

ICMJE DISCLOSURE FORM

Date: August 24, 2021

Your Name: Tithi Biswas

Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer (NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial _____

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 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)
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	___ Demos Medical	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Astra Zeneca <input type="checkbox"/> Galera Therapeutics	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> Electa	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> 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: August 24, 2021

Your Name: Rohin Gawdi

Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer(NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial

Manuscript number (if known): JTD-21-1018-CL

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> 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	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: August 27, 2021

Your Name: Charulata Jindal

Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer (NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial _____

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

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ICMJE DISCLOSURE FORM

Date: 8/27/2021

Your Name: Sharanya Iyer

Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer (NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial

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).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> 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: 8/25/2021
 Your Name: Kylie H. Kang
 Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer (NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial
 Manuscript number (if known): JTD-21-1018-CL

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

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ICMJE DISCLOSURE FORM

Date: 8-24-2021

Your Name: David Bajor

Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer (NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial

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).	<input type="checkbox"/> None	
		Seattle Genetics	Institution
		Abbvie	Institution
		Rafael Pharmaceuticals	Institution

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None Tempus	individual
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	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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.

DR 8-24-21

ICMJE DISCLOSURE FORM

8/27/2021

Your Name: Mitchell Machtay

Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer (NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astra Zeneca ViewRay Varian	Funding to my institution for research projects on which I am an investigator.

3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca	Personal payment for presentations (< \$5,000)
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	Elekta Inc. ViewRay Inc. Varian Inc.	Personal payment for travel/meals/lodging for consultancy meetings (< \$1,000)
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra Zeneca	Personal payment for advisory board membership (< \$5,000)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Radiation Therapy Oncology Group (RTOG) And NRG Oncology Cooperative Group	Funding to my institution for my leadership roles (Deputy Chair) of these two non-profit research groups.
11	Stock or stock options	X None	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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ICMJE DISCLOSURE FORM

Date: August 27, 2021

Your Name: Yuk Ming Choi

Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer (NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial _____

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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Date: August 27, 2021

Your Name: Jimmy Efirid

Manuscript Title: Pretreatment Neutrophil-to-Lymphocyte Ratio (NLR) as an Important Prognostic Marker in Stage III Locally Advanced Non-Small Cell Lung Cancer (NSCLC): Confirmatory Results from the PROCLAIM Phase III Clinical Trial _____

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
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Jimmy D. Ford