

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)

Bin

2. Surname (Last Name)

Qiu

3. Date

29-August-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jie He

5. Manuscript Title

Treatment patterns, clinical outcomes and healthcare resource utilization associated with advanced/metastatic lung cancer in China: Protocol of a retrospective observational study

6. Manuscript Identifying Number (if you know it)

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Dr. Qiu has nothing to disclose.

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1. Given Name (First Name)
Gaofeng

2. Surname (Last Name)
Li

3. Date
29-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jie He

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INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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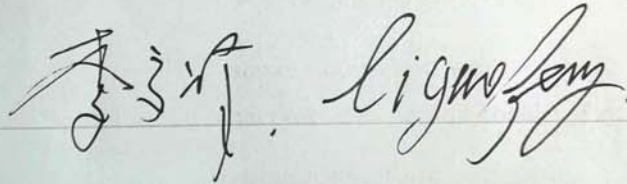
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Dr. Li has nothing to disclose.

 Li Zhiyong

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1. Given Name (First Name)
Feng

2. Surname (Last Name)
Luo

3. Date
14-July-1963

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jie He

5. Manuscript Title

Treatment patterns, clinical outcomes and healthcare resource use associated with advanced/metastatic lung cancer in China: Protocol of a retrospective observational study

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Dr. Luo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) biaohong 2. Surname (Last Name) Cai 3. Date 1/sep/2020
4. Are you the corresponding author? Yes No Corresponding Author's Name
Jie He
5. Manuscript Title
Treatment patterns, clinical outcomes and healthcare resource use associated with advanced/metastatic lung cancer in China: Protocol of a retrospective observational study
6. Manuscript Identifying Number (if you know it)

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Xiaohong Cai
1/sep/2020

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lin	2. Surname (Last Name) Wu	3. Date 02-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jie He
5. Manuscript Title Treatment patterns, clinical outcomes and healthcare resource utilization associated with advanced/metastatic lung cancer in China: Protocol of a retrospective observational study		
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Section 1. Identifying Information

1. Given Name (First Name)

Jianhua

2. Surname (Last Name)

Chen

3. Date

31-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jie He

5. Manuscript Title

Treatment patterns, clinical outcomes and healthcare resource utilization associated with advanced/metastatic lung cancer in China: Protocol of a retrospective observational study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yanfeng 2. Surname (Last Name) Hu 3. Date 04 Sep. 2020
4. Are you the corresponding author? Yes No Corresponding Author's Name
Jie He
5. Manuscript Title
Treatment patterns, clinical outcomes and healthcare resource use associated with advanced/metastatic lung cancer in China: Protocol of a retrospective observational study
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Section 1. Identifying Information

1. Given Name (First Name)
Zhiliu

2. Surname (Last Name)
Tang

3. Date
27-August-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
He, Jie

5. Manuscript Title
Treatment patterns, clinical outcomes and healthcare resource use associated with advanced/metastatic lung cancer in China: Protocol of a retrospective observational study

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bristol-Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee of Bristol-Myers Squibb

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Dr. Tang is ex-BMS employee

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shuo

2. Surname (Last Name)
Yang

3. Date
27-August-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
He, Jie

5. Manuscript Title
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Dr. Yang is employee of Bristol-Myers Squibb.

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Section 1. Identifying Information

1. Given Name (First Name)
Jie

2. Surname (Last Name)
He

3. Date
29-August-2020

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