ICMJE DISCLOSURE FORM

Date: June 30, 2021

Your Name: Xiao-Dong Jiao

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | 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) |
|------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | The Military Program of Logistics Support Department of PLA (19BJZ03). The Military Program of Changzheng Hospital (2019CZJS208-1). |
|      | **No time limit for this item.**                                                            |                                                                                   |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                     | _ X _ None                                                                        |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Royalties or licenses |   |
|---|-----------------------|---|
| 3 | __ X __None           |   |

|   | Consulting fees       |   |
|---|-----------------------|---|
| 4 | __ X __None           |   |

|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|--------------------------------------------------------------------------|---|
| 5 | __ X __None                                                           |   |

|   | Payment for expert testimony |   |
|---|-------------------------------|---|
| 6 | __ X __None                                                               |   |

|   | Support for attending meetings and/or travel                              |   |
|---|--------------------------------------------------------------------------|---|
| 7 | __ X __None                                                               |   |

|   | Patents planned, issued or pending                                       |   |
|---|--------------------------------------------------------------------------|---|
| 8 | __ X __None                                                               |   |

|   | Participation on a Data Safety Monitoring Board or Advisory Board         |   |
|---|--------------------------------------------------------------------------|---|
| 9 | __ X __None                                                               |   |

|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |   |
|---|-----------------------------------------------------------------------------------------------|---|
| 10| __ X __None                                                                                   |   |

|   | Stock or stock options                                                                  |   |
|---|------------------------------------------------------------------------------------------|---|
| 11| __ X __None                                                                                 |   |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services        |   |
|---|------------------------------------------------------------------------------------------|---|
| 12| __ X __None                                                                                 |   |

|   | Other financial or non-financial interests                                                |   |
|---|------------------------------------------------------------------------------------------|---|
| 13| __ X __None                                                                                 |   |

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

I got funding from the Logistics Support Department of PLA (19BJZ03) and Changzheng Hospital (2019CZJS208-1).

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.
ICMJE DISCLOSURE FORM

Date: July 1, 2021
Your Name: Li-Ren Ding
Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|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. | X None                                                                           |
|2  | Grants or contracts from any entity (if not indicated in item #1 above).                        | X None                                                                           |
|3  | Royalties or licenses                                                                            | X None                                                                           |
|4  | Consulting fees                                                                                  | X None                                                                           |
|   |                                                                                       | __X__ None |
|---|---------------------------------------------------------------------------------------|------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony                                                             | __X__ None |
| 7 | Support for attending meetings and/or travel                                             | __X__ None |
| 8 | Patents planned, issued or pending                                                       | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                        | __X__ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11| Stock or stock options                                                                  | __X__ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services         | __X__ None |
| 13| Other financial or non-financial interests                                                | __X__ None |

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

Li-Ren Ding declares there is 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.
ICMJE DISCLOSURE FORM

Date: July 1, 2021

Your Name: Chuan-Tao Zhang

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) |
|   | No time limit for this item.                                                                    |                                                                                   |
|   | X None                                                                                          |                                                                                   |
| **Time frame: past 36 months**                                                                |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       |                                                                                   |
|   | X None                                                                                          |                                                                                   |
| 3 | Royalties or licenses                                                                           |                                                                                   |
|   | X None                                                                                          |                                                                                   |
| 4 | Consulting fees                                                                                |                                                                                   |
|   | X None                                                                                          |                                                                                   |
|   | Description                                                                 | Answer | Notes |
|---|-----------------------------------------------------------------------------|--------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |       |
| 6 | Payment for expert testimony                                                 | X None |       |
| 7 | Support for attending meetings and/or travel                                 | X None |       |
| 8 | Patents planned, issued or pending                                           | X None |       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None |       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |       |
| 11| Stock or stock options                                                       | X None |       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |       |
| 13| Other financial or non-financial interests                                   | X None |       |

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

Chuan-Tao Zhang declares there is 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.
ICMJE DISCLOSURE FORM

Date: June 30, 2021

Your Name: Bao-Dong Qin

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _ X ___None                                                                      |
|   | **No time limit for this item.**                                                 |                                                                                  |
|   |                                                                                   |                                                                                  |
|   | **Time frame: past 36 months**                                                    |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).         | Chinese National Natural Science Funding [grant number 81702249, 2017]           |
| 3 | Royalties or licenses                                                             | _ X ___None                                                                      |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 4 | Consulting fees                                                            | X None   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None   |
| 6 | Payment for expert testimony                                               | X None   |
| 7 | Support for attending meetings and/or travel                                | X None   |
| 8 | Patents planned, issued or pending                                          | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
| 11| Stock or stock options                                                      | X None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| 13| Other financial or non-financial interests                                  | X None   |

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

I got the funding from Chinese National Natural Science Funding [grant number 81702249, 2017]. The funder has no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript.

