Date:8	/18/2022
 Your Name: Yang	Zidanyue
chemotherapy for	_Characteristics of toxicity occurrence patterns in concurrent chemoradiotherapy after induction patients with locally advanced non-small-cell lung cancer: a pooled analysis based on individual
Manuscript numbe	er (if known):TCR-22-2006

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 <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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	None	

4 Co	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	, cestimon,		
7	Support for attending	None	
<b>'</b>	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	12 Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI	ease summarize the above o	onflict of interest in the fo	llowing hov:
	None		
	None		

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.		

Date:	21 August 2022_	
Your Name:	Qihua He	
Manuscript Title:_	_Characteristics of	toxicity occurrence patterns in concurrent chemoradiotherapy after induction
chemotherapy for	patients with locall	y advanced non-small-cell lung cancer: a pooled analysis based on individual
patient data of CA	LGB/Alliance trials_	
Manuscript number	er (if known):T	CR-22-2006

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Company for attending	V None		
7	Support for attending meetings and/or travel	XNone		
	-			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_XNone		
12	Receipt of equipment,	V. None		
12	materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	ease summarize the above c		ollowing box:	

I have no conflict of interest to disclose.		

X_ I certify that I have a form.	answered every question a	nd have not altered the v	wording of any of the o	questions on this

Date:	18 August 2022_	
Your Name:	Jianrong Zhang_	
Manuscript Title:_	_Characteristics of	toxicity occurrence patterns in concurrent chemoradiotherapy after induction
chemotherapy for	patients with locall	y advanced non-small-cell lung cancer: a pooled analysis based on individual
patient data of CA	LGB/Alliance trials_	· · · · · · · · · · · · · · · · · · ·
Manuscript numb	er (if known):T	CR-22-2006

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Company for attending	V None		
7	Support for attending meetings and/or travel	XNone		
	-			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_XNone		
12	Receipt of equipment,	V. None		
12	materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	ease summarize the above c		ollowing box:	

I have no conflict of interest to disclose.		

X_ I certify that I have a form.	answered every question a	nd have not altered the v	wording of any of the o	questions on this

Date:8/18/2022	
_	
Your Name: Apar Kishor Ganti	
Manuscript Title: Characteristics of toxicity occurrence patterns in concurrent chemoradiotl	nerapy after induction
chemotherapy for patients with locally advanced non-small-cell lung cancer: a pooled analy	sis based on individual
patient data of CALGB/Alliance trials	
Manuscript number (if known):TCR-22-2006	

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
42	services		
13	Other financial or non-	None	
	financial interests		
DIa		auflict of interest in the fo	lauring have
rie	ase summarize the above co	ommet of interest in the 10	nowing DUX.
	None		
	None		

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

Date: 8/20/2022	
Your Name: Thomas Stinchcombe	
Manuscript Title: Characteristics o	f toxicity occurrence patterns in concurrent chemoradiotherapy after induction
chemotherapy for patients with lo	cally advanced non-small-cell lung cancer: a pooled analysis based on individua
patient data of CALGB/Alliance tri	als
Manuscript number (if known):	TCR-22-2006

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All conservation the conservation	I	platfilling of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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		Time from a rock	3C mantha
2	Consists an accustomate forces	Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
2	in item #1 above).	Nene	
3	Royalties or licenses	None	
	o lii c		
4	Consulting fees	None	

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

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

None		

_X I certify that I have answered every question and have no form.	ot altered the wording of any of the questions on this

Date:8/18/2022
Your Name:Herbert Pang
Manuscript Title:Characteristics of toxicity occurrence patterns in concurrent chemoradiotherapy after induction
chemotherapy for patients with locally advanced non-small-cell lung cancer: a pooled analysis based on individual
patient data of CALGB/Alliance trials
Manuscript number (if known):TCR-22-2006

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	NIHU01 FDA	Not related to the work
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Roche	Not tied to this piece of work
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	Genentech	Personal fees not tied to this piece of work

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

HP reports personal fees from Genentech, stocks from Roche, and NIHU01 FDA grant, outside the submitted work.

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

Date:8/18/2022
/our Name:Xiaofei Wang
Manuscript Title:Characteristics of toxicity occurrence patterns in concurrent chemoradiotherapy after induction
hemotherapy for patients with locally advanced non-small-cell lung cancer: a pooled analysis based on individual
patient data of CALGB/Alliance trials
Manuscript number (if known):TCR-22-2006

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	NIH grants	Not related to the work
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

	I	Г	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	iniariolal interests		
	ease summarize the above co		llowing box:
- 1	I mave no relevant commet	or interest to decidie.	

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