

## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024  
 Your Name: Yingtong Liu  
 Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study  
 Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China  The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau  The Health Research Project of Chengdu Eastern New Area Management Committee  The Achievement Transformation Fund of West China Hospital	No.2021YFE0206600  Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ  No.202304  No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024  
 Your Name: Shuang Dai  
 Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study  
 Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024

Your Name: Zheran Liu

Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study

Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024

Your Name: Ling He

Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study

Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024

Your Name: Lili Zhu

Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study

Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024

Your Name: Zijian Qin

Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study

Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024  
 Your Name: Haohan Fan  
 Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study  
 Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024

Your Name: Fang Fang

Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study

Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024

Your Name: Yuping Xie

Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study

Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: Jul. 4<sup>th</sup>, 2024

Your Name: Xingchen Peng

Manuscript Title: Serum Tumor Markers and Outcomes in Lung Cancer Patients with Brain Metastases: A Retrospective Longitudinal Cohort Study

Manuscript number (if known): TLCR-24-404

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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The National Key Research and Development Program of China	No.2021YFE0206600
		The International Science and Technology Cooperation Program of Chengdu Science and Technology Bureau	Nos. 2024-YF06-00011-HZ and 2022-GH03-00004-HZ)
		The Health Research Project of Chengdu Eastern New Area Management Committee	No.202304
		The Achievement Transformation Fund of West China Hospital	No.CGZH19002

		Clinical Research Incubation Project of West China Hospital	No.23HXFH001
		Sichuan Provincial Science and Technology Department Key Research and Development Program	No.2022YFSY0012
		Miaozi Project in Science and Technology Innovation Program of Sichuan Province	No.23-YCG034
		The Strategic Cooperation Special Fund of Sichuan University-Dazhou Municipal People's Government	No.2021CDDZ-25
		The Science and Technology Cooperation Special Fund of Sichuan University-Zigong	No.2021CDZG-24
		Talent Excellence Development Project of West China Hospital	No.ZYYC23006
		Science and Technology Project of Sichuan Provincial Health Commission	Clinical Research Special Project JH2023082
		The National Natural Sciences Foundation of China	No.82172842
		The Ministry of Education University-Industry Collaborative Education Program	No.230720523707281

**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7		<input checked="" type="checkbox"/> None	

