Date	e:2022/6/2	3	
	r Name: Jianch		
	nuscript Title: Expert co nuscript number (if known):		e treatment for non-small cell lung cancer
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	following questions apply touscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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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 items,
		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 initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone	
	No time limit for this item.		
2	Grants or contracts from	Time frame: pas X None	st 36 months
۷	any entity (if not indicated	^_None	
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

_X__None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:			

None		

Date	e:2022/6/2	3	
Your	Name: Fengy	wei Tan	
Man	uscript Title: Expert co	nsensus on perioperative	treatment for non-small cell lung cancer
	uscript number (if known):		
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		needed) Time frame: Since the initia	Inlanning of the work
1	All support for the present	X None	planning of the work
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	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	XNone	
	any entity (if not indicated		
2	in item #1 above). Royalties or licenses	V None	
3	noyalties of licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:			

None		

Date:	_2022/6/23	
Your Name:	Nan Bi	
Manuscript Title:	_ Expert consensu	is on perioperative treatment for non-small cell lung cancer
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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:			

None		

Date:	2022/6/23
	Chun Chen
Manuscript Title:	Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number	r (if known):
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8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:			

None		

Date:	2022/6/23
Your Name:	Ke-Neng Chen
Manuscript Title:	Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number	r (if known):
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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
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1	All support for the present	XNone	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:			

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Date:	2022/6/23					
Your Name:	Ying Cheng					
	Nanuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer Nanuscript number (if known):					
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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

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8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:			

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Date:	2022/6/23	
Your Name:	Qian Chu	
		us on perioperative treatment for non-small cell lung cancer
Manuscript numbe	r (if known):	
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		ript. "Related" means any relation with for-profit or not-for-profit third
•	•	ed by the content of the manuscript. Disclosure represents a commitment
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Please summarize the above conflict of interest in the following box:				

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Date:	2022/6/23	
Your Name:	Di Ge	
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parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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processing	medical writing, article processing charges, etc.) No time limit for this item.		
		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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
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11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Please summarize the above conflict of interest in the following box:				

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Date:	2022/6/23	
		on perioperative treatment for non-small cell lung cancer
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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Please summarize the above conflict of interest in the following box:				

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Date	e:2022/6/2	3	
You	Name:Yunch	ao Huang	
	uscript Title: Expert co uscript number (if known):		treatment for non-small cell lung cancer
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	No time limit for this item.		
2	Grants or contracts from	Time frame: pas X None	st 36 months
_	any entity (if not indicated		
3	in item #1 above). Royalties or licenses	XNone	

Consulting fees

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				

None		

Date:	2022/6/2	3	
	me: Tao Ji		
Manusci	ript Title: Expert co	nsensus on perioperative	treatment for non-small cell lung cancer
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		relationship or indicate	institution)
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4 Con	nsulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
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Date	e:2022/6/2	.3	
	nuscript Title: Expert co nuscript number (if known):		treatment for non-small cell lung cancer
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to th med In ite	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare ition is not mentioned in t port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
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13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			

None		

Date:_	2022/6/2	3	
Your N	ame: You L	u	
Manus	cript Title: Expert co	nsensus on perioperative	treatment for non-small cell lung cancer
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		relationship or indicate	institution)
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		needed)	
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4 Cc	onsulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			

None		

Date	e:2022/6/2	:3	
You	r Name: Meiq	i Shi	
Mar	nuscript Title: Expert co	onsensus on perioperative	treatment for non-small cell lung cancer
	nuscript number (if known):		
rela	ted to the content of your n	nanuscript. "Related" mea	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment
	ansparency and does not n tionship/activity/interest, it		If you are in doubt about whether to list a so.
	following questions apply t uscript 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	-	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	l 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.		
		T: C	26
2	Cuanta au contina eta fira ira	Time frame: past	136 Months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	Y None	
3	noyalties of licerises	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			

None		

Date	e:2022/6/2	23	
Man	nuscript Title: Expert co	onsensus on perioperative	treatment for non-small cell lung cancer
	nuscript number (if known):		
relat part to tr	ted to the content of your n ies whose interests may be ransparency and does not n	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do	so.
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th	- ·	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup time frame for disclosure is		l 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	l 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 innit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
9	no junios or neclises		
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				

None		

Date	e:2022/6/2	.3	
You	r Name: Qimiı	ng Wang	
			treatment for non-small cell lung cancer
	uscript number (if known):		
relat 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 of the manuscript. Disclosure represents a commitment lf you are in doubt about whether to list a so.
	following questions apply t uscript only.	o the author's relationship	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 items
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	al 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: pas	t 36 months
2	Grants or contracts from	XNone	- To months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
Δ	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				

None		

Date:	2022/6/2	3	
		nsensus on perioperative	e treatment for non-small cell lung cancer
related to the c parties whose i to transparency relationship/ac The following q	ontent of your n nterests may be and does not no tivity/interest, it uestions apply t	nanuscript. "Related" me affected by the content o ecessarily indicate a bias. is preferable that you do	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 If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current
manuscript only	<u>γ</u> .		
to the epidemic	ology of hyperte		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
		port for the work reporte the past 36 months.	d in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
manuscript provision of medical wri	for the present (e.g., funding, f study materials, iting, article charges, etc.) nit for this item.	XNone	
		Time frame: pa	st 36 months
any entity (in item #1 a		XNone	
3 Royalties or	rlicenses	XNone	
4 Consulting	fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				

None		

Date:	2022/6/23
	Nong Yang
	Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript numb	er (if known):
related to the con parties whose into to transparency a	transparency, we ask you to disclose all relationships/activities/interests listed below that are tent of your manuscript. "Related" means any relation with for-profit or not-for-profit third erests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a ity/interest, it is preferable that you do so.
The following que manuscript only.	stions apply to the author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiolo	ionships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains gy of hypertension, you should declare all relationships with manufacturers of antihypertensive if that medication is not mentioned in the manuscript.
	report all support for the work reported in this manuscript without time limit. For all other items, r 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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone					
6	Payment for expert testimony	XNone					
7	Support for attending meetings and/or travel	XNone					
8	Patents planned, issued or pending	XNone					
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone					
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone					
11	Stock or stock options	XNone					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone					
13	Other financial or non- financial interests	XNone					
Please summarize the above conflict of interest in the following box:							

None			

Date:	2022/6/23	
Manuscript Title:	Expert consens	us on perioperative treatment for non-small cell lung cancer
Manuscript numbe	r (if known):	
In the interest of tr	ansparency, we asl	you to disclose all relationships/activities/interests listed below that are
related to the cont	ent of your manusc	ript. "Related" means any relation with for-profit or not-for-profit third
parties whose inter	rests may be affect	ed by the content of the manuscript. Disclosure represents a commitment
to transparency an	d does not necessa	rily indicate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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.

		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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				

None		

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

Date	e:2022/6/	23	
	r Name: Jiann		
	nuscript Title: Expert c nuscript number (if known)		treatment for non-small cell lung cancer
rela part to ti	ted to the content of your lies whose interests may be	manuscript. "Related" mea 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 if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to tl		ension, 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 items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone	
	No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	at 36 months

3

4

Royalties or licenses

Consulting fees

_X__None

_X__None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				

None		

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

Date:	2022/6/23	
Manuscript Title:	Expert consensus on peri	ioperative treatment for non-small cell lung cancer
Manuscript number	r (if known):	
In the interest of tra	ansparency, we ask you to d	lisclose all relationships/activities/interests listed below that are
related to the conte	ent of your manuscript. "Rel	lated" means any relation with for-profit or not-for-profit third
parties whose inter	ests may be affected by the	content of the manuscript. Disclosure represents a commitment
to transparency and	d does not necessarily indica	ate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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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,	XNone	
	medical writing, article processing charges, etc.) No time limit for this item.		
		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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				

None		

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

Date:	2022/6/23
Your Name:	Qing Zhou
Manuscript Title:	Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number	r (if known):
	ansparency, we ask you to disclose all relationships/activities/interests listed below that are
	ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitmen

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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 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.

