ICMJE DISCLOSURE FORM

Date: __________ 2021.05.10
Your Name: Yiyang Wang
Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors
Manuscript number (if known): 

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| Time frame: Since the initial planning of the work | Time frame: past 36 months |
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| ____None | ____None | ____None |
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|---|---|---|
| 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 |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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

Dr. Wang declared no conflict of interest.

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.
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Date:__________2021.05.10
Your Name:_____Difan Zheng__________________________
Manuscript Title:___Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors_________________________________________________________
Manuscript number (if known):_____________________________________________________

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| 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 |                                                                                       |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___None |                                                                                       |
| 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 |
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| 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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Dr. Zheng declared no conflict of interest.

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Date: ________ 2021.05.10

Your Name: Jizhuang Luo

Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors

Manuscript number (if known): ________________________________

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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3    | Royalties or licenses | None |
| 4    | Consulting fees | None |

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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3    | Royalties or licenses | None |
| 4    | Consulting fees | None |
|   |                                                                 |     |
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| 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                                            | 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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Dr. Luo declared no conflict of interest.

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Date:__________2021.05.10__________________________________________________________
Your Name:______Jie Zhang________________________________________________________
Manuscript Title:___Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors________________________________________
Manuscript number (if known):______________________________________________________

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|------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Time frame: Since the initial planning of the work |
|      |  No time limit for this item.                                                                  | __None                                                                            |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                      | Time frame: past 36 months                                                      |
|      |                                                                                                 | __None                                                                            |
| 3    | Royalties or licenses                                                                         |                                                                                   | __None                                                                            |
| 4    | Consulting fees                                                                               |                                                                                   | __None                                                                            |
|   | Description                                                                 | Answer   |
|---|-----------------------------------------------------------------------------|----------|
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| 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                                                      | None     |
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|13 | Other financial or non-financial interests                                  | None     |

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Date:__________2021.05.10
Your Name:____ Cecilia Pompili
Manuscript Title:___ Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors
Manuscript number (if known):____________________________________________________

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                        |                                                                                  |
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| 4 | Consulting fees                                                                                 | None                                                                             |
|   | 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                                                                          | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                 | None |
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Date:__________ 2021.05.10
Your Name:_____ Hideki Ujiie
Manuscript Title:___ Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors
Manuscript number (if known):___________________________________________

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|      | No time limit for this item. |                                                                                       |                                                                                     |
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| 3    | Royalties or licenses | None |  |
| 4    | Consulting fees | None |  |
|   | Description                                                                 | None  |
|---|-----------------------------------------------------------------------------|-------|
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|   | manuscript writing or educational events                                   |       |
| 6 | Payment for expert testimony                                                |       |
| 7 | Support for attending meetings and/or travel                                |       |
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|   | advocacy group, paid or unpaid                                              |       |
|11 | Stock or stock options                                                      |       |
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|   | services                                                                     |       |
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Date:__________2021.05.10

Your Name:____ Natsumi Matsuura

Manuscript Title:__ Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors_________________________________________

Manuscript number (if known):__________________________________

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| **4** | Consulting fees                                                                                  | __None                                                                             |
|   |                                                                 |       |
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| 5 | Payment or honoraria for lectures, presentations, speakers     | None  |
|   | bureaus, manuscript writing or educational events              |       |
| 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     | None  |
|   | Board                                                           |       |
| 10| Leadership or fiduciary role in other board, society, committee| None  |
|   | or advocacy group, paid or unpaid                               |       |
| 11| Stock or stock options                                         | None  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts  | None  |
|   | or other services                                              |       |
| 13| Other financial or non-financial interests                      | None  |

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Date: ________________ 2021.05.10

Your Name: ______ Haiquan Chen

Manuscript Title: __ Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors

Manuscript number (if known): ____________________________________________________________________

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|   | **No time limit for this item.**                                                             |                                                   |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | None |
| 3 | Royalties or licenses                                                                         | None |
| 4 | Consulting fees                                                                               | None |
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| 6 | Payment for expert testimony                                    | None |
| 7 | Support for attending meetings and/or travel                     | None |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
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Date: __________ 2021.05.10

Your Name: ______ Feng Yao

Manuscript Title: __ Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **None**                                                                            |
|   | **No time limit for this item.**                                                          |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                | **None**                                                                            |
| 3 | Royalties or licenses                                                                     | **None**                                                                            |
| 4 | Consulting fees                                                                          | **None**                                                                            |
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| 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                                                                                   | 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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Dr. Yao declared no conflict of interest.

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