

ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Haowei Wang

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

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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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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13	Other financial or non-financial interests	<input checked="" 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:

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: Dec. 20th, 2022

Your Name: Lei Cheng

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Chao Zhao

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Fei Zhou

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Tao Jiang

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Haoyue Guo

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Jinpeng Shi

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Peixin Chen

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Zhuoran Tang

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Shiqi Mao

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Keyi Jia

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" 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:

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: Dec. 20th, 2022

Your Name: Lingyun Ye

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

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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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			
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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Chenlei Cai

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Xuefei Li

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Xiaoxia Chen

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2022

Your Name: Caicun Zhou

Manuscript Title: Efficacy of immune checkpoint inhibitors in advanced NSCLC harboring BRAF mutations

Manuscript number (if known): _____

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