

ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Hongsheng Deng
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months			
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Please summarize the above conflict of interest in the following box:

None.

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ICMJE DISCLOSURE FORM

Date: 2022/08/18

Your Name: Hengrui Liang

Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Jiawei Chen
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Wei Wang
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Jianfu Li
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Shan Xiong
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
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ICMJE DISCLOSURE FORM

Date: 2022/08/18

Your Name: Bo Cheng

Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis

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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Caichen Li
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Zhuxing Chen
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Haixuan Wang
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

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

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

ICMJE DISCLOSURE FORM

Date: 2022/08/18

Your Name: Jianqi Zheng

Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Zhuoxuan Guo
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Jianxing He
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/08/18
 Your Name: Wenhua Liang
 Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical outcomes, Optimal cycle, and Peripheral immune markers analysis
 Manuscript number (if known): _____

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