		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	

5	Payment or honoraria for	None				
	lectures, presentations,	AstraZeneca, Boehringer	Lecture and presentations fees to myself			
	speakers bureaus,	Ingelheim, BMS,				
	manuscript writing or	Eli Lilly, MSD, Pfizer,				
	educational events	Roche, and Sanofi				
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	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					
Diaa		Discourant and the characteristic of interest in the fall and a hour				

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

re and presentations fees to myself from AstraZeneca, Boehringer Ingelheim, anofi.	BMS,Eli Lilly, MSD, Pfizer, Roche,

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

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

Date	e:2022/6/2	3	
You	r Name: Qingl	nua Zhou	
Mar	nuscript Title: Expert co	onsensus on perioperative	treatment for non-small cell lung cancer
Mar	nuscript number (if known):		
relat part to tr	ted to the content of your n ies whose interests may be ransparency and does not n	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns 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
rela	tionship/activity/interest, it	is preferable that you do	so.
	following questions apply t nuscript 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	= = = = = = = = = = = = = = = = = = = =	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	l 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 innit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	- 30 months
۷.	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
J	no junios or neclises		
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			

None		

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

Date: 06/05/2022
Your Name: Stefano Bongiolatti
Manuscript Expert consensus on perioperative treatment for non-small cell lung cancer
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</u> <u>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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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,	None		
	speakers bureaus, manuscript writing or 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	None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	None		
10	in other board, society,	None		
	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			
Plea	Please summarize the above conflict of interest in the following box:			

None.		

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

Date:3 May 2022
Your Name: Alessandro Brunelli
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	Advisory Board consulting feee	Astra Zeneca, BD, Ethicon, Medtronic, Roche

lectures, presentations, speakers bureaus, manuscript writing or educational events None	5	Payment or honoraria for	Medela, Ethicon	
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests None			,	
educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests None None				
None				
testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options President of European Society of Thoracic Surgeons None None				
Support for attending meetings and/or travel None	6	•	None	
meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None		testimony		
meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None				
Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Astra Zeneca, BD, Ethicon, Medtronic, Roche President of European Society of Thoracic Surgeons President of European Society of Thoracic Surgeons Pone None None None None None None None None None	7		None	
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9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Astra Zeneca, BD, Ethicon, Medtronic, Roche President of European Society of Thoracic Surgeons President of European Society of Thoracic Surgeons Pone None None None None	8	Patents planned, issued or	None	
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Medtronic, Roche President of European Society of Thoracic Surgeons None Society of Thoracic Surgeons None None None None None None None None		pending		
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Medtronic, Roche President of European Society of Thoracic Surgeons None Society of Thoracic Surgeons None None None None None None None None				
Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests President of European Society of Thoracic Surgeons None None None None None None None None None	9			
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests 14 Leadership or fiduciary role in other services 15 Leadership or fiduciary role in other services 16 President of European Society of Thoracic Surgeons 17 None 18 None 19 None 10 None 10 None			Wicdironic, Nocife	
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group, paid or unpaid 11 Stock or stock options None None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None None				
11 Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None None		committee or advocacy	Surgeons	
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None		group, paid or unpaid		
12 Receipt of equipment,None				
materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests	11	Stock or stock options	None	
materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests				
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financial interests				
	13		None	
		financial interests		
· · · · · · · · · · · · · · · · · · ·				
Please summarize the above conflict of interest in the following box:	DI -		auflick of interest in the fel	laudas hau

consulting fees as an Advisory Board with Astra Zeneca, BD, Ethicon, Medtronic, Roche, and is opean Society of Thoracic Surgeons.

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

Date: 02-06.2022

Your Name: Alfonso Fiorelli

Manuscript Title: "Expert Consensus on perioperative treatment for non-small cell lung cancer"

Manuscript number (if known): not available

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</u> <u>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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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 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	
Plea	se summarize the above co	nflict of interest in the follo	owing box:
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:	2022/6/6
Your Name:	Elisa Gobbini
Manuscript Title:	Expert Consensus on perioperative treatment for non-small cell lung cancer
Manuscript number	r (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.

		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)
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.	Time frame: Since the initialXNone	planning of the work
		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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Plea	se summarize the above co	nflict of interest in the follo	wing box:

None		

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

Your Name:CESARE GRIDELLI
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
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</u> <u>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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	

	Caraciliantes	Managini Basha	T
4	Consulting fees	Menarini, Roche, Karyopharm, Amgen, MSD	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Menarini, Roche, Eli Lilly, Boehringer, Amgen, Pfizer, Novartis, MSD, BMS, Astra Zeneca, Takeda, Novartis, GSK,.	To me
_	Down ant for own art	Nana	
6	Payment for expert	None	
	testimony		
_	6		
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	Roche, Eli Lilly, Boehringer, Amgen, Pfizer, Novartis, MSD, Takeda, Novartis, GSK,.	
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:

Honoraria as speaker bureau or advisory board member or consultant for Menarini, Roche, Eli Lilly, Boehringer, Amgen, Pfizer, Novartis, MSD, BMS, Astra Zeneca, Takeda, Novartis, GSK, Karyopharm

Please pl	lace an ")	X" next to the	following	g statement to	indicate v	your a	greement:
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Con falle.

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

Date	e:	2/1/2022	
Your Name:		Thomas John	
Manuscript Title:		Long-term efficacy and safety of e lung cancer	trectinib in ROS1 fusion-positive non-small cell
Mar	nuscript Number (if known)	N/A	
con affe	tent of your manuscript. "F cted by the content of the i	elated" means any relation with for-profit nanuscript. Disclosure represents a comm	vities/interests listed below that are related to the or not-for-profit third parties whose interests may be the timent to transparency and does not necessarily vity/interest, it is preferable that you do so.
epic		ou should declare all relationships with m	For example, if your manuscript pertains to the inufacturers of antihypertensive medication, even if
	em #1 below, report all sup ne for disclosure is the past		ot without time limit. For all other items, the time
		all entities with whom you have this	Specifications/Comments (e.g., if payments were
	relation	nship or indicate none (add rows as need	ed) made to you or to your institution)
	relati	nship or indicate none (add rows as need) Time frame: Since the initial plan	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,		
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial plan	Click the tab key to add additional rows.
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial plan	Click the tab key to add additional rows.

1 12/13/2021 ICMIF Disclosure Form

3

Royalties or

licenses

⊠ None

		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)
4	Consulting fees	□ None	
		Roche Merck MSD Puma	Personal and Institution Personal Institution Institutional Institutional
		AstraZeneca BMS Amgen Gilead	Personal Institutional Personal
		Specialised Therapeutics	Personal
5	Payment or honoraria for	⊠ None	
	lectures, presentations,	AstraZeneca	Personal
	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 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	None	

		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)
	advocacy group, paid or unpaid		
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	
		Dr John has received consulting fees from Roc Amgen, Gilead, Specialised Therapeutics.	che, Merck, MSD, Puma, AstraZeneca, BMS,
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	nt:
\boxtimes	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

3 12/13/2021 ICMIF Disclosure Form

Date:	3 rd -June- 2022		
Your Name:_	Jae- Jun Kim		
Manuscript T	itle: Expert Consensus on	perioperative treatment for non-small cell lung can	cer
Manuscript n	umber (if known <u>):</u>		

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</u> <u>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.

		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	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 Payment for expert	None	
0	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:

I do not have any conflict of interest.	

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:	_2022/6/12
Your Name:	Steven H. Lin
Manuscript Title:	_ Expert consensus on the whole process management for stage IB-IIIA non-small cell lung
cancer	
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.

		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	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	XNone	
	any entity (if not indicated		
	in item #1 above).		
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	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	
4.0		V N	
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 fo	llowing box:

None		

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

Date:	2022/6/7	
Your Name:	Giulio Metro	
Manuscript Title:	Expert Consensus on p	perioperative treatment for non-small cell lung cancer
Manuscript numbe	r (if known):	
related to the conto parties whose inter to transparency and	ent of your manuscript. "I ests may be affected by t	to disclose all relationships/activities/interests listed below that a 'Related" means any relation with for-profit or not-for-profit third the content of the manuscript. Disclosure represents a commitme dicate a bias. If you are in doubt about whether to list a e that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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.

		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,	XNone			
	medical writing, article processing charges, etc.) No time limit for this item.				
	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			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Plea	se summarize the above co	nflict of interest in the follo	wing box:

None		

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

Date: 1st June 2022

N N	our Name: Fabrizio Minervini Ianuscript Title:Expert consensus on perioperative treatment for non-small cell lung cancer Ianuscript number (if nown):						
li ron protei li Tton too li li	sted elated ot-fo arties epres o trar st a r he fo o the nanus o the f anti n iten mit.	below that are d to the content of your man r-profit third s whose interests may be af- sents a commitment asparency and does not nece elationship/activity/interest llowing questions apply to t current script only. athor's relationships/activiti script pertains epidemiology of hypertensi ihypertensive medication, e	nuscript. "Related" means a fected by the content of the essarily indicate a bias. If y t, it is preferable that you on the author's relationships/a es/interests should be define on, you should declare all a ven if that medication is no	ou are in doubt about whether to			
			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 frai	me: Since the initial planning	of the work			
	1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone				
		processing charges, etc.) No time limit for this item.					

