Date	e:2022/6/2	.3	
You	r Name: <u>Deping Zhao</u> _		
Mar	nuscript Title: Comparis	son of perioperative outco	omes among NSCLC patients with neoadjuvant immune
			chemotherapy alone: a real-world evidence study
	nuscript number (if known):		
In th	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
		-	ans any relation with for-profit or not-for-profit third
part	ies whose interests may be	affected by the content o	f the manuscript. Disclosure represents a commitment
•	•	•	If you are in doubt about whether to list a
	tionship/activity/interest, it	•	•
	,,,		
The	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
	nuscript only.		
The	author's relationships/activ	ities/interests should be	defined broadly. For example, if your manuscript pertains
			all relationships with manufacturers of antihypertensive
	lication, even if that medica	· ·	
	meation, even in that incarea		ine munuscript.
In it	em #1 helow report all sun	nort for the work reported	d in this manuscript without time limit. For all other items,
	time frame for disclosure is	<u> </u>	a in this manuscript without time innit. For an other items,
uie	time mame for disclosure is	the past 50 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	t 36 months

Consulting fees

	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 pending	X_None	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,	XNotie	
	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-	XNone	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the follo	wing box:
1	lone		

Payment or honoraria for

lectures, presentations,

X_None

Your	Name: Long Xu			
Vlanu	uscript Title: Comparis	son of perioperative outco	mes among NSCLC patients with neoadjuvant immune	
heck	kpoint inhibitor plus chemo	otherapy <u>,</u> EGFR-TKI, and c	hemotherapy alone: a real-world evidence study_	
	uscript number (if known):			
n the	e interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	
elate	ed to the content of your n	nanuscript. "Related" mea	ns any relation with for-profit or not-for-profit third	
arti	es whose interests may be	affected by the content o	f the manuscript. Disclosure represents a commitment	
o tra	ansparency and does not n	ecessarily indicate a bias.	If you are in doubt about whether to list a	
elati	ionship/activity/interest, i	t is preferable that you do	so.	
Γhe f	ollowing questions apply t	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
nanเ	uscript only.			
րե a	author's relationships/activ	vities/interests should be	defined broadly. For example, if your manuscript pertain	
o the	e epidemiology of hyperte	nsion, you should declare	all relationships with manufacturers of antihypertensive	
	cation, even if that medica			
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iie ti	inie tranie for disclosure is	ne for disclosure is the past 36 months. Name all entities with Specifications/Comments		
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		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	(e.g., if payments were made to you or to your institution) al planning of the work	
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	(e.g., if payments were made to you or to your institution) al planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone Time frame: pas	(e.g., if payments were made to you or to your institution) al planning of the work	
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone Time frame: pas	(e.g., if payments were made to you or to your institution) al planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone Time frame: pasXNone	(e.g., if payments were made to you or to your institution) al planning of the work	

Consulting fees

	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 pending	X_None	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,	XNotie	
	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-	XNone	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the follo	wing box:
1	lone		

Payment or honoraria for

lectures, presentations,

X_None

Date	::2022/6/2	.3	
You	· Name: <u>Junqi Wu</u>		
Mar	uscript Title: Compa	rison of perioperative out	comes among NSCLC patients with neoadjuvant immune
hec	kpoint inhibitor plus chemo	otherapy <u>,</u> EGFR-TKI, and c	hemotherapy alone: a real-world evidence study_
Иar	uscript number (if known):		
ela part o tr ela he man	ted to the content of your name ies whose interests may be ansparency and does not notionship/activity/interest, it following questions apply touscript only.	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. it is preferable that you do to the author's relationship vities/interests should be onsion, you should declare	os/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive
	em #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other item Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
			+
		Time frame-res	t 26 months
	Grants or contracts from	Time frame: pas	t 50 months
		XNone	
	any entity (if not indicated		
	in item #1 above).		
	Royalties or licenses	XNone	

Consulting fees

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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
_	5	V N	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNotie	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	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 foll	owing box:
N	lone		

Date	e:2022/6/2	3	
You	r Name: Yunlang She		
Mar	nuscript Title: Compa	rison of perioperative out	comes among NSCLC patients with neoadjuvant immune
ched	kpoint inhibitor plus chemo	otherapy <u>,</u> EGFR-TKI, and o	hemotherapy alone: a real-world evidence study_
Mar	nuscript number (if known):		
rela part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the current
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	·	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	montation,
		needed)	
		Time frame: Since the initia	al 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.		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	C 30 Months
-	any entity (if not indicated		+
	in item #1 above).		
3	Royalties or licenses	X None	

Consulting fees

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	
	meetings unit, or traver		
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-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
	lone		
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Date	e:2022/6/2	3	
You	r Name:Hang Su		
Mar	nuscript Title: Compa	rison of perioperative out	comes among NSCLC patients with neoadjuvant immune
ched	ckpoint inhibitor plus chemo	otherapy <u>,</u> EGFR-TKI, and c	hemotherapy alone: a real-world evidence study_
Mar	nuscript number (if known):		
rela part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the current
to th	-	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNotie	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	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 foll	owing box:
N	lone		

