| Date:    | Jan. 14 <sup>th</sup> | , 2024   |
|----------|-----------------------|--|
| Your Nar | me:                   | Chaogiang Deng   |
| Manuscr  | ript Title:           | Systemic immune index predicts tumor-infiltrating lymphocyte intensity and immunotherapy |
| response | in small              | cell lung cancer   |
| Manuscr  | ript numb             | er (if known): TLCR-23-696-CL  |

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. | Shanghai Anticancer<br>Association EYAS PROJECT<br>(SACA-CY21B07)                            |   |
|   |   | 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                    | X None      |  |
| ·  | testimony                             |             |  |
|    | testimony                             |             |  |
| 7  | Support for attending                 | XNone       |  |
| ,  | meetings and/or travel                | ^_None      |  |
|    | meetings and/or travel                |             |  |
|    |                                       |             |  |
|    |                                       |             |  |
|    |                                       |             |  |
| 8  | Patents planned, issued or            | X None      |  |
|    | pending                               | <del></del> |  |
|    |                                       |             |  |
| _  |                                       |             |  |
| 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      |  |
|    | э э э э э э э э э э э э э э э э э э э |             |  |
|    |                                       |             |  |
| 12 | Possint of aguinment                  | V None      |  |
| 12 | Receipt of equipment,                 | X_None      |  |
|    | materials, drugs, medical             |             |  |
|    | writing, gifts or other               |             |  |
|    | services                              |             |  |
| 13 | Other financial or non-               | XNone       |  |
|    | financial interests                   |             |  |
|    |                                       |             |  |
|    |                                       |             |  |
|    |                                       |             |  |
|    |                                       |             |  |

| The author is supported by the funding: Shanghai Anticancer Association EYAS PROJECT (SACA-CY21B07). |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |

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

| Date: _ | Jan. 14t     | h, 2024  |
|---------|--------------|--|
| Your N  | ame:         | Jiatao Liao  |
| Manus   | cript Title: | Systemic immune index predicts tumor-infiltrating lymphocyte intensity and immunotherapy |
| respon  | se in small  | cell lung cancer   |
| Manus   | cript numb   | er (if known): TLCR-23-696-CL  |

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 initia   | l 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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

| 5  | Payment or honoraria for                              | X None |  |
|----|---|--------|--|
|    | lectures, presentations,                              |        |  |
|    | speakers bureaus,                                     |        |  |
|    | manuscript writing or                                 |        |  |
| _  | educational events                                    |        |  |
| 6  | Payment for expert                                    | XNone  |  |
|    | testimony   |        |  |
| 7  | Support for attending                                 | X None |  |
| ,  | meetings and/or travel                                |        |  |
|    | g ,   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or                            | XNone  |  |
|    | pending   |        |  |
|    |   |        |  |
| 9  | Participation on a Data                               | XNone  |  |
|    | Safety Monitoring Board or                            |        |  |
| 40 | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role in other board, society, | XNone  |  |
|    | 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                                   |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |

| None. |  |  |  |
|-------|--|--|--|
|       |  |  |  |

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

| Date:  | Jan.      | 14th   | 2024   |
|--------|-----------|--------|--|
| Your N | lame: _   | Z      | ichen Fu   |
| Manus  | cript Ti  | tle:   | Systemic immune index predicts tumor-infiltrating lymphocyte intensity and immunotherapy |
| respon | ise in sn | nall c | ell lung cancer  |
| Manus  | cript nu  | ımbe   | r (if known): TLCR-23-696-CL   |

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 initia   | l 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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

| 5  | Payment or honoraria for                              | X None |  |
|----|---|--------|--|
|    | lectures, presentations,                              |        |  |
|    | speakers bureaus,                                     |        |  |
|    | manuscript writing or                                 |        |  |
| _  | educational events                                    |        |  |
| 6  | Payment for expert                                    | XNone  |  |
|    | testimony   |        |  |
| 7  | Support for attending                                 | X None |  |
| ,  | meetings and/or travel                                |        |  |
|    | g ,   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or                            | XNone  |  |
|    | pending   |        |  |
|    |   |        |  |
| 9  | Participation on a Data                               | XNone  |  |
|    | Safety Monitoring Board or                            |        |  |
| 40 | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role in other board, society, | XNone  |  |
|    | 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                                   |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |

| None. |  |  |  |
|-------|--|--|--|
|       |  |  |  |

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

| Date:  | Jan. 14      | h, 2024   |
|--------|--------------|---|
| Your N | ame:         | Fangqiu Fu  |
| Manus  | cript Title: | Systemic immune index predicts tumor-infiltrating lymphocyte intensity and immunotherap |
| respon | se in smal   | cell lung cancer  |
| Manus  | cript num    | per (if known): _TLCR-23-696-CL   |

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. | XNone  |   |
|   |   | 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   | XNone  |   |

| 5  | Payment or honoraria for                              | X None |  |
|----|---|--------|--|
|    | lectures, presentations,                              |        |  |
|    | speakers bureaus,                                     |        |  |
|    | manuscript writing or                                 |        |  |
| _  | educational events                                    |        |  |
| 6  | Payment for expert                                    | XNone  |  |
|    | testimony   |        |  |
| 7  | Support for attending                                 | X None |  |
| ,  | meetings and/or travel                                |        |  |
|    | g ,   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or                            | XNone  |  |
|    | pending   |        |  |
|    |   |        |  |
| 9  | Participation on a Data                               | XNone  |  |
|    | Safety Monitoring Board or                            |        |  |
| 40 | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role in other board, society, | XNone  |  |
|    | 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                                   |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |

| None. |  |  |  |
|-------|--|--|--|
|       |  |  |  |

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

| Date:  | Jan. 14      | h, 2024  |
|--------|--------------|--|
| Your N | ame:         | Di Li  |
| Manus  | cript Title: | Systemic immune index predicts tumor-infiltrating lymphocyte intensity and immunotherapy |
| respon | se in smal   | cell lung cancer   |
| Manus  | cript numl   | per (if known): TLCR-23-696-CL   |

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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 initia   | l 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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

| 5  | Payment or honoraria for                              | X None |  |
|----|---|--------|--|
|    | lectures, presentations,                              |        |  |
|    | speakers bureaus,                                     |        |  |
|    | manuscript writing or                                 |        |  |
| _  | educational events                                    |        |  |
| 6  | Payment for expert                                    | XNone  |  |
|    | testimony   |        |  |
| 7  | Support for attending                                 | X None |  |
| ,  | meetings and/or travel                                |        |  |
|    | g ,   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or                            | XNone  |  |
|    | pending   |        |  |
|    |   |        |  |
| 9  | Participation on a Data                               | XNone  |  |
|    | Safety Monitoring Board or                            |        |  |
| 40 | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role in other board, society, | XNone  |  |
|    | 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                                   |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |

| None. |  |  |  |
|-------|--|--|--|
|       |  |  |  |

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

| Date: _ | Jan. 1     | 4th, 202       | 4  |
|---------|------------|----------------|--|
| Your Na | ame:       | Yuan           | <u>i</u>   |
| Manus   | cript Titl | e: <u>Syst</u> | emic immune index predicts tumor-infiltrating lymphocyte intensity and immunotherapy |
| respon  | se in sma  | all cell lu    | ng cancer  |
| Manus   | cript nur  | nber (if I     | (nown): TLCR-23-696-CL   |

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) | 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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

| 5  | Payment or honoraria for                              | X None |  |
|----|---|--------|--|
|    | lectures, presentations,                              |        |  |
|    | speakers bureaus,                                     |        |  |
|    | manuscript writing or                                 |        |  |
| _  | educational events                                    |        |  |
| 6  | Payment for expert                                    | XNone  |  |
|    | testimony   |        |  |
| 7  | Support for attending                                 | X None |  |
| ,  | meetings and/or travel                                |        |  |
|    | g ,   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or                            | XNone  |  |
|    | pending   |        |  |
|    |   |        |  |
| 9  | Participation on a Data                               | XNone  |  |
|    | Safety Monitoring Board or                            |        |  |
| 40 | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role in other board, society, | XNone  |  |
|    | 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                                   |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |

| None. |  |  |  |
|-------|--|--|--|
|       |  |  |  |

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

| Date:  | Jan. 14 <sup>t</sup> | <sup>1</sup> , 2024  |
|--------|----------------------|--|
| Your N | ame:                 | Jialei Wang  |
| Manus  | cript Title:         | Systemic immune index predicts tumor-infiltrating lymphocyte intensity and immunotherapy |
| respon | se in small          | cell lung cancer   |
| Manus  | cript numb           | er (if known): TLCR-23-696-CL  |

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. | Shanghai Health Commission Collaborative Innovation Project (2020CXJQ02)  |   |
|   |   | Time frame: past  | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone   |   |
| 3 | Royalties or licenses   | X_None  |   |

| 4  | Consulting fees                              | X None |  |
|----|--|--------|--|
| 7  | consuming rees                               | XNone  |  |
|    |  |        |  |
| 5  | Payment or honoraria for                     | X None |  |
| 3  | lectures, presentations,                     |        |  |
|    | speakers bureaus,                            |        |  |
|    | manuscript writing or                        |        |  |
|    | educational events                           |        |  |
| 6  | Payment for expert                           | XNone  |  |
|    | testimony                                    |        |  |
|    |  |        |  |
| 7  | Support for attending meetings and/or travel | XNone  |  |
|    | ğ ,  |        |  |
|    |  |        |  |
| 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                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 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                          |        |  |
|    |  |        |  |
|    |  |        |  |

| The author is supported by the funding: Shanghai Health Commission Collaborative Innovation Project |
|---|
| (2020CXJQ02).   |

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

| Date:         | Jan. 14th, 2024  |
|---------------|--|
| Your N        | me: Haiguan Chen   |
| Manus         | ript Title: Systemic immune index predicts tumor-infiltrating lymphocyte intensity and immunotherage |
| <u>respon</u> | e in small cell lung cancer  |
| Manus         | ript number (if known): TLCR-23-696-CL   |

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. | National Natural Science Foundation of China (81930073) Shanghai Technology Innovation Action Project (20JC1417200)         |   |
|   |   | 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   |  |
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|    |                                    |         |  |
| 5  | Payment or honoraria for           | XNone   |  |
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|    | speakers bureaus,                  |         |  |
|    | manuscript writing or              |         |  |
| _  | educational events                 | V. News |  |
| 6  | Payment for expert testimony       | XNone   |  |
|    | testimony                          |         |  |
| 7  | Support for attending              | XNone   |  |
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|    |                                    |         |  |
|    |                                    |         |  |
| 8  | Patents planned, issued or pending | XNone   |  |
|    |                                    |         |  |
|    |                                    |         |  |
| 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,              | X_None  |  |
|    | materials, drugs, medical          |         |  |
|    | writing, gifts or other            |         |  |
|    | services                           |         |  |
| 13 | Other financial or non-            | XNone   |  |
|    | financial interests                |         |  |
|    |                                    |         |  |
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| 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. | Shanghai Rising-Star<br>Program (21QC1400600)  |   |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone  |   |
| 3 | Royalties or licenses   | XNone  |   |

| 4  | Consulting fees   | XNone   |  |
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|    | speakers bureaus,   |         |  |
|    | manuscript writing or   |         |  |
|    | educational events  |         |  |
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| 8  | Patents planned, issued or  | XNone   |  |
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|    |   |         |  |
| 10 | Leadership or fiduciary role  | X None  |  |
| 10 | in other board, society,  | XNone   |  |
|    | committee or advocacy   |         |  |
|    | group, paid or unpaid   |         |  |
| 11 | Stock or stock options  | XNone   |  |
|    |   |         |  |
| 12 | Descript of any investor  | V Nava  |  |
| 12 | Receipt of equipment, materials, drugs, medical                         | X_None  |  |
|    | writing, gifts or other   |         |  |
|    | services  |         |  |
| 13 | Other financial or non-   | XNone   |  |
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