Your Name:	Yusuke Tomita
<b>Manuscript Title</b>	e: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
Manuscript nun	nber (if known):

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 <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.

		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None JSPS KAKENHI  Takeda Science Foundation	grant number JP18K15928; The payment was made to Tomita Y.  The payment was made to Tomita Y.
3	Royalties or licenses	None	
4	Consulting fees	<b>√</b> _None	

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

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

Dr. Tomita reports grants from JSPS KAKENHI grant number JP18K15928 and grants from Ta	ıkeda
Science Foundation outside the submitted work.	

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

Date:29/July/2021	
Your Name:Satoshi Watanabe	
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript number (if known):	

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 <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.

		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)
		ime frame: Since the initial	planning of the work
1	All support for the	_x_None	
	present 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	_xNone	
	any entity (if not		
	indicated in item #1		
	above).		
3	Royalties or licenses	_xNone	

4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca Chugai Pharma Ono Pharmaceutical Bristol-Myers Boehringer Ingelheim Eli Lilly MSD Taiho Pharmaceutical Pfizer Novartis	Grant and personal fee Personal fee Personal fee Personal fee Grant and personal fee
6	Payment for expert testimony	Daiichi SankyoxNone	Personal fee
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	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

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

Satoshi Watanabe reports grant and personal fee from AstraZeneca and Boehringer Ingelheim, personal fee from Chugai Pharma, Ono Pharmaceutical, Bristol-Myers, Eli Lilly, MSD, Taiho Pharmaceutical, Pfizer, Novartis, Daiichi Sankyo.

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.

Date: 29 July 2021	
Your Name: Takeo Nakada	
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript number (if known):	

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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	X None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	-				
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	V Name			
9	Safety Monitoring Board or	X_None			
	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,	<u>X</u> None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Dlas	Disease assume wine the charge conflict of interest in the following how				

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

I declare no conflict of interest.		

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

Date:	
Your Name:	Nobuhiko Seki
Manuscript Title	Expert consensus on perioperative immunotherapy for non-small cell lung cancer
Manuscrint num	her (if known):

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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		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 initia	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).	Commercial research grants	Eli Lilly, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, and Nippon Boehringer Ingelheim
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	T	1	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speaking honoraria	Eli Lilly, AstraZeneca, MSD Oncology, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, Nippon Boehringer Ingelheim, and Bristol-Myers Squibb Japan
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	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
		,	•

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

Dr Nobuhiko Seki obtained commercial research grants from Eli Lilly, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, and Nippon Boehringer Ingelheim, and has received speaking honoraria from Eli Lilly, AstraZeneca, MSD Oncology, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, Nippon Boehringer Ingelheim, and Bristol-Myers Squibb Japan.

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

Date:29 July, 2021				
Your Name: <u>Toyoaki</u>	Hida			
Manuscript Title: Expe	ert consensus on perioperative immunotherapy for non-small cell lung cancer			
Manuscrint number (if known):				

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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	planning of the work
		Time frame: past	36 months
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:  I have no conflicts of interest to declare.				
	i nave no connicts of interest to	, ueciai e.			

 $\underline{x}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2021.8.2	
Your Name: Shinji Sasada	

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

Manuscript number (if known):\_\_\_\_\_\_

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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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

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. X

Date:July29,2021	
Your Name:JUNJI UCHINO	
Manuscript Title: Expert consensus on p	erioperative immunotherapy for non-small cell lung cancer
Manuscript number (if known):	
• • • • • • • • • • • • • • • • • • • •	

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 <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.

		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)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
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	
Г	ease summarize the above co	onflict of interest in the fo	lowing box:

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

Date:	Aug 02, 2021	
Your Name:_	Haruhiko Sugimura	
Manuscript T	itle: Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscrint n	umber (if known):	

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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		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).	_x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for	_ <u>x</u> None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<u>x</u> None		
	testimony			
_				
7	Support for attending meetings and/or travel	_ <u>x_</u> None		
8	Patents planned, issued or	<u>x</u> None		
	pending			
9	Participation on a Data	<u>x</u> _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_ <u>x</u> _None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	_x_None		
12	Receipt of equipment,	<u>x</u> None		
	materials, drugs, medical			
	writing, gifts or other			
10	services			
13	Other financial or non-	_ <u>x_</u> None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

None			

<u>x</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: July 29th 2021

Your Name: Said Dermime

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

Manuscript number (if known):

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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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

one	

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. X

Date:July 30, 2021	
Your Name:Federico Cappuzzo	
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript number (if known):	

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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		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 w	vork
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	
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,	Roche, AstraZeneca, BMS, Pfizer, Takeda, Lilly, Bayer,	

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

_	Fees for membership of an advisory board from Roche, AstraZeneca, BMS, Pfizer, Takeda, Lilly,
	Bayer, Amgen, Sanofi, Pharmamar, Novocure and MSD

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.

Date:29.07.2021
Your Name:Stefania Rizzo
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
Manuscript number (if known):

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy	None		
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
13	services Other financial or non-	None		
13	financial interests	None		
	Till difference costs			
	Please summarize the above conflict of interest in the following box:  None			

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

Date:	30 July 2021		
Your Name:	William C. S. Cho		
Manuscript Title:	Expert consensus on perioperative immunotherapy for non-small cell lung cancer		
Manuscript number (if known):			

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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	-	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	X_None	
	processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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

Not applicable		

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.

Date:	_29/07/2021
Your Name:	PIERFILIPPO CRUCITTI
Manuscript	Title:_ Expert consensus on perioperative immunotherapy for non-small cell lung cancer
Manuscript	number (if known):

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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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	<b>3 ,</b>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	140116	
	anciai interests		

I HAVE NO CONFLICT OF INTEREST TO DECLARE	

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.

Date:02/08/2021

Your Name: Filippo Longo

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

Manuscript number (if known): //

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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
2	Grants or contracts from any	None	
	entity (if not indicated in		
3	item #1 above). Royalties or licenses	None	
3	Royalties of licerises	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		

	speakers bureaus, manuscript writing or educational events				
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:  I have no conflicts of interests				
	ease place an "X" next to the fo X I certify that I have answe form.	_	cate your agreement: ave not altered the wording of any of the questions on this		

Date:Aug 2 <sup>nd</sup> 2021				
Your Name:Kye Young Lee				
Manuscript Title:Expert consensus on perioperative immunotherapy for non-small cell lung cancer				
Manuscript number (if known):				

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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1	All support for the present manuscript (e.g., funding, provision of study materials,	_XNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for	_XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events	V. Nana			
6	Payment for expert	_XNone			
	testimony			_	
7	Support for attending	X None		_	
,	meetings and/or travel	None			
	meetings and/or traver			Ī	
8	Patents planned, issued or	X None		_	
	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				
11	group, paid or unpaid Stock or stock options	X None		_	
11	Stock of Stock options	_XNone			
				H	
12	Receipt of equipment,	X None		_	
	materials, drugs, medical			_	
	writing, gifts or other				
	services				
13	Other financial or non-	_XNone			
	financial interests				
DI-	Please summarize the above conflict of interest in the following box:				
rie	ase summanze the above co	minut of interest in the foll	owing box.		
	None				

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

Date:30/07/2021	
Your Name: Dirk De Ruysscher	
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript number (if known):	

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		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Bristol-Myers Squibb	outside the submitted work
	any entity (if not indicated	AstraZeneca	outside the submitted work
	in item #1 above).	Boehringer Ingelheim	outside the submitted work
		Philips	outside the submitted work
		Olink	outside the submitted work
		Celgene	outside the submitted work
		Seattle Genetics	outside the submitted work
		Roche/Genentech	outside the submitted work
		Merck/Pfizer	outside the submitted work

4 Consulting feesXNone	
5 Payment or honoraria forXNone lectures, presentations,	
lectures, presentations,	
lectures, presentations,	
lectures, presentations,	
manuscript writing or	
educational events	
6 Payment for expertXNone	
testimony	
7 Support for attendingXNone meetings and/or travel	
8 Patents planned, issued or X_None	
pending	
9 Participation on a DataXNone	
Advisory Board	
10 Leadership or fiduciary role X_None	
in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsXNone	
12 Receipt of equipment, X_None	
materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or non- X_None	
financial interests	

I reports grants from Bristol-Myers Squibb, grants from AstraZeneca, grants from Boehringer Ingelheim, from Philips, from Olink, from Celgene, from Seattle Genetics, from Roche/Genentech, from Merck/Pfizer, outside the submitted work.

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.				

Date:	_4-8-2021		
Your Name:	Ben G. L. Vanneste		
Manuscript Title:_ Expert consensus on perioperative immunotherapy for non-small cell lung cancer			
Manuscript number (if known):			

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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		Time frame: past	36 months
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	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	None			
	testimony			_	
	,			_	
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
				_	
9	Participation on a Data	None			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	None			
10	in other board, society,	None			
	committee or advocacy			_	
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	None			
13	financial interests	140110			
	Timanolar intereses				
Plea	Please summarize the above conflict of interest in the following box:				
l N	lone				

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

Date: July 30", 2021	
Your Name: Muhammad Furqan	
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript number (if known):	

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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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Participated in advisory board for Astrazeneca, AbbVie and Beigene LLC

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.

Date:7/29/21
Your Name:Jessica Sieren
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
Manuscript number (if known):

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 <u>current</u> manuscript only.

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.

		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)
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
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH Noahs Hope Foundation	Grant for unrelated work paid to institution Grant for unrelated work paid to institution
3	Royalties or licenses	None	
4	Consulting fees	VIDA Diagnostic	Spouse is a paid consultant for VIDA Diagnostic

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

Jessica Sieren has grant support from National Institute of Health and the Noah's Hope Foundation. She also has a family member that owns stock options and receives financial compensation from Vida Diagnostics.

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.

Date:	_07/29/2021
Your Name:	Sai Yendamuri
<b>Manuscript Tit</b>	le: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
Manuscript nu	mber (if known):

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 <u>current</u> manuscript only.

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.

		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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
3	in item #1 above).	V Neve	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
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	_XNone	
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 fol	lowing box:

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

Date:_ August 1, 2021	
Your Name: Kenneth Merrell	
Manuscript Title:_ Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript number (if known):	

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 <u>current</u> manuscript only.

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.

		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.	Time frame: Since the initial None Varian AstraZeneca Pfizer Novartis	Medical education grant, Africa Clinical trial grant Medical education grant, Africa Clinical trial grant
2	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past _XNone _xNone	36 months
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		
7	Support for attending meetings and/or travel	None	
	g ,	AstraZeneca	Travel and accommodations to a clinical trial meeting, 2019
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	Global Access to Cancer	Board of Directors, unpaid
	committee or advocacy	Care Foundation	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Kenneth Merrell reports Medical education grant, Africa from Varian and Pfizer, Clinical trial grant from
AstraZeneca and Novartis; travel and accommodations to a clinical trial meeting, 2019 from AstraZeneca; Dr.
Kenneth Merrell is an unpaid Board of Directors of Global Access to Cancer Care Foundation.

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.

Date: August 2, 2021
Your Name: Julian R Molina., MD., Ph.D.
Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer
Manuscript number (if known):

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 <u>current 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.

		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).	x_None		
3	Royalties or licenses	xNone		
4	Consulting fees	_xNone		

5	Payment or honoraria for lectures, presentations,	xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x None	
9	Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	N.	
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		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
Γ.			
	lone		

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

Date:	_03/08/2021	
Your Name:	Giulio Metro	
Manuscript	Title:_ Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript	number (if known):	

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 <u>current 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.

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	<b>3 ,</b>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	140116	
	anciai interests		

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

I HAVE NO CONFLICT OF INTEREST TO DECLARE	

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.

Date 17 august 2021		
Your Name: R Califano		
Manuscript Title:		
Manuscript number (if known):		

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 <u>current</u> manuscript only.

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.

		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)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees		AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel		Roche, MSD, takeda
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options		The christie private care
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:

Dr Califano has received consulting fees, Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis

Dr Califano has Participation on a Data Safety Monitoring Board or Advisory Board with AZ, MSD, BMS, Roche, TAKEDA, Pfizer, janssen, Bayer, Novartis

Dr Califano has received Support for attending meetings and/or travel from Roche, MSD, Takeda

Dr Califano declares stock ownership with The christie private care

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

x_ I certify that I have answered e form.	every question and have no	ot altered the wording of a	ny of the questions on this

Date:	30 <sup>th</sup> July 2021	
Your Name: 9	Stefano Bongiolatti	
Manuscript T	itle: Expert consensus on perio	perative immunotherapy for non-small cell lung cancer
Manuscript n	umber (if known):	· · · · · · · · · · · · · · · · · · ·

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 <u>current 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.

		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.	None	pranning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

None		

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

Date:30/07/2021	
Your Name: Mariano Provencio	_
Manuscript Title:_ Expert consensus on perioperative immunotherapy for non-small cell lung cancer	
Manuscript number (if known):	

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 <u>current 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.

		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).	<b>X</b> None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_ <b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	V. Name	
0	testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	ANotice	
	meetings and, or traver		
8	Patents planned, issued or	_ <b>X</b> None	
	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	X None	
	·		
12	Receipt of equipment,	_ <b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
4.0	services		
13	Other financial or non- financial interests	_ <b>X</b> None	_
	imancial interests		
Plea	ase summarize the above co	nflict of interest in the following box:	
_			_
1	HAVE NO CONFLICT OF INTERES	T TO DECLARE	
			1

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:	29 Jul	y 202	1
Your	Name:	Paul	Hofmai

Manuscript Title: Expert consensus on perioperative immunotherapy for non-small cell lung cancer

Manuscript number (if known):\_\_\_\_\_\_

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 <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.

		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)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 3	66 months
3	Royalties or licenses	None	
4	Consulting fees	AstraZeneca, BMS, Roche, MSD, Pfizer, Novartis, Termofisher, Biocartis, Bayer, Lilly	

		1	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca, BMS, Roche, Pfizer, Novartis, MSD, Termofisher, Biocartis, Bayer, Lilly	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	AstraZeneca, BMS, Roche, Pfizer, Novartis, MSD, Termofisher, Biocartis, Bayer, Lilly	
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:

Honoraria for scientific advisory board and meeting presentation: AstraZeneca, BMS, Roche, Pfizer, Novartis, Termofisher, Biocartis, Bayer, Lilly, MSD	

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

CHU NICE

LECTRILITE OF PATHOLOGIE
CLINIQUE et EXPERIMENTALE
Professeur P. HOFMAN
Höpttal PASTEUR

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Shugeng Gao

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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 <u>current 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.

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

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		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fol	lowing hov:
rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

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

Date: Aug. 11<sup>th</sup>, 2021 Your Name: Jie He

Manuscript Title: Expert consensus on perioperative immunotherapy for Local advanced non-small cell lung cancer

Manuscript number (if known):

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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