Date	2022/6/2	.5	
You	r Name: <u>Likun Hou</u>		
Mar	uscript Title:Comp	arison of perioperative ou	tcomes among NSCLC patients with neoadjuvant immun
ched	kpoint inhibitor plus chemo	otherapy, EGFR-TKI, and o	hemotherapy alone: a real-world evidence study_
Mar	nuscript number (if known):		
rela	ted to the content of your n	nanuscript. "Related" mea	relationships/activities/interests listed below that are
to tr	•	ecessarily indicate a bias.	f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other iten
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
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			al planning of the work
		Time frame: Since the initia	al 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: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNotie	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	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 foll	owing box:
N	lone		

Date	e:2022/6/2	.5	
You	r Name: <u>Haoran E</u>		
Mar	uscript Title: Compa	rison of perioperative out	comes among NSCLC patients with neoadjuvant immune
che	kpoint inhibitor plus chemo	otherapy <u>,</u> EGFR-TKI, and c	hemotherapy alone: a real-world evidence study_
Mar	uscript number (if known):		
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	em #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	X None	
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	provision of study materials,		+
	medical writing, article		+
	processing charges, etc.)		+
	No time limit for this item.		
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		Time frame-new	t 26 months
2	Cuento en contra da franca	Time frame: pas	. 56 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

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	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,	XNotie			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None				

Date	e:2022/6/2	3	
	r Name: <u>Lei Zhang</u>		
Man	uscript Title: Compa	rison of perioperative out	comes among NSCLC patients with neoadjuvant immune
chec	kpoint inhibitor plus chemo	otherapy <u>,</u> EGFR-TKI, and c	hemotherapy alone: a real-world evidence study
Man	uscript number (if known):		
relat parti to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al 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: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

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	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,	XNotie			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None				

You Ma che	Date:26 May, 2022				
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a o so.		
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to me	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. 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 initia	I 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).	AstraZeneca, BMS, MSD	Payments made to my institution for research grants		
3	Royalties or licenses	None			
1	Consulting fees	None			

Eli Lilly, Roche, Boehringer

Ingelheim, AstraZeneca,

Payments made to me

5

Payment or honoraria for

lectures, presentations,

	speakers bureaus, manuscript writing or	Pierre Fabre, AMGEN, Celgene, BMS, MSD	
	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 Safety Monitoring Board or Advisory Board	Eli Lilly, Roche, Boehringer Ingelheim, AstraZeneca, Pierre Fabre, BMS, MSD, Novartis, Merck, Otsuka, Novartis, Takeda	Payments made to me for advisory boards
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		

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

Advisory Role: Ad Hoc Advisory Boards/Consultations (last 3 years)

Eli Lilly, Roche, Boehringer Ingelheim, AstraZeneca, Pierre Fabre, BMS, MSD, Novartis, Merck, Otsuka, Novartis,

Takeda

Honoraria: Seminar/Talks to Industry (last 3 years)

Eli Lilly, Roche, Boehringer Ingelheim, AstraZeneca, Pierre Fabre, AMGEN, Celgene, BMS, MSD

Research Funding (last 3 years)

AstraZeneca, BMS, MSD

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

Date:5/30/22
Your Name:Melanie Subramanian MD, MPHS
Manuscript Title: Comparison of perioperative outcomes among NSCLC patients with neoadjuvant immune
checkpoint inhibitor plus chemotherapy, EGFR-TKI, and chemotherapy alone: a real-world evidence study_
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.

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.	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	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		
	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	
13	financial interests	xNone	
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	Pase summarize the above o	onflict of interest in the	following box:

	, 2022 ıy W. Kim
	
Manuscript Title:	<u>Comparison of perioperative outcomes</u> among NSCLC patients with neoadjuvant immune
checkpoint inhibitor	olus chemotherapy_EGFR-TKI, and chemotherapy alone: a real-world evidence study_
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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	x _None		
	testimony			
7	Support for attending meetings and/or travel	None	Roche Genentech	
	ğ ,		Medtronic	
8	Patents planned, issued or	xNone		
	pending	-		
9	Participation on a Data	None	Roche Genentech	
	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		
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12	Receipt of equipment,	x _None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	xNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

AK received support from Roche Genentech and Medtronic and serves as Advisory Board for neoadjuvant
immunotherapy trials for Roche Genentech.

V	e:2022/6/2	3	
You	Name:Yuming Zhu_		
Man	uscript Title: Compari	son of perioperative outc	omes among NSCLC patients with neoadjuvant immune
chec	kpoint inhibitor plus chemo	otherapy <u>,</u> EGFR-TKI, and o	chemotherapy alone: a real-world evidence study
Man	uscript number (if known):		
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Consulting fees

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	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,	XNotie			
	committee or advocacy				
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12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				
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	e:2022/6/2	3	
You	r Name: Chang Chen_		
Mar	nuscript Title: Compa	rison of perioperative out	tcomes among NSCLC patients with neoadjuvant immune
che	kpoint inhibitor plus chemo	otherapy <u>,</u> EGFR-TKI, and	chemotherapy alone: a real-world evidence study
Mar	nuscript number (if known):		
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8	Patents planned, issued or	XNone			
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9	Participation on a Data	XNone			
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