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.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the biomedicine 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.

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Section 1. Identifying Information

1. Given Name (First Name)  2. Surname (Last Name)  3. Date
Jingwen  Li  20-December-2020

4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name
Hua Zhong and Yuchen Han

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Li has nothing to disclose.

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   Xiang

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Dr. Xiang has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yue

2. Surname (Last Name)  
   Wang

3. Date  
   20-December-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Hua Zhong and Yuchen Han

5. Manuscript Title  
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Dr. Wang has nothing to disclose.

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1. Given Name (First Name)  Yan
2. Surname (Last Name)  Zhou
3. Date  20-December-2020

4. Are you the corresponding author?  No

Corresponding Author’s Name
Hua Zhong and Yuchen Han

5. Manuscript Title
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<th>3. Date</th>
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<td>Shuhui</td>
<td>Cao</td>
<td>20-December-2020</td>
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</table>

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   - No  

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Dr. Cao 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)**
   - Xuxinyi

2. **Surname (Last Name)**
   - Ling

3. **Date**
   - 20-December-2020

4. **Are you the corresponding author?**
   - ☑ Yes
   - No
   - **Corresponding Author’s Name**
   - Hua Zhong and Yuchen Han

5. **Manuscript Title**
   - The genomic characteristics of different progression patterns in advanced non-small cell lung cancer patients treated with immune checkpoint inhibitor

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-6910-R1

## 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.

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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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Section 6. Disclosure Statement

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Dr. Ling has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Junyi
2. Surname (Last Name) Ye
3. Date 20-December-2020

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name
Hua Zhong and Yuchen Han

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Ye 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)  
   Jingjing

2. Surname (Last Name)  
   Zheng

3. Date  
   20-December-2020

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author’s Name  
   Hua Zhong and Yuchen Han

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
Lin

2. Surname (Last Name)  
Shao

3. Date  
20-December-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Hua Zhong and Yuchen Han

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Shao has nothing to disclose.

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Zhong
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hua

2. Surname (Last Name)  
   Zhong

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   20-December-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yuchen

2. Surname (Last Name)  
   Han

3. Date  
   20-December-2020

4. Are you the corresponding author?  
   Yes  No

5. Manuscript Title
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Han has nothing to disclose.

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