Date:17.06.2022
Vour Namer Dane

Your Name: Dongming Zhang

Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with

preexisting antinuclear antibodies

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).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

,	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
'	Support for attending	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
	pending		
)	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
l1	Stock or stock options	_XNone	
2	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	_XNone	
	financial interests		
PΙε	ease summarize the above o	onflict of interest in the fo	llowing box:
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	None.		
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	_ i certily that I have answe	ereu every question and ha	ve not altered the wording of any of the questions on
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Date:15.06.2022
Your Name: Yuequan Shi
Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with
preexisting antinuclear antibodies
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	

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,	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	Support for attending	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
	pending		
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)	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
LO	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
l1	Stock or stock options	X None	
	Stock of Stock options	_XNONE	
2	Receipt of equipment,	X None	
_	materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
L3	Other financial or non-	X None	
	financial interests		
	maneral meereses		
Pاو	ase summarize the above o	onflict of interest in the	following hox:
	None.		
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Ple	ase place an "X" next to the	e following statement to	indicate your agreement:
	_ I certify that I have answe	ered every question and	have not altered the wording of any of the questions on
	form.		

Date:16.06.2022
Your Name: Xiaoyan Liu
Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with
preexisting antinuclear antibodies
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

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,	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	Support for attending	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
	pending		
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)	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
LO	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
l1	Stock or stock options	X None	
	Stock of Stock options	_XNONE	
2	Receipt of equipment,	X None	
_	materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
L3	Other financial or non-	X None	
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Pاو	ase summarize the above o	onflict of interest in the	following hox:
	None.		
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Ple	ase place an "X" next to the	e following statement to	indicate your agreement:
	_ I certify that I have answe	ered every question and	have not altered the wording of any of the questions on
	form.		

Date:17.06.2022
Your Name: Jia Liu
Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with
preexisting antinuclear antibodies
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	

,	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
'	Support for attending	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
	pending		
)	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
l1	Stock or stock options	_XNone	
2	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	_XNone	
	financial interests		
PΙε	ease summarize the above o	onflict of interest in the fo	llowing box:
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Date:17.06.2022
Your Name: Yan Xu
Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with
preexisting antinuclear antibodies
Manuscript number (if known):

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	manuscript (e.g., funding,		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

,	Payment or honoraria for	XNone	
	lectures, presentations,		
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	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
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'	Support for attending	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
	pending		
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	Safety Monitoring Board or		
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Pate:13.06.2022
our Name: Jing Zhao
Nanuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with
reexisting antinuclear antibodies
Nanuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

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,	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	Support for attending	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
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)	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
LO	Leadership or fiduciary role	X None	
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	group, paid or unpaid		
l1	Stock or stock options	X None	
	Stock of Stock options	_XNONE	
2	Receipt of equipment,	X None	
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	writing, gifts or other		
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L3	Other financial or non-	X None	
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Pاو	ase summarize the above o	onflict of interest in the	following hox:
	None.		
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Ple	ase place an "X" next to the	e following statement to	indicate your agreement:
	_ I certify that I have answe	ered every question and	have not altered the wording of any of the questions on
	form.		

ate:15.06.2022
our Name: Wei Zhong
lanuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with
reexisting antinuclear antibodies
lanuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

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,	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	Support for attending	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
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)	Participation on a Data	X None	
	Safety Monitoring Board or		
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LO	Leadership or fiduciary role	X None	
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l1	Stock or stock options	X None	
	Stock of Stock options	_XNONE	
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Ple	ase place an "X" next to the	e following statement to	indicate your agreement:
	_ I certify that I have answe	ered every question and	have not altered the wording of any of the questions on
	form.		

Date:	June	15.	2022

Your Name: Lukas Käsmann

Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with

preexisting antinuclear antibodies

Manuscript number (if known):______

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	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	
	o lii t		
4	Consulting fees	None	

I	Payment or honoraria for lectures, presentations,	AMGEN	
	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	None	
	pending		
0	Doubieiu skieu su s Dobe	Name	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	·	None	
10		None	
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		

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

Lukas Käsmann receives honoraria from AMGEN.	

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: June 10, 2022
Your Name: Taiki Hakozaki
Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with
preexisting antinuclear antibodies

Manuscript number (if known):__

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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	None	
	processing charges, etc.)		
	No time limit for this item.		
	The time limit for this term		
		Time (m. 1994)	26
		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	Chugai Pharmaceutical	Payment for speakers bureaus
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:

Taiki Hakozaki has received personal fees from Chugai Pharmaceutical 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:	23/May	y/2022
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Your Name: Mariano Provencio

Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with

preexisting antinuclear antibodies

Manuscript number (if known):______

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	All	I	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	BMS, MSD, Lilly; AZ,	
	any entity (if not indicated	Takeda	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	BMS, MSD, Lilly; AZ, Takeda	
5	Payment or honoraria for lectures, presentations,	BMS, MSD,AZ, Takeda.	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	MSD, AZ,	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy 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	
	financial interests		

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

Dr. Provencio received consulting fees from BMS, MSD, Lilly, Takeda, Janssen. Dr Provencio received grants from BMS, Lilly, MSD and Takeda. Dr Provencio received support for attending meetings from MSD amd AZ. Dr Provencio received payment honoraria for lectures from BMS, MSD, AZ, Takeda.

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.

Date: Jur	ie 10,	2022
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Your Name: Nobuyuki Horita

Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with

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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)	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	

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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	X None	
	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-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:
N	lone.		
Plea	se place an "X" next to the	following statement to i	ndicate vour 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:	2022/	06/09
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Your Name: Nobuhiko Fukuda

Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with

preexisting antinuclear antibodies

Manuscript number (if known):______

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

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
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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,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
15	financial interests		
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Plea	ase summarize the above co	nflict of interest in the fo	llowing box:
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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.

Date:14.06.2022	
Your Name: Minijang Chen	

Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with

preexisting antinuclear antibodies

Manuscript number (if known):______

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3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

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,	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_XNone	
	testimony		
	Support for attending	_XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
	pending		
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)	Participation on a Data	X None	
	Safety Monitoring Board or		
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LO	Leadership or fiduciary role	X None	
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	committee or advocacy		
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l1	Stock or stock options	X None	
	Stock of Stock options	_XNONE	
2	Receipt of equipment,	X None	
_	materials, drugs, medical	_XNone	
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Your Name: Mengzhao Wang

Manuscript Title: Safety and efficacy of immune checkpoint inhibitors in non-small cell lung cancer patients with

preexisting antinuclear antibodies

Manuscript number (if known):

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Leadership or fiduciary role	_XNone	
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1 Stock or stock options	_XNone	
Receipt of equipment,	_XNone	
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writing, gifts or other		
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Other financial or non-	_XNone	
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