

## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: CHONGRUI XU

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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.

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<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>	Jiangsu Hengrui Pharmaceuticals Co., Ltd.	This research was supported and funded by the company.
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4	Consulting fees	<u>None</u>	

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

## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Qixun Chen

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Chengzhi Zhou

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Lin Wu

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Wen Li

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Huizhong Zhang

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Yongsheng Li

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Fei Xu

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Jianping Xiong

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Qiming Wang

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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Date: 2022-12-01

Your Name: Haibo Zhang

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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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: 2022-12-01

Your Name: Yuequan Jiang

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Haitao Yin

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Qingchen Wu

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Qiangsheng Dai

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Jian Hu

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Jianhua Chen

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Jian Zhang

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Gang Wu

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Jun Yin

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Jianfu Zhao

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Baogang Liu

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Jianzhen Shan

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Liming Sheng

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Qunqing Chen

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Zhengxiang Han

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Huaqiu Shi

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Yimin Liu

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Jun Chen

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-12-01

Your Name: Yi-Long Wu

Manuscript Title: Camrelizumab in inoperable or advanced non-small cell lung cancer patients: a multicenter retrospective observational study (CTONG2004-ADV)

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	None	
4	Consulting fees	AstraZeneca, Roche, Boehringer Ingelheim, Takeda	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> AstraZeneca, Lilly, Roche, Pfizer, Boehringer Ingelheim, MSD Oncology, Bristol Myers Squibb/China, Hengrui Pharmaceutical	
6	Payment for expert testimony	<u>  </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> None	

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

This research was supported and funded by Jiangsu Hengrui Pharmaceuticals Co., Ltd. Yi-Long Wu received grants or contracts from Boehringer Ingelheim (Inst), Roche (Inst), Pfizer (Inst), and BMS (Inst). He received consulting fees from AstraZeneca, Roche, Boehringer Ingelheim, and Takeda. He also received payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from AstraZeneca, Lilly, Roche, Pfizer, Boehringer Ingelheim, MSD Oncology, Bristol Myers Squibb/China, and Hengrui Pharmaceutical.

**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.**