

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Giuseppe Luigi

2. Surname (Last Name)
Banna

3. Date
30-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab

6. Manuscript Identifying Number (if you know it)
TLCR-19-583

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen-Cilag	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol-Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
AstraZeneca/MedImmune	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pierre Fabre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ipsen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Banna reports personal fees from Janssen-Cilag, personal fees from Boehringer Ingelheim, personal fees from Roche, non-financial support from Bristol-Myers Squibb, non-financial support from AstraZeneca/MedImmune, non-financial support from Pierre Fabre, non-financial support from Ipsen, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Diego	2. Surname (Last Name) Signorelli	3. Date 24-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Giuseppe Luigi Banna
5. Manuscript Title Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab		
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Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bristol Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck Sharp & Dohme	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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Dr. Signorelli reports personal fees and non-financial support from Astra Zeneca, personal fees and non-financial support from Bristol Myers Squibb, personal fees from Lilly, non-financial support from Merck Sharp & Dohme, non-financial support from Roche, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Giulio	2. Surname (Last Name) Metro	3. Date 30-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Giuseppe Luigi Banna
5. Manuscript Title Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab		
6. Manuscript Identifying Number (if you know it) TLCR-19-583		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer-Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Metro reports personal fees from Boehringer-Ingelheim, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Domenico

2. Surname (Last Name)
Galetta

3. Date
24-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Giuseppe Banna

5. Manuscript Title
Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab

6. Manuscript Identifying Number (if you know it)
TLCR-19-583

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Dr. Galetta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) De Toma	3. Date 24-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Giuseppe Banna
5. Manuscript Title Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	travel accomodation

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

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Dr. De Toma reports other from MSD, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ornella

2. Surname (Last Name)

Cantale

3. Date

30-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Giuseppe Luigi Banna

5. Manuscript Title

Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab

6. Manuscript Identifying Number (if you know it)

TLCR-19-583

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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

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Yes

No

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Dr. Cantale has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Marco

2. Surname (Last Name)

Banini

3. Date

30-May-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Giuseppe Luigi Banna

5. Manuscript Title

Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab

6. Manuscript Identifying Number (if you know it)

TLCR-19-583

Section 2. The Work Under Consideration for Publication

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Banini has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alex

2. Surname (Last Name)
Friedlaender

3. Date
25-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Giuseppe Luigi Banna

5. Manuscript Title
Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab

6. Manuscript Identifying Number (if you know it)
TLCR-19-583

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche, Pfizer, Astellas and Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Friedlaender reports personal fees from Roche, Pfizer, Astellas and Bristol-Myers Squibb , outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pamela

2. Surname (Last Name)
Pizzutillo

3. Date
30-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Giuseppe Luigi Banna

5. Manuscript Title
Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab

6. Manuscript Identifying Number (if you know it)
TLCR-19-583

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

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Dr. Pizzutillo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marina Chiara	2. Surname (Last Name) Garassino	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Luigi Banna
5. Manuscript Title Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab		
6. Manuscript Identifying Number (if you know it) TLCR-19-583		

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, MISP in Thimic malignancies
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Otsuka Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local PI, Enrollment in clinical Trials in NSCLC
Astra Zeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment and Steering Committee in clinical Trials in NSCLC
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials in NSCLC
BMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials in NSCLC

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials in NSCLC
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, MISP in Thimic malignancies
Celgene	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials in NSCLC
Incyte	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inivata	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tiziana Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials Thimic malignancies
Clovis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials in NSCLC
Merck Serono	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials in NSCLC
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI, Enrollment in clinical Trials in Mesothelioma
MSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials in NSCLC
GlaxoSmithKline S.p.A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local PI, Enrollment and Steering committee in clinical Trials in NSCLC
Sanofi-Aventis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spectrum Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials
Blueprint Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI, Enrollment in clinical Trials
Seattle Genetics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daiichi Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Garassino reports personal fees and other from Eli Lilly, personal fees from Boehringer Ingelheim, personal fees from Otsuka Pharma, grants, personal fees and other from Astra Zeneca, grants, personal fees and other from Novartis, grants, personal fees and other from BMS, grants, personal fees and other from Roche, grants, personal fees and other from Pfizer, grants, personal fees and other from Celgene, personal fees from Incyte, personal fees from Inivata, personal fees from Takeda, grants and other from Tiziana Sciences, grants and other from Clovis, grants and other from Merck Serono, grants and personal fees from Bayer , grants, personal fees and other from MSD, grants and other from GlaxoSmithKline S.p.A. , personal fees from Sanofi-Aventis, grants and other from Spectrum Pharmaceuticals, grants and other from Blueprint Medicine, personal fees from Seattle Genetics, personal fees from Daiichi Sankyo, outside the submitted work; .

Evaluation and Feedback

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Alfredo

2. Surname (Last Name)
Addeo

3. Date
28-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Giuseppe Luigi Banna

5. Manuscript Title
Neutrophil-to-lymphocyte ratio in combination with PD-L1 or LDH as biomarkers for high PD-L1 non-small cell lung cancer treated with first-line pembrolizumab

6. Manuscript Identifying Number (if you know it)
TLCR-19-583

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astrazeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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