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: July 01, 2021
Your Name: Ke Liu
Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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** | **X** None | |
| 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. | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None |
| 3 | Royalties or licenses | **X** None |
| 4 | Consulting fees | **X** None |
|   | Description                                                                 | Answer | Notes |
|---|-----------------------------------------------------------------------------|--------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __ X __ None |
| 6 | Payment for expert testimony                                                | __ X __ None |
| 7 | Support for attending meetings and/or travel                                 | __ X __ None |
| 8 | Patents planned, issued or pending                                          | __ X __ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | __ X __ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __ X __ None |
| 11| Stock or stock options                                                      | __ X __ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | __ X __ None |
| 13| Other financial or non-financial interests                                  | __ X __ None |

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

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.
ICMJE DISCLOSURE FORM

Date: July 5, 2021

Your Name: Lian-Ping Jiang

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | _X __None | Time frame: Since the initial planning of the work |

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X __None |
| 3 | Royalties or licenses | __ X __None |
| 4 | Consulting fees | _X __None | Time frame: past 36 months |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

Lian-Ping Jiang has no conflict of interest to declare.

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.
ICMJE DISCLOSURE FORM

Date: July 2, 2021
Your Name: Xi Wang
Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _X___None                                                                        |
|   | Time frame: past 36 months                                                                                                                            |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                               | _X___None                                                                        |
| 3 | Royalties or licenses                                                                                                                                  | __ X __None                                                                       |
| 4 | Consulting fees                                                                                                                                          | _X___None                                                                        |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|------------------------------------------------------------------------------------------------|--------|
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

Xi Wang has no conflict of interest to declare.

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.
ICMJE DISCLOSURE FORM

Date: July 5, 2021
Your Name: Li-Ting Lv

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
**No time limit for this item.** | _ X None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _ X None |
| 3 | Royalties or licenses | _ X None |
| 4 | Consulting fees | _ X None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|--------------------------------------------------------------------------------------------------|-------|
| 6 | Payment for expert testimony                                                                      | X None |
| 7 | Support for attending meetings and/or travel                                                      | X None |
| 8 | Patents planned, issued or pending                                                                 | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                                            | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                 | X None |
| 13| Other financial or non-financial interests                                                          | X None |

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

Li-Ting Lv has no conflict of interest to declare.

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.
ICMJE DISCLOSURE FORM

Date: July 2, 2021

Your Name: Hao Ding

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _X__None                                                                         |
|   |                                                                                               |                                                                                  |
|   | **Time frame: past 36 months**                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | _X__None                                                                         |
| 3 | Royalties or licenses                                                                          | _X__None                                                                         |
| 4 | Consulting fees                                                                               | _X__None                                                                         |
| No. | Description                                                                 | Statement |
|-----|-----------------------------------------------------------------------------|-----------|
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None    |
| 6   | Payment for expert testimony                                               |           |
| 7   | Support for attending meetings and/or travel                               |           |
| 8   | Patents planned, issued or pending                                         | X None    |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board           | X None    |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None    |
| 11  | Stock or stock options                                                      | X None    |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None    |
| 13  | Other financial or non-financial interests                                  | X None    |

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

Hao Ding declares there is 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.
ICMJE DISCLOSURE FORM

Date: July 4, 2021

Your Name: Dao-Ming Li

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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. | **X** None | Time frame: Since the initial planning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None |
| 3 | Royalties or licenses | **X** None |
| 4 | Consulting fees | **X** None |

Time frame: past 36 months
|   | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | **X** _None_ |
|---|-------------------------------------------------------------------------------------------------|-------------|
| 6 | **Payment for expert testimony** | **X** _None_ |
| 7 | **Support for attending meetings and/or travel** | **X** _None_ |
| 8 | **Patents planned, issued or pending** | **X** _None_ |
| 9 | **Participation on a Data Safety Monitoring Board or Advisory Board** | **X** _None_ |
| 10 | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | **X** _None_ |
| 11 | **Stock or stock options** | **X** _None_ |
| 12 | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | **X** _None_ |
| 13 | **Other financial or non-financial interests** | **X** _None_ |

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

Dao-Ming Li declares there is 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.
ICMJE DISCLOSURE FORM

Date: July 5, 2021

Your Name: Hui Yang

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)
   - **X** None

2. Grants or contracts from any entity (if not indicated in item #1 above).
   - **X** None

3. Royalties or licenses
   - **X** None

**Time frame: past 36 months**

4. Consulting fees
   - **X** None
Please summarize the above conflict of interest in the following box:

Hui Yang declares there is 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.
ICMJE DISCLOSURE FORM

