| Date: | 2023/04/07 | |
|-------------------|---|---------------|
| Your Name: | Kaixuan Zhang | |
| comparative study | Treatment options and prognosis of patients with lung of lung adenocarcinoma in situ and stage IA lung squamou | s cell cancer |
| Manuscript numbe | r (if known): | |
| | ansparency, we ask you to disclose all relationships/activit ent of your manuscript. "Related" means any relation with | |

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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>

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

manuscript only.

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) |
|---|---|---|---|
| | | | plaining 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. | | |
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| | | 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 | |
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| 4 | Consulting fees | XNone | |
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| | | | |
| 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 | |
| | | | |
| | _ | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: | 2023/04/07 | |
|-------------------|--|--|
| Your Name: | Hao Chen | |
| comparative study | Treatment options and prognosis of patients with lung squamous cell cancer in situ: a flung adenocarcinoma in situ and stage IA lung squamous cell cancer | |
| Manuscript numbei | (if known): | |
| | nsparency, we ask you to disclose all relationships/activities/interests listed below that are nt of your manuscript. "Related" means any relation with for-profit or not-for-profit third | |

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. | | |
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| | | 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 | |
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| 4 | Consulting fees | XNone | |
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| | | | |
| 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 | |
| | | | |
| | _ | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services Other financial or non- | V None | |
| 13 | Other financial or non- financial interests | XNone | |
| | illianciai interests | | |
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| None | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: | 2023/04/07 | |
|-------------------|-----------------------|---|
| Your Name: | Yan Jiang | |
| comparative study | of lung adenocarcinor | and prognosis of patients with lung squamous cell cancer in situ: a na in situ and stage IA lung squamous cell cancer |
| Manuscript number | r (if known): | |
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| | • | ou to disclose all relationships/activities/interests listed below that are t. "Related" means any relation with for-profit or not-for-profit third |

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. | 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 | 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 | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | | |
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| Dlos | se summarize the above co | nflict of interest in the | following hov: |

| None | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: | 2023/04/07 | |
|---|---|--|
| Your Name: | Qiankun Chen_ | |
| | | and prognosis of patients with lung squamous cell cancer in situ: a main situ and stage IA lung squamous cell cancer |
| Manuscript number | r (if known): | |
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| related to the conte parties whose inter | ent of your manuscrip ests may be affected | ou to disclose all relationships/activities/interests listed below that are t. "Related" means any relation with for-profit or not-for-profit third by the content of the manuscript. Disclosure represents a commitment |
| • | • | indicate a bias. If you are in doubt about whether to list a |
| relationship/activit | y/interest, it is prefera | able 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) |
|---|---|--|---|
| | T | Time frame: Since the initial | plaining 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. | | |
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| | | 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 | |
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| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for | XNone | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | XNone | |
| | meetings and, or travel | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 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 | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: | 2023/04/07 | |
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| Your Name: | Su Bo | |
| comparative stud | : Treatment options and prognosis of patients with lung squamous cell cancer in s dy of lung adenocarcinoma in situ and stage IA lung squamous cell cancer ber (if known): | |
| related to the cor | ntent of your manusc | you to disclose all relationships/activities/interests listed below that are ript. "Related" means any relation with for-profit or not-for-profit third 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 | 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 | |
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| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| ′ | meetings and/or travel | None | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X_None | |
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| 12 | Descint of oquinment | V. None | |
| 12 | Receipt of equipment, materials, drugs, medical | XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: | _2023/04/07 |
|---------------------------------------|---|
| Your Name: | Xiao Zhou |
| Manuscript Title: comparative study o | _ Treatment options and prognosis of patients with lung squamous cell cancer in situ: a flung adenocarcinoma in situ and stage IA lung squamous cell 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
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| 4 | Consulting fees | XNone | |
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| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| ′ | meetings and/or travel | None | |
| | , | | |
| | | | |
| 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 | X_None | |
| | | | |
| 12 | Descint of oquinment | V. None | |
| 12 | Receipt of equipment, materials, drugs, medical | XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None | | |
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Please place an "X" next to the following statement to indicate your agreement: