

ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Kai Fu Zheng
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
 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			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

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

ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Yu Jian Liu
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Nan Ma
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
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ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Yan Lu Xiong
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
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Date: Sept.10th, 2021
 Your Name: Xi Yang Tang
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Qian Zhang
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
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ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Zhong Lin Luo
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
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ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Huan Huan Tian
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
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ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021

Your Name: Paul Hofman

Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm

Manuscript number (if known): _____

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4	Consulting fees	AstraZeneca, Roche, BMS, Pfizer, Eli Lilly, Guardant Health, Janssen, Daiichi	Payments were made to me

		Payments were made to meSankyo, Bayer, MSD, Pierre Fabre, Qiagen, Illumina, Thermo-Fisher Scientist, Biocartis, AbbVie, Amgen	
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Consulting fees for = AstraZeneca, Roche, BMS, Pfizer, Eli Lilly, Guardant Health, Janssen, Daiichi Sankyo, Bayer, MSD, Pierre Fabre, Qiagen, Illumina, Thermo-Fisher Scientist, Biocartis, AbbVie, Amgen

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ICMJE DISCLOSURE FORM

Date: 27th Nov, 2021

Your Name: Yoshinobu Ichiki

Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 01, 2021

Your Name: Giulio Metro

Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm

Manuscript number (if known): _____

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

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

ICMJE DISCLOSURE FORM

Date: 29/Nov/2021
 Your Name: Motoko Tachihara
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
 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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	MSD	Honoraria
		Ono Pharmaceutical Co Ltd	Honoraria
		Bristol-Myers Squibb Co Ltd	Honoraria
		Chugai Pharmaceutical Co Ltd	Honoraria
		AstraZeneca KK	Honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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:

Dr. Tachihara reports personal fees from MSD, Ono Pharmaceutical, Bristol-Myers Squibb Co Ltd, Chugai Pharmaceutical, and AstraZeneca KK.

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: Sept.10th, 2021
 Your Name: Li Gon
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

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

ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Xiao Fei Li
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
 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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ICMJE DISCLOSURE FORM

Date: Sept.10th, 2021
 Your Name: Jin Bo Zhao
 Manuscript Title: PD-L1 Expression and Immune Cells Infiltration in Primary Tracheobronchial Neoplasm
 Manuscript number (if known): _____

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