		Time frame: past 36 months	S
2	Grants or contracts from any	_XNone	
	entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
O	testimony	XNotie	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_XNone	
	Po.136		
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		

	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	None	
Please	summarize the above conf	lict of interest in the follow	ring box:
No	conflict of inter	ests	
Please	e place an "X" next to the fo	llowing statement to indica	ate your agreement:
the qu	I certify that I have answere lestions on this orm.	ed every question and have	not altered the wording of any of

_X___None

Leadership or fiduciary role in other board, society,

Date:June 4 th , 2022
Your Name:Nuria M. Novoa
Manuscript Title:Expert consensus on perioperative treatment for non-small cell lung cancer
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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10		NI.	
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	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dla	ase summarize the above o	onflict of interest in the	following hov:

None		

_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 9 2022	
Your Name:Dwight H Owen	
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer	
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</u> <u>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.

		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	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 any entity (if not indicated in item #1 above).	Genentech	Research funding to institution
		BMS	Research funding to institution
		Merck	Research funding to institution
		Palobiofarma	Research funding to institution
		Onc.Al	Research funding to institution
		Pfizer	Research funding to institution
3	Royalties or licenses	xNone	

4	Consulting fees	xNone		
5	Payment or honoraria for	x None		
5	lectures, presentations,	xnone		
	speakers bureaus,			
	manuscript writing or			
-	educational events	Mana		
6	Payment for expert testimony	xNone		
	testimony			
7	Support for attending	xNone		
	meetings and/or travel			
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	x None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	x None		
11	Stock of Stock Options	^_NOTIE		
12	Receipt of equipment,	xNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	_xNone		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

Dr. Owen reports research funding (to institution) from Genentech, BMS, Merck, Pfizer, Palobiofarma, and Onc. Al.

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:04/05/2022
Your Name:_Maria Rodriguez
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer
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</u> <u>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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	Astrazeneca	
,	lectures, presentations,	Abex/Intuitive	
	speakers bureaus,	Abex/ilituitive	
	manuscript writing or		
	educational events		
6	Payment for expert	Astrazeneca	
0	testimony	Abex	
	testimony	Abex	
-	Constant Constant Constant	A1 .	
7	Support for attending	Abex	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	,		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of stock options	None	
12	Descript of a suring sout	N. a. a. a.	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	Nana	
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	ollowing box:

I have received honoraria for lectures and expert meetings from Astrazeneca I have received honoraria for lectures and expert meetings as well as travel expenses from Abex

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:	2022/6/12
Your Name:	Ichiro Sakanoue
Manuscript Title:	_ Expert consensus on the whole process management for stage IB-IIIA non-small cell lung
cancer	
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.

		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	

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 meetings and/or travel	XNone			
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				
Dlas	se summarize the above co	Please summarize the above conflict of interest in the following boy:			

None		

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

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

Date: 26 April 2022	
Your Name: Marco SCarci	
Manuscript Title: Expert consensus on perioperative treatment for non-small cell lung cancer	
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</u> <u>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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
_			planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	No time initiation 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	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	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	None	
	Safety Monitoring Board or		
	Advisory Board		
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		

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:May 7, 2022				
Your Name:	Kenichi Suda			
Manuscript Title:	Expert consensus on perioperative treatment for non-small cell lung cancer			
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</u> <u>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.

		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	None	
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer-Ingelheim	Grants through my institution
3	Royalties or licenses	None	
4	Consulting fees	AstraZeneca	

5	Payment or honoraria for	Chugai
	lectures, presentations,	Taiho
	speakers bureaus,	AstraZeneca
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	None
0	pending	None
	periumg	
9	Participation on a Data	None
9	Safety Monitoring Board or	Notice
	Advisory Board	
10	Leadership or fiduciary role	None
10		None
	in other board, society,	
	committee or advocacy	
1.1	group, paid or unpaid	No.
11	Stock or stock options	None
10		
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
12	services	No.
13	Other financial or non-	None
	financial interests	
_		

d a research grant from Boehringer-Ingelheim, through Kindai University Faculty of Medicine, hag fees from AstraZeneca, and has received honoraria from Chugai, Taiho, and AstraZeneca.

