Date:	2023/2/26	
Your Name:	Yibing Bai	
Manuscript Title: narrative literature i	Immunotherapy for advanced non - small cell lung cancer review	with negative PD-L1 expression: a
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 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.	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	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	X None			
,	meetings and/or travel				
	meetings and, or traver				
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 group, paid or unpaid				
11	Stock or stock options	X None			
11	Stock of Stock options				
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Dles	usa summariza tha akawa sa	nflict of interest in the fol	lowing how		
FIEG	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:

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

Date:	2023/2/26
Your Name:	Wenyu Yang
Manuscript Title:	$_$ Immunotherapy for advanced non \neg small cell lung cancer with negative PD-L1 expression: a
narrative literature	review
Manuscript number	(if known):

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		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		
7	Support for attending	X None	
-	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	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11		V. Nama	
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		
			•

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

None			

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

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

Date:15 th Feb 2023
Your Name:Lukas Käsmann
Manuscript Title: Immunotherapy for advanced non–small cell lung cancer with negative PD-L1 expression: a
narrative literature review
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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	YES	AMGEN	
	lectures, presentations,	123	AWIGEN	
	speakers bureaus,			
	manuscript writing or			
	educational events			
5	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
3	Patents planned, issued or	None		
	pending			
)	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
LO	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
l1	Stock or stock options	None		
2	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
	services			
.3	Other financial or non-	None		
	financial interests	None		

L.K. received honoraria from AMGEN outside of the here mentioned review.	

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

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

Date:_6 Feb 2023					
Your Name:Michael Joseph Sorich					
Manuscript Title: Immunotherapy for advanced non-small cell lung cancer with negative PD-L1					
expression: a narrative literature review					
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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	T	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	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	Pfizer	Payments to institution
	any entity (if not indicated		,
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

_	Decime and an hair arrait for	Nene	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dlas	sa summariza tha abaya sa	nflist of interest in the	following how

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

Dr Sorich reports receiving grants from Pfizer outside the submitted work.			

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

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

Date:	2023/2/26	
Your Name:	Haitao Tao	
Manuscript Title:	_ Immunotherapy for ad	dvanced non - small cell lung cancer with negative PD-L1 expression:
narrative literature i	eview	
Manuscript number	(if known):	
Manuscript number		

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		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				
7 Support for attending meetings and/or travel	XNone			
8 Patents planned, issued o	rXNone			
pending				
9 Participation on a Data	X None			
Safety Monitoring Board of				
Advisory Board				
10 Leadership or fiduciary ro	leXNone			
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				
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:

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

Date:	2023/2/26
Your Name:	Yi Hu
Manuscript Title: narrative literature i	$_{-}$ Immunotherapy for advanced non $^-$ small cell lung cancer with negative PD-L1 expression: a review $_{}$
Manuscript number	(if known):

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		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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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	
12	materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	XNone	

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

None			

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