ICMJE DISCLOSURE FORM

Date: ______ 2022.01.20
Your Name: ______ Ronghua Yang
Manuscript Title: __ An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report__
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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|   | 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** | **Time frame: Since the initial planning of the work** |                                                                                     |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | X_None                                                                                     |
| **2** | **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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|---|--------------------------------------------------------------------------------------------------------|--------|
| 6 | Payment for expert testimony                                                                           | _X_None |
| 7 | Support for attending meetings and/or travel                                                              | _X_None |
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| 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 |

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

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ICMJE DISCLOSURE FORM

Date: ______ 2022.01.20

Your Name: ______ Dong Wang

Manuscript Title: An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report

Manuscript number (if known): ____________________________________________________________

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ICMJE DISCLOSURE FORM

Date: __ 2022.01.20 __

Your Name: ____ Xia Li ____________________________________________________________________________

Manuscript Title: _ An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report_ 

Manuscript number (if known): __________________________________________________________________

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| 3  | Royalties or licenses | X_None |
| 4  | Consulting fees | X_None |
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| 11| Stock or stock options                                                       | X | None |
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| 13| Other financial or non-financial interests                                   | X | None |

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Date: 2022.01.20
Your Name: Kaiping Mao

Manuscript Title: An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report
Manuscript number (if known):

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|   | **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 |
|   | Description                                                                 | 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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Date:____2022.01.20____
Your Name:____Jinglong Wang____

Manuscript Title: An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report
Manuscript number (if known):__________________________________________________________

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| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | X_None | |
|   | Description                                                                 | 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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**Date:** _______ 2022.01.20

**Your Name:** _______ Peng Li

**Manuscript Title:** An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report

**Manuscript number (if known):** ________________________________________________________________

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| 3 | Royalties or licenses | _X_None | |
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|   | Description                                                                 | X | 
|---|-----------------------------------------------------------------------------|---| 
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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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Date: 2022.01.20
Your Name: Xiaoliang Shi

Manuscript Title: An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report
Manuscript number (if known): 

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| 3 | Royalties or licenses | X_None                                                                          |
| 4 | Consulting fees | X_None                                                                          |
|   | Description                                                                 | Answer |
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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 |
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Date: ______ 2022.01.20

Your Name: ______ Shanshan Zhang

Manuscript Title: _An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report_

Manuscript number (if known): ________________________________________________________________________________

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| 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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Date: 2022.01.20

Your Name: Yongjie Wang

Manuscript Title: An advanced non-small cell lung cancer patient with EGFR and KRAS mutations, and PD-L1 positive, benefited from immunotherapy: a case report

Manuscript number (if known):

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|   | Payment for expert testimony                                                                                | _X_None |
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