Da	te:2022/08/18		
	ur Name:Hongsheng D	<del></del>	
Ma	anuscript Title: Preopera	ative immunochemotherap	y for locally advanced non-small cell lung cancer: Clinical
		-	rs analysis
Ma	anuscript number (if known	):	
rel to rel Th <u>ma</u>	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply muscript only.	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationships."	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript of the manuscript about whether to list a poso.  It you are in doubt about whether to list a poso.  It you are in doubt about whether to the current of the curr
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		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	l planning of the work
L	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
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

\_None

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	X	
	testimony		
7	Support for attending	X None	
7		XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	X	
	Advisory Board		
10	•	V. None	
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		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
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	None.		
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Da	te:2022/08/18		
	ur Name: Hengrui Lian		
Ma	anuscript Title: Preopera	tive immunochemothera	py for locally advanced non-small cell lung cancer: Clinical
ou	tcomes, Optimal cycle, and	Peripheral immune marke	ers analysis
Ma	anuscript number (if known	):	
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tne	e time frame for disclosure i	Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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L	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.		
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		Time frame: pas	at 36 months
)	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

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Consulting fees

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
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7	Support for attending	X None	
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	meetings and/or travel		
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		
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Da	te:2022/08/18		
	ur Name:Jiawei Chen		
Ma	anuscript Title: Preopera	tive immunochemothera	py for locally advanced non-small cell lung cancer: Clinical
			ers analysis
Ma	anuscript number (if known)	):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		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)
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		needed)	
		Time frame: Since the initia	al planning of the work
L	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials, medical writing, article		
	provision of study materials, medical writing, article processing charges, etc.)		
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3	provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	XNone	at 36 months

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Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	X	
	testimony		
7	Support for attending	X None	
7		XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	X	
	Advisory Board		
10	•	V. None	
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		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
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	None.		
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Da	te:2022/08/18					
	ur Name:Wei Wang					
Ma	anuscript Title: Preopera	ative immunochemotherap	y for locally advanced non-small cell lung cancer: Clinical			
ou	outcomes, Optimal cycle, and Peripheral immune markers analysis					
Ma	anuscript number (if known	):				
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	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current			
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.			
	item #1 below, report all su e time frame for disclosure		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)			
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		needed)				
		Time frame: Since the initia	l planning of the work			
L	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.					
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2	Grants or contracts from	XNone				
	any entity (if not indicated in item #1 above).					
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Consulting fees

5	Payment or honoraria for	XNone	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
9		XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		
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Da	te:2022/08/18		
	ur Name:Jianfu Li		
			py for locally advanced non-small cell lung cancer: Clinical
			ers analysis
Ma	anuscript number (if known)	):	
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	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other items,
	· -	s the past 36 months.	
	· -	s the past 36 months.  Name all entities with	Specifications/Comments
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	All support for the present manuscript (e.g., funding,	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)
	All support for the present manuscript (e.g., funding, provision of study materials,	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)
	All support for the present manuscript (e.g., funding,	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)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	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)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
	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.  Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
	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.  Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
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	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.  Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work

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Consulting fees

5	Payment or honoraria for	X None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
U	testimony	None	
	testimony		
7	Commont for attending	V. Nana	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		
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Da	te:2	2022/08/18				
Ma	Manuscript Title: Preoperative immunochemotherapy for locally advanced non-small cell lung cancer: Clinical					
ou	outcomes, Optimal cycle, and Peripheral immune markers analysis					
Ma	anuscript nu	ımber (if known)	<b>:</b>			
rel pa to	ated to the rties whose transparend	content of your interests may be cy and does not i	manuscript. "Related" mea e affected by the content o	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 so.		
	e following anuscript on		to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to	the epidem	iology of hyperte		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.		
		-	pport for the work reporte s 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	(e.g., if payments were made to you or to your		
			relationship or indicate	institution)		
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			Time frame: Since the initia	planning of the work		
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	-	f study materials,				
	medical wri	ting, article charges, etc.)				
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			Time frame: past	36 months		
)	Grants or co	ontracts from	X None			
		if not indicated				
	in item #1 a					
3	Royalties or	licenses	XNone			

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Consulting fees

5	Payment or honoraria for	X None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6		V None	
6	Payment for expert	XNone	
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7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
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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	X None	
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12	Receipt of equipment,	X None	
12	materials, drugs, medical	^None	
	writing, gifts or other		
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13	Other financial or non-	X None	
13	financial interests	XNONE	
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### ICMIE DISCLOSTIDE EODM

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments  (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
U	testimony	None	
	testimony		
7	Commont for attending	V. Nana	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		
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Da	te:2022/08/18		
	ur Name:Caichen Li		
			py for locally advanced non-small cell lung cancer: Clinical
			ers analysis
M	anuscript number (if known)	):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		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	, and the second
		needed)	
		Time frame: Since the initial	al planning of the work
L	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.		
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	any entity (if not indicated in item #1 above).		
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Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
U		XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10		V. Name	
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services	., .,	
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None		
	None.		
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	te:2022/08/18				
Yo	ur Name:Zhuxing Chen				
Ma	anuscript Title: Preopera	tive immunochemothera	by for locally advanced non-small cell lung cancer: Clinical	I	
ou	tcomes, Optimal cycle, and	Peripheral immune marke	ers analysis		
Ma	anuscript number (if known)	):			
rel pa to rel Th ma	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	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		whom you have this relationship or indicate			
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1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)		
l	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution)  al planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the inition of the initial of the inition of the ini	(e.g., if payments were made to you or to your institution)  al planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the inition of the initial of the inition of the ini	(e.g., if payments were made to you or to your institution)  al planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the inition of the initial of the inition of the ini	(e.g., if payments were made to you or to your institution)  al planning of the work		
11	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the inition of the initial of the inition of the ini	(e.g., if payments were made to you or to your institution)  al planning of the work		

Consulting fees

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\_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	X	
	testimony		
7	Support for attending	X None	
7		XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	X	
	Advisory Board		
10	•	V. None	
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		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
_			
	None.		
	•		

ite:2022/08/18		
ur Name: Haixuan War	ng	
anuscript Title: Preopera	tive immunochemotherap	y for locally advanced non-small cell lung cancer: Clinical
tcomes, Optimal cycle, and	Peripheral immune marker	rs analysis
anuscript number (if known)	):	
rties whose interests may be transparency and does not lationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act the epidemiology of hypertedication, even if that medicitem #1 below, report all su	manuscript. "Related" means affected by the content of the author's relationshif ivities/interests should be the content of th	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  defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
e time traine for disclosure i	Name all entities with	Specifications/Comments
	whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		planning of the work
All support for the present		- Premissing of the stork
	XNone	
medical writing, article		
processing charges, etc.)		
No time limit for this item.		
	Time frame: past	36 months
	XNone	
III Item #1 above).		
Davakiaa au lierussa	V Name	
Royalties or licenses	XNone	
Royalties or licenses	XNone	
	anuscript Title: Preoperationes, Optimal cycle, and anuscript number (if known) the interest of transparency lated to the content of your arties whose interests may be transparency and does not lationship/activity/interest, are following questions apply anuscript only.  The author's relationships/act the epidemiology of hypertedication, even if that medic item #1 below, report all sure time frame for disclosure if the time frame for disclosure if the manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	the interest of transparency, we ask you to disclose all lated to the content of your manuscript. "Related" meant item whose interests may be affected by the content of transparency and does not necessarily indicate a bias. Illationship/activity/interest, it is preferable that you do not necessarily indicate a bias. Illationship/activity/interest, it is preferable that you do not need following questions apply to the author's relationship anuscript only.  The author's relationships/activities/interests should be the epidemiology of hypertension, you should declare edication, even if that medication is not mentioned in the item #1 below, report all support for the work reported 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)  Time frame: Since the initia  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: past  Grants or contracts from any entity (if not indicated)  Time frame: past

	,		<del>_</del>
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony	XNone	
	testimony		
7	Support for attending	X None	
,	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	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
- ום	ease summarize the above c	anflict of interact in the fe	llowing hove
PIE	case summanze the above c		mowing box.
	None.		

