ICMJE DISCLOSURE FORM

Date: Aug 2nd, 2022
Your Name: Baolian Zhao
Manuscript Title: A rare presentation of primary lateral ventricle H3 K27-altered diffuse midline glioma in a 14-year-old girl: a case description
Manuscript number (if known): QIMS-22-339-R1

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.) | None |
|   | Funding: National Natural Science Foundation of China (General Program No. 81871405)          | There are not grants or contracts from any entity.                                  |
|   | National Key Research and Development Program of China (No. 2018YFC0116404)                   |                                                                                   |
|   | Hospital-level military medical research (No. 2019CZJS106)                                   |                                                                                   |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Grant or contract 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:

The study was supported by grant from National Natural Science Foundation of China, grant from National Key Research and Development Program of China, and grant from Hospital Military Medical Research. The authors have no other conflicts 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: Aug 2nd, 2022
Your Name: Ke Sun
Manuscript Title: A rare presentation of primary lateral ventricle H3 K27-altered diffuse midline glioma in a 14-year-old girl: a case description
Manuscript number (if known): QIMS-22-339-R1

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.

| Time frame: Since the initial planning of the work | 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.) | None | Funding: There are not grants or contracts from any entity. |
| | No time limit for this item. | National Natural Science Foundation of China (General Program No. 81871405) | |
| | | National Key Research and Development Program of China (No. 2018YFC0116404) | |
| | | Hospital-level military medical research (No. 2019CZJS106) | |
|   | 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:

The study was supported by grant from National Natural Science Foundation of China, grant from National Key Research and Development Program of China, and grant from Hospital Military Medical Research. The authors have no other conflicts 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: Aug 2nd, 2022
Your Name: Zhengwei Zhang
Manuscript Title: A rare presentation of primary lateral ventricle H3 K27-altered diffuse midline glioma in a 14-year-old girl: a case description
Manuscript number (if known): QIMS-22-339-R1

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. | None | Funding: There are not grants or contracts from any entity. |
|   | National Natural Science Foundation of China (General Program No. 81871405) |  |
|   | National Key Research and Development Program of China (No. 2018YFC0116404) |  |
|   | Hospital-level military medical research (No. 2019CZJS106) |  |
|   | Grants or contracts from any entity (if not indicated in item #1 above). |   |
|---|---|---|
|   | Royalties or licenses | None |
|   | Consulting fees | None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|   | Payment for expert testimony | None |
|   | Support for attending meetings and/or travel | None |
|   | Patents planned, issued or pending | None |
|   | Participation on a Data Safety Monitoring Board or Advisory Board | None |
|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
|   | Stock or stock options | None |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
|   | Other financial or non-financial interests | None |

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

The study was supported by grant from National Natural Science Foundation of China, grant from National Key Research and Development Program of China, and grant from Hospital Military Medical Research. The authors have no other conflicts 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: Aug 2nd, 2022
Your Name: Tao Xu
Manuscript Title: A rare presentation of primary lateral ventricle H3 K27-altered diffuse midline glioma in a 14-year-old girl: a case description
Manuscript number (if known): QIMS-22-339-R1

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.

| 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. | 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) |
| | Funding: | There are not grants or contracts from any entity. |
| | National Natural Science Foundation of China (General Program No. 81871405) | National Key Research and Development Program of China (No. 2018YFC0116404) |
| | Hospital-level military medical research (No. 2019CZJS106) | |

| Time frame: past 36 months |
|----------------------------|
| | | |
|   | **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:

The study was supported by grant from National Natural Science Foundation of China, grant from National Key Research and Development Program of China, and grant from Hospital Military Medical Research. The authors have no other conflicts 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: Aug 2nd, 2022  
Your Name: Liang Zhao  
Manuscript Title: A rare presentation of primary lateral ventricle H3 K27-altered diffuse midline glioma in a 14-year-old girl: a case description  
Manuscript number (if known): QIMS-22-339-R1

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.

| 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.** | ___None  
**Funding:**  
National Natural Science Foundation of China (General Program No. 81871405)  
National Key Research and Development Program of China (No. 2018YFC0116404)  
Hospital-level military medical research (No. 2019CZJS106) |

| Specifications/Comments (e.g., if payments were made to you or to your institution) |
| --- |
| There are not grants or contracts from any entity. |

| 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.** | ___None  
**Funding:**  
National Natural Science Foundation of China (General Program No. 81871405)  
National Key Research and Development Program of China (No. 2018YFC0116404)  
Hospital-level military medical research (No. 2019CZJS106) |

| Specifications/Comments (e.g., if payments were made to you or to your institution) |
| --- |
| There are not grants or contracts from any entity. |
|   | Description                                                                 | X_None |   |
|---|-----------------------------------------------------------------------------|-------|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).     |       |   |
| 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:

The study was supported by grant from National Natural Science Foundation of China, grant from National Key Research and Development Program of China, and grant from Hospital Military Medical Research. The authors have no other conflicts 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: Aug 2nd, 2022
Your Name: Chen Liu
Manuscript Title: A rare presentation of primary lateral ventricle H3 K27-altered diffuse midline glioma in a 14-year-old girl: a case description
Manuscript number (if known): QIMS-22-339-R1

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.) | **None**<br>**Funding:**<br>National Natural Science Foundation of China (General Program No. 81871405)<br>National Key Research and Development Program of China (No. 2018YFC0116404)<br>Hospital-level military medical research (No. 2019CZJS106) | There are not grants or contracts from any entity. |

Time frame: Since the initial planning of the work

Time frame: past 36 months
Please summarize the above conflict of interest in the following box:

The study was supported by grant from National Natural Science Foundation of China, grant from National Key Research and Development Program of China, and grant from Hospital Military Medical Research. The authors have no other conflicts 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: Aug 2nd, 2022
Your Name: Yi Xiao
Manuscript Title: A rare presentation of primary lateral ventricle H3 K27-altered diffuse midline glioma in a 14-year-old girl: a case description
Manuscript number (if known): QIMS-22-339-R1

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.** | None |
|  | Funding: | There are not grants or contracts from any entity. |
|  | National Natural Science Foundation of China (General Program No. 81871405) |  |
|  | National Key Research and Development Program of China (No. 2018YFC0116404) |  |
|  | Hospital-level military medical research (No. 2019CZJS106) |  |
|   | **Conflict of Interest**                                                                 |   |
|---|------------------------------------------------------------------------------------------|---|
| 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:**

The study was supported by grant from National Natural Science Foundation of China, grant from National Key Research and Development Program of China, and grant from Hospital Military Medical Research. The authors have no other conflicts 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.