

## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Xiaoyu Han

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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.

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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)
<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>	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	

**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:**

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

## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Yujin Wang

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Xi Jia

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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**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.

## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Yuting Zheng

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

**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:**

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

## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Chengyu Ding

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yes	Chengyu Ding is an employee of Bayer Healthcare.
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

Chengyu Ding is an employee of Bayer Healthcare.

**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.

## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Xiaohui Zhang

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yes	Xiaohui Zhang is an employee of Philips Healthcare
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

Xiaohui Zhang is an employee of Philips Healthcare.

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

## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Kailu Zhang

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Yunkun Cao

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Yumin Li

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

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## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Liming Xia

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Chuansheng Zheng

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

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## ICMJE DISCLOSURE FORM

Date: March 28<sup>th</sup>, 2024

Your Name: Jing Huang

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing ICI therapy

Manuscript number (if known): TLCR-24-7-CL-R3.

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## ICMJE DISCLOSURE FORM

Date: February 28<sup>th</sup>, 2024

Your Name: Heshui Shi

Manuscript Title: Predictive value of Delta-radiomic features for prognosis of advanced non-small cell lung cancer patients undergoing anti-PD-1 therapy

Manuscript number (if known): TLCR-24-7-CL-R1.

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