

ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Bingxi He

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

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			
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Time frame: past 36 months			
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

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

ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Yifan Zhong

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Yongbei Zhu

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Jiajun Deng

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Mengjie Fang

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Yunlang She

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Tingting Wang

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Yang Yang

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Xiwen Sun

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

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ICMJE DISCLOSURE FORM

Date: 21-March-2022

Your Name: Lorenzo Belluomini

Manuscript Title: Noninvasive prediction of immune efficacy in advanced NSCLC patients: a study combining progression-free survival risk and overall survival risk

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/21/2022
 Your Name: Satoshi Watanabe
 Manuscript Title: Noninvasive prediction of immune efficacy in advanced NSCLC patients: a study combining progression-free survival risk and overall survival risk
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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <input type="checkbox"/> Eli Lilly <input type="checkbox"/> Novartis Pharma <input type="checkbox"/> Chugai Pharma <input type="checkbox"/> Boehringer Ingelheim <input type="checkbox"/> Ono Pharmaceutical <input type="checkbox"/> Taiho Pharmaceutical	<input type="checkbox"/> Pfizer <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Bristol-Myers <input type="checkbox"/> MSD <input type="checkbox"/> Daiichi Sankyo
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:

The author reports the Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Eli Lilly, Pfizer, Novartis Pharma, AstraZeneca, Chugai Pharma, Bristol-Myers, Boehringer Ingelheim, MSD, Ono Pharmaceutical, Daiichi Sankyo, Taiho Pharmaceutical.

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: 2022/3/30

Your Name: Dong Di

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

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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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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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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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:

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Jie Tian

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

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	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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None.

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ICMJE DISCLOSURE FORM

Date: 2022/3/30

Your Name: Dong Xie

Manuscript Title: Noninvasive prediction of immune efficacy in advanced non-small cell lung cancer patients: a study combining progression-free survival risk and overall survival risk

Manuscript number (if known): _____

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