Date: July 5, 2021

Your Name: Xue-Qin Chen

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                          |
|   | No time limit for this item.                                                                    |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | X None                                                                          |
| 3 | Royalties or licenses                                                                           | X None                                                                          |
| 4 | Consulting fees                                                                                 | X None                                                                          |
|   | Time frame: past 36 months                                                                      |                                                                                  |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  None |
|---|-------------------------------------------------------------------------------------------------|--------|
| 6 | Payment for expert testimony                                                                   | X  None |
| 7 | Support for attending meetings and/or travel                                                   | X  None |
| 8 | Patents planned, issued or pending                                                              | X  None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | X  None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid| X  None |
| 11| Stock or stock options                                                                          | X  None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | X  None |
| 13| Other financial or non-financial interests                                                       | X  None |

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

Xue-Qin Chen declares there is 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.
ICMJE DISCLOSURE FORM

Date: July 5, 2021

Your Name: Wen-Yu Zhu

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| # | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---|--------------------------------------------------|---------------------------|
| 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. | X None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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

Wen-Yu Zhu declares there is 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.
ICMJE DISCLOSURE FORM

Date: July 2, 2021

Your Name: Ying Wu

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__None                                                                          |
|   | **No time limit for this item.**                                                               |                                                                                   |
|   | **Time frame: past 36 months**                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | __X__None                                                                          |
| 3 | Royalties or licenses                                                                         | __X__None                                                                          |
| 4 | Consulting fees                                                                               | __X__None                                                                          |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

I declare there is 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.
ICMJE DISCLOSURE FORM

Date: June 30, 2021

Your Name: Ling Yan

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | X None                                                                           |
|   |                                                                                     |                                                                                  |
| **Time frame: past 36 months** |                                                                                     |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).               | X None                                                                           |
|   |                                                                                     |                                                                                  |
| 3 | Royalties or licenses                                                                     | X None                                                                           |
|   |                                                                                     |                                                                                  |
| 4 | Consulting fees                                                                     | X None                                                                           |
|   | Description                                                                 |   |
|---|------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | _ X _ None |
|   | manuscript writing or educational events                                      |   |
| 6 | Payment for expert testimony                                                 | _ X _ None |
| 7 | Support for attending meetings and/or travel                                  | _ X _ None |
| 8 | Patents planned, issued or pending                                            | _ X _ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | _ X _ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | _ X _ None |
|   | group, paid or unpaid                                                         |   |
| 11| Stock or stock options                                                       | _ X _ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other       | _ X _ None |
|   | services                                                                      |   |
| 13| Other financial or non-financial interests                                    | _ X _ None |

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

I declare there is 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.
ICMJE DISCLOSURE FORM

Date: __July 3, 2021___________________________
Your Name: Xi He

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | ___X__ None                                                                         |
|   |                                                                                                  |                                                                                     |
|   |                                                                                                  |                                                                                     |
|   |                                                                                                  |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | ___X__ None                                                                         |
|   |                                                                                                  |                                                                                     |
| 3 | Royalties or licenses                                                                             | ___X__ None                                                                         |
|   |                                                                                                  |                                                                                     |
| 4 | Consulting fees                                                                                  | ___X__ None                                                                         |
|   |                                                                                                  |                                                                                     |
|   | **Time frame: past 36 months**                                                                    |                                                                                     |
|   |                                                                                                  |                                                                                     |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | ____None |

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

I have no conflict of interest to declare.

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.
ICMJE DISCLOSURE FORM

Date: July 1, 2021
Your Name: Jun Liu
Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.                                      | __X__ None                                                                                                                                 |
|   |                                                                                                                                                                                                                                                                  |                                                                                                                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                                                                                                       | __X__ None                                                                                                                                 |
| 3 | Royalties or licenses                                                                                                                                                                                                                                          | __X__ None                                                                                                                                 |
| 4 | Consulting fees                                                                                                                                                                                                                                               | __X__ None                                                                                                                                 |
|   | **Time frame: past 36 months**                                                                                                                                                                        |                                                                                                                                                      |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | **X** None |
| 6 | Payment for expert testimony                                                | **X** None |
| 7 | Support for attending meetings and/or travel                                 | **X** None |
| 8 | Patents planned, issued or pending                                          | **X** None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | **X** None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | **X** None |
| 11| Stock or stock options                                                      | **X** None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | **X** None |
| 13| Other financial or non-financial interests                                   | **X** None |

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

I have no conflict of interest to declare.

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.
ICMJE DISCLOSURE FORM

Date: July 5, 2021
Your Name: Lin Shao

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | X None                                                                            |
|   |                                                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | X None                                                                            |
| 3 | Royalties or licenses                                                                           | X None                                                                            |
| 4 | Consulting fees                                                                                 | X None                                                                            |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | X  | None |
|   | manuscript writing or educational events                                    |    |      |
| 6 | Payment for expert testimony                                                |    |      |
| 7 | Support for attending meetings and/or travel                                | X  | None |
| 8 | Patents planned, issued or pending                                          | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           |    |      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | X  | None |
|   | group, paid or unpaid                                                       |    |      |
| 11| Stock or stock options                                                      | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      |    |      |
|   | services                                                                    |    |      |
| 13| Other financial or non-financial interests                                  |    |      |
|   | Burning Rock Biotech Employee                                               |    |      |

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

Lin Shao is an employee of Burning Rock Biotech.

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.
ICMJE DISCLOSURE FORM

Date: July 5, 2021

Your Name: Hao-Zhe Wang

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | X None                                                                              |
|   |                                                                                                 |                                                                                   |
| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None                                                                              |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|----|---------------------------------------------------------------------------------------------------------------|-------|
| 6  | Payment for expert testimony | X None |
| 7  | Support for attending meetings and/or travel | X None |
| 8  | Patents planned, issued or pending | X None |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | Burning Rock Biotech | Employee |

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

**Hao-Zhe Wang is an employee of Burning Rock Biotech.**

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.
ICMJE DISCLOSURE FORM

Date: July 5, 2021

Your Name: Yan Chen

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **No time limit for this item.** |   |   |
| **Time frame: past 36 months** |   |   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Conflict of Interest | Agreement |
|---|----------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

Yan Chen is an employee of Burning Rock Biotech.

Please place an “X” next to the following statement to indicate your agreement:
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: July 5, 2021

Your Name: Jing-Jing Zheng

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma

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 current manuscript only.

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| **Time frame: Since the initial 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. | _X_ None                                                                         |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                  | _X_ None                                                                         |
|   |                                                                                           |                                                                                  |
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|   |                                                                                           |                                                                                  |
| 4 | Consulting fees                                                                          | _X_ None                                                                         |


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

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

Jing-Jing Zheng was an employee of Burning Rock Biotech.

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.
ICMJE DISCLOSURE FORM

Date: June 30, 2021
Your Name: Naoki Inui

Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma
Manuscript number (if known): __________________________

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|   |                                                                             | Time frame: Since the initial planning of the work                                |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                            |
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|   |                                                                                 | Boehringer Ingelheim                                                             |
|   |                                                                                 | TAIHO Pharmaceutical Co., Ltd                                                    |
| 3 | Royalties or licenses                                                            | X None                                                                            |
|   |                                                                                 |                                                                                  |
|   | Description                                                                 | Response |
|---|------------------------------------------------------------------------------|----------|
| 4 | Consulting fees                                                              | X None   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Eli Lilly Japan K.K, MSD K.K. |
| 6 | Payment for expert testimony                                                  | X None   |
| 7 | Support for attending meetings and/or travel                                  | X None   |
| 8 | Patents planned, issued or pending                                            | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
|11 | Stock or stock options                                                        | X None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
|13 | Other financial or non-financial interests                                   | X None   |

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

I got grants from Chugai Pharmaceutical CO., Ltd, Boehringer Ingelheim, TAIHO Pharmaceutical Co., Ltd; and received fee from Eli Lilly Japan K.K, MSD K.K.

Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: June 30, 2021
Your Name: Yuan-Sheng Zang
Manuscript Title: Serum tumor markers for the prediction of concordance between genomic profiles from liquid and tissue biopsy in patients with advanced lung adenocarcinoma
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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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | Shanghai Distinguished Young Medical Talents Training Program (QNYXRC01)<br>The Medical Innovation Research Project of Shanghai Science and Technology Commission (20Y11914400)<br>The Project of Ministry of science and technology of China (2017YFC1309202) |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).<br>__X__None |  |
| 3 | Royalties or licenses<br>__X__None |  |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | _ X _ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _ X _ None |
| 6 | Payment for expert testimony | _ X _ None |
| 7 | Support for attending meetings and/or travel | _ X _ None |
| 8 | Patents planned, issued or pending | _ X _ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _ X _ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _ X _ None |
| 11 | Stock or stock options | _ X _ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _ X _ None |
| 13 | Other financial or non-financial interests | _ X _ None |

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

I got funding from the Project of Ministry of science and technology of China (2017YFC1309202), the Shanghai Distinguished Young Medical Talents Training Program (QNYXRC01) and the Medical Innovation Research Project of Shanghai Science and Technology Commission (20Y11914400).

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.