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:09/06/2022	
	Tabbò
	Expert consensus on perioperative treatment for non-small cell lung cancer
Manuscript number (if k	nown):
related to the content of	rency, we ask you to disclose all relationships/activities/interests listed below that are your manuscript. "Related" means any relation with for-profit or not-for-profit third have be affected by the content of the manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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 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.

		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.	x_None	
		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	

5	Payment or honoraria for	None	
	lectures, presentations,	AstraZeneca	
	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	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Descint of any invest	y Nene	
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		
	3000		

Speaker bureau: AstraZeneca		

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:	06 MAY 2022			
Your Name:	TAM CHI CHUN TERENCE			
Manuscript Title:	Expert consensus on perioperative treatment for non-small cell lung cancer			
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ <u>✓_</u> None	
3	Royalties or licenses	_ <u>√</u> None	
4	Consulting fees	None	

5	Payment or honoraria for	_ ✓ _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	_ <u>✓_</u> None	
8	Patents planned, issued or	_ ✓ None	
	pending		
9	Participation on a Data	<u></u> ✓_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u></u> ✓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		

I HAVE NO CONFLICT OF INTEREST TO DECLARE	

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: May 5 th 2022
Your Name: Masanori Tsuchida
Manuscript Title: an Expert Consensus on "perioperative treatment for non-small cell lung cancer."
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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	X_None	
		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	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	X_None	
	manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Constant Constant Pro-	V N	
/	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
10	Advisory Board	V Nove	
10	Leadership or fiduciary role in other board, society,	X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

I have no conflict of interest to disclose with respect to this manuscript.		

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	e:2022/6/1	·	
You	r Name:JUNJI	UCHINO	
Mar	nuscript Title: Expert Co	onsensus on perioperative	treatment for non-small cell lung cancer
Mar	nuscript number (if known):		
rela part to to rela The mar	ted to the content of your name ies whose interests may be ransparency and does not not ionship/activity/interest, it following questions apply the content only.	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do o the author's relationship vities/interests should be	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. ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
In it	dication, even if that medica em #1 below, report all sup time frame for disclosure is	port for the work reported	he manuscript. d in this manuscript without time limit. For all other items
		No. of the state of the	
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your
		none (add rows as	institution)
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	None	,
_	manuscript (e.g., funding,	None	
	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	None None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
3	Noyalties of licelises	None	
4	Consulting fees	None	

None

5

	Payment or honoraria for lectures, presentations, 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			_	
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy	None		_	
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical	None		_	
	writing, gifts or other services				
13	Other financial or non-	None			
	financial interests				
	Please summarize the above conflict of interest in the following box: None.				
- 1					

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

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

Date: 06/05/2022
Your Name: Luca Voltolini
Manuscript Expert consensus on perioperative treatment for non-small cell lung cancer
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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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	
2	Grants or contracts from	Time frame: pastNone	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	NoneNone	
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	

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:	2022/6/2	3	
		nsensus on perioperative	e treatment for non-small cell lung cancer
related to the parties whose to transparen relationship/a The following manuscript or The author's relation to the epidem medication, e	e content of your ne interests may be cy and does not ne activity/interest, it questions apply to complete the cy and does not ne activity/interest, it questions apply to complete the cy and cy and cy and cy are all sup ow, report all sup	nanuscript. "Related" me affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship wities/interests should be nsion, you should declare tion is not mentioned in	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 initi	al planning of the work
manuscrij provision medical w processin	rt for the present pt (e.g., funding, of study materials, vriting, article g charges, etc.) imit for this item.	XNone	
		Time frame: pas	st 36 months
any entity in item #1	contracts from (if not indicated above). or licenses	XNone	
4 Consulting	g fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None			

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

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

Date	e:2022/6/2	.3	
Your	Name: Shuge	eng Gao	
Man	uscript Title: Expert co	onsensus on perioperativ	e treatment for non-small cell lung cancer
	uscript number (if known):		
relat parti to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" me affected by the content ecessarily indicate a bias	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
The			ips/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	= = = = = = = = = = = = = = = = = = = =	ed 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 init	ial 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: pa	st 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).	_	
3	Royalties or licenses	XNone	
1	Consulting fees	X None	
4	Consulting lees	i x ivone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None			

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

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