Da	te:2022/08/18		
	ur Name: Jianqi Zheng		
Ma	nuscript Title: Preopera	ative immunochemothera	py for locally advanced non-small cell lung cancer: Clinical
out	tcomes, Optimal cycle, and	Peripheral immune marke	ers analysis
Ma	nuscript number (if known	):	
relapanto in relations in the interest in the	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, at following questions apply anuscript only.  The author's relationships/active epidemiology of hypertedication, even if that medicatem #1 below, report all sufficients.	manuscript. "Related" me be affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh tivities/interests should be tension, you should declar cation is not mentioned in	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
the	e time frame for disclosure	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed) Time frame: Since the initia	al planning of the work
	All support for the present	X None	ar planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
<u>'</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
}	Royalties or licenses	XNone	

\_None

Consulting fees

5	Payment or honoraria for	X None	
3	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	testimon,		
7	Support for attending	X None	
•	meetings and/or travel		
	meetings and, or traver		
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8	Patents planned, issued or	XNone	
	pending		
0	Pauli dia dia mana and a Data	V. Name	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. None	
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
_			1
	None.		

Da	te:2022/08/18				
	ur Name:Zhuoxuan Gu				
Ma	anuscript Title: Preopera	tive immunochemothera	by for locally advanced non-small cell lung cancer: Clinica	al	
ou	tcomes, Optimal cycle, and	Peripheral immune marke	ers analysis		
Ma	anuscript number (if known)	:			
rel pa to rel Th ma	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	Specifications/Comments		
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)		
		none (add rows as	institution)		
		needed)			
		Time frame: Since the initia	al planning of the work		
1	All support for the present	XNone			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)  No time limit for this item.				
	No time initial for this feem.				
		Time frame: pas	t 36 months		
2	Grants or contracts from	XNone			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	XNone			

Consulting fees

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\_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	X	
	testimony		
7	Support for attending	X None	
7		XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	X	
	Advisory Board		
10	•	V. None	
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		
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:
_			
	None.		

Dat	te:2022/08/18		
Υοι	ur Name:Jianxing He		
Ma	nuscript Title: Preopera	ative immunochemothera	py for locally advanced non-small cell lung cancer: Clinical
			ers analysis
Ma	nuscript number (if known	):	
rela par to 1	ated to the content of your rties whose interests may b	manuscript. "Related" mo e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to 1		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure	• •	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 initi	al planning of the work
L	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.		
)	Grants or contracts from	Time frame: pas X None	st 36 months
-	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

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Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	testimony		
-	Common and from add and discon-	V. Name	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
J	pending		
	periang		
9	Participation on a Data	X None	
9		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		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	None.		
	110116.		

Da	te:2022/08/18		
Yo	ur Name:Wenhua Liar	ng	
Ma	anuscript Title: Preoper	ative immunochemothera	py for locally advanced non-small cell lung cancer: Clinical
			ers analysis
Ma	anuscript number (if know	n):	
In t	the interest of transparenc	y, we ask you to disclose a	all relationships/activities/interests listed below that are
	<del>-</del>		eans any relation with for-profit or not-for-profit third
pa	rties whose interests may l	be affected by the content	of the manuscript. Disclosure represents a commitment
			s. If you are in doubt about whether to list a
rel	ationship/activity/interest	, it is preferable that you d	lo so.
	e following questions apply anuscript only.	y to the author's relationsh	hips/activities/interests as they relate to the current
	_	_	
			e <u>defined broadly</u> . For example, if your manuscript pertains
	the epidemiology of hyper edication, even if that med	· -	re all relationships with manufacturers of antihypertensive
IIIE	edication, even il that med	ication is not mentioned in	i the manuscript.
In i	item #1 below, report all so	upport for the work report	ed in this manuscript without time limit. For all other items,
the	e time frame for disclosure	is the past 36 months.	·
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
L	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		<u> </u>
	medical writing, article		+
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
<u>'</u>	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
}	Royalties or licenses	X None	
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\_None

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	X	
	testimony		
7	Support for attending	X None	
7		XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	X	
	Advisory Board		
10	•	V. None	
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		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
_			
	None.		