ICMJE DISCLOSURE FORM

Date: __ Nov. 29th, 2021__
Your Name: __Doctor Gdo__
Manuscript Title: __A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice__
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.

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) |
|---|---|
| **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 |
|   |   |   |
|---|---|---|
| 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. 28th, 2021____
Your Name: ________________________________

Manuscript Title: A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice
Manuscript number (if known): