ICMJE DISCLOSURE FORM

Date: Nov. 8th, 2021
Your Name: Chunhong Hu

Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection

Manuscript number (if known): TLCR-21-751-CL

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.) | _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                                                                           |
|   | Conflicts of Interest                                                                 | Answer |
|---|--------------------------------------------------------------------------------------|--------|
| 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: **Nov. 8th, 2021**
Your Name: **Long Shu**
Manuscript Title: **A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection**
Manuscript number (if known): **TLCR-21-751-CL**

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|---|---|---|
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| 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: Since the initial planning of the work

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 |
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| 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 |

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__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: Nov. 8th, 2021
Your Name: Chen Chen
Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
Manuscript number (if known): TCR-21-751-CL

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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|   | **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 |
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| 13| Other financial or non-financial interests                                   | _X_ None |

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ICMJE DISCLOSURE FORM

Date: __Nov. 8th__, 2021
Your Name: __Songqing Fan__
Manuscript Title: _A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection_
Manuscript number (if known): __TLCR-21-751-CL__

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.) | _X_ None |
| | No time limit for this item. | |

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

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|   |                                                                 |                                                                                  |
|   | **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:

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: ___ Nov. 8th, 2021
Your Name: Hongmei Zheng
Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
Manuscript number (if known): TLCR-21-751-CL

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.) **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                                                                                      | 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:**

None.

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ICMJE DISCLOSURE FORM

Date:  
Nov. 8th, 2021
Your Name:  
Yue Pan
Manuscript Title:  
A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
Manuscript number (if known):  
TLCR-21-751-CL

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| 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 |
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| 13| Other financial or non-financial interests                                    | X | None |

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ICMJE DISCLOSURE FORM

Date: Nov. 8th, 2021
Your Name: Lishu Zhao
Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
Manuscript number (if known): TLCR-21-751-CL

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| 3 | Royalties or licenses                                                                         | _X_ None                                                                       |
| 4 | Consulting fees                                                                               | _X_ None                                                                       |
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|---|-------------------------------------------------------------------------------------------------|----------|
| 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 |

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ICMJE DISCLOSURE FORM

Date: __Nov. 8th, 2021__
Your Name: __Fangwen Zou__

Manuscript Title:  _A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection_

Manuscript number (if known): __TCR-21-751-CL__

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| 3 | Royalties or licenses                                                                                                               | __X__ None                                                                       |
| 4 | Consulting fees                                                                                                                     | __X__ None                                                                       |

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| 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

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None.

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ICMJE DISCLOSURE FORM

Date: __ Nov.8th, 2021
Your Name: Chaoyuan Liu
Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
Manuscript number (if known): TCR-21-751-CL

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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| 3 | Royalties or licenses                                                                      | __X__ None                                                                      |
| 4 | Consulting fees                                                                           | __X__ None                                                                      |
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Date: Nov. 8th, 2021
Your Name: Wenliang Liu
Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
Manuscript number (if known): TLCR-21-751-CL

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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|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
|   |                                                                                                 | Time frame: Since the initial planning of the work                                |
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|   | **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                                                                       |

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### 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 |

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

None.

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

| X | I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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| 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 |
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| 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 |

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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: Nov. 8th, 2021
Name: Xianling Liu
Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
Manuscript number (if known): TLR-21-751-CL

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| 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:

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: Nov. 8th, 2021
Your Name: Lijuan Liu
Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
Manuscript number (if known): TLCR-21-751-CL

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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|  |  |  |
| **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 |
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|---|---|---|
| 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 |

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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.
Date: Nov. 8th, 2021
Your Name: Lingling Yang
Manuscript Title: *A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection*
Manuscript number (if known): TLCR-21-751-CL

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|   | *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 |
|   | Statement                                                                 | X | None |
|---|---------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,      |    | None |
|   | manuscript writing or educational events                                 |    |      |
| 6 | Payment for expert testimony                                              |    | None |
| 7 | Support for attending meetings and/or travel                              |    | None |
| 8 | Patents planned, issued or pending                                        |    | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         |    | None |
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|   | group, paid or unpaid                                                     |    |      |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other   |    | None |
|   | services                                                                   |    |      |
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| 3 | Royalties or licenses                                                                     | __X__ None                                                                        |
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ICMJE DISCLOSURE FORM

Date: Nov. 8th, 2021
Your Name: Fang Wu
Manuscript Title: A prediction model integrated genomic alterations and immune signatures of tumor immune microenvironment for early recurrence of stage I NSCLC after curative resection
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| 3 | Royalties or licenses | __X__ None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  | None |
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