ICMJE DISCLOSURE FORM

Date: ____ May 2, 2021
Your Name: Hui Chen
Manuscript Title: **M₅C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in 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 |                                                                                     |
|   | Description                                                                 | 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:

I declare that I have no competing interests.

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:  __May 2, 2021___
Your Name:  ________________________________
Manuscript Title:  __**M**\textsuperscript{5}C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in lung adenocarcinoma__
Manuscript number (if known):  ________________________________

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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 |
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| 11 | Stock or stock options                                                                  | _X_ None |
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ICMJE DISCLOSURE FORM

Date: __May 2, 2021__
Your Name: __Zhao-Yue Zhang__
Manuscript Title: __M^5^C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in lung adenocarcinoma__
Manuscript number (if known): __

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ICMJE DISCLOSURE FORM

Date: __May 2, 2021__
Your Name: __Ming Liu__
Manuscript Title: __M\(^3\)C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in 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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| 3 | Royalties or licenses | ___X___ None |
| 4 | Consulting fees | ___X___ None |
|   | Description                                                                 |   |
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|   | 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                                                                     |   |
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ICMJE DISCLOSURE FORM

Date:  May 2, 2021
Your Name:  Rui-Yan Wu
Manuscript Title:  M^3C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in 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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| 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 |
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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:  May 2, 2021
Your Name: Xiao-Fei Zhang
Manuscript Title: M\(^5\)C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in lung adenocarcinoma
Manuscript number (if known): 

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|   | Question                                                                 | Answer  |
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| 7 | Support for attending meetings and/or travel                             | X None |
| 8 | Patents planned, issued or pending                                       | X None |
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Date: __May 2, 2021__
Your Name: __Li-Ping Xu__
Manuscript Title: __M\(^3\)C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in lung adenocarcinoma__
Manuscript number (if known): ________________

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ICMJE DISCLOSURE FORM

Date: __May 2, 2021________________________
Your Name: __Hong-Yan Cheng________________
Manuscript Title: __M²C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in lung adenocarcinoma_________________
Manuscript number (if known): ________________________________

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|   | group, paid or unpaid                                                         |        |
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ICMJE DISCLOSURE FORM

Date: May 2, 2021
Your Name: Xin-Chen Sun
Manuscript Title: M^5C regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in lung adenocarcinoma
Manuscript number (if known): ____________________________

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| 7  | Support for attending meetings and/or travel                                                                  | _X__None |
| 8  | Patents planned, issued or pending                                                                               | _X__None |
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ICMJE DISCLOSURE FORM

Date: ___May 2, 2021___
Your Name: Hong-Cheng Zhu
Manuscript Title: M\(^{2}C\) regulator-mediated methylation modification patterns and tumor microenvironment infiltration characterization in lung adenocarcinoma
Manuscript number (if known): ____________________________

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