

## ICMJE DISCLOSURE FORM

**Date:** 12/9/2023

**Your Name:** Shuji Murakami

**Manuscript Title:** Will perioperative pembrolizumab treatment change perioperative treatment strategies for resectable NSCLC?

**Manuscript Number (if known):** TLCR-23-578

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 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.

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<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>																								
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%;">AstraZeneca</td><td style="width: 20%;">Institution</td><td style="width: 20%;"> </td></tr> <tr><td>Takeda</td><td>Institution</td><td> </td></tr> <tr><td>Chugai Pharma</td><td>Institution</td><td> </td></tr> <tr><td>Sanofi</td><td>Institution</td><td> </td></tr> <tr><td>MSD</td><td>Institution</td><td> </td></tr> <tr><td>Daiichi Sankyo</td><td>Institution</td><td> </td></tr> <tr><td>Ono Pharmaceutical</td><td>Institution</td><td> </td></tr> <tr><td>Janssen Pharma</td><td>Institution</td><td> </td></tr> </table>	AstraZeneca	Institution		Takeda	Institution		Chugai Pharma	Institution		Sanofi	Institution		MSD	Institution		Daiichi Sankyo	Institution		Ono Pharmaceutical	Institution		Janssen Pharma	Institution	
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>AstraZeneca</td><td>Me</td></tr> <tr><td>Chugai Pharma</td><td>Me</td></tr> <tr><td>Takeda</td><td>Me</td></tr> <tr><td>Eli Lilly</td><td>Me</td></tr> <tr><td>MSD</td><td>Me</td></tr> <tr><td>Pfizer</td><td>Me</td></tr> <tr><td>Novartis</td><td>Me</td></tr> <tr><td>Taiho Pharmaceutical</td><td>Me</td></tr> </table>	AstraZeneca	Me	Chugai Pharma	Me	Takeda	Me	Eli Lilly	Me	MSD	Me	Pfizer	Me	Novartis	Me	Taiho Pharmaceutical	Me	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> </table>																	

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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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