

ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Bin Zhou

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

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 **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with 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	
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:

None.

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.

ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Qiuyuan Li

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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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	
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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	

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None.

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

ICMJE DISCLOSURE FORM

Date: 14th Oct2021
 Your Name: Linlin Qin
 Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
 Manuscript number (if known): _____

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None.

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ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Zhao Li

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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None.

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ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Kaiqi Jin

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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11	Stock or stock options	_____None	
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ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Jie Dai

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Yuming Zhu

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Yang Yang

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Salma K. Jabbour

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 14th Oct2021

Your Name: Alfredo Tartarone

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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4	Consulting fees	___ None	

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None.

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

ICMJE DISCLOSURE FORM

Date: _____ 13th Oct 2021 _____
 Your Name: _____ Calvin S. H. Ng _____
 Manuscript Title: _____ Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment _____
 Manuscript number (if known): _____

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3	Royalties or licenses	__X__ None	
4	Consulting fees	Medtronic, USA	Consulting services
		Siemens Healthineers	Consulting services
		Johnson and Johnson	Consulting services

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

This author has received consulting fees from Medtronic, Siemens Healthineer and Johnson & Johnson for consulting services.

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

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ICMJE DISCLOSURE FORM

Date: 14th Oct2021
 Your Name: Alfons Navarro
 Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
 Manuscript number (if known): _____

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None.

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

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ICMJE DISCLOSURE FORM

Date: 14th Oct2021
 Your Name: Cecilia Pompili
 Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
 Manuscript number (if known): _____

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3	Royalties or licenses	___ None	
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Date: 14th Oct2021

Your Name: Gening Jiang

Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment

Manuscript number (if known): _____

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