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

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:______________2022/03/08__________________________________________________________
Your Name:___________Wenming Shen____________________________________________________
Manuscript Title:____Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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.)        | X None                                                        |
|   | No time limit for this item.                                                                               |                                                                 |
|   | 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:______________2022/03/08________________________________________________________

Your Name:___________Ding Wang____________________________________________________

Manuscript Title:____Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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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| #  | 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.) | _X_ None                                                                       |
|    | **No time limit for this item.**                                                       |                                                                             |

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) |
|----|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 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 |

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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: ______________ 2022/03/08

Your Name: __________ Na Li

Manuscript Title: ____Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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.) | 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** | |

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**Specifications/Comments (e.g., if payments were made to you or to your institution)**
|   |                                                                 | X None |
|---|-----------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | 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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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:________________2022/03/08________________________________________
Your Name:__________Zhiyu Huang________________________________________
Manuscript Title:_____Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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.) **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                                                                 | 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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_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:______________2022/03/08

Your Name:___________Jiamin Sheng

Manuscript Title:_____Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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.) | _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                                                                         |
|   | Conflict of Interest                                                                 | Answer |
|---|--------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 6 | Payment for expert testimony                                                          | None   |
| 7 | Support for attending meetings and/or travel                                          | None   |
| 8 | Patents planned, issued or pending                                                    | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
| 11| Stock or stock options                                                                | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services      | None   |
| 13| Other financial or non-financial interests                                             | None   |

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:______________2022/03/08
Your Name:___________A. Justin Rucker_____________________________________
Manuscript Title:____Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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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|---|---|---|
|   | 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 |

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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                                                                 |   |   |
|---|-----------------------------------------------------------------------------|---|---|
| 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 |

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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: _______________ 2022/03/08

Your Name: ___________ Haimiao Xu

Manuscript Title: ____Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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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| **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.
Date: 2022/03/08
Your Name: Guoping Cheng
Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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.)** 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                                                                         |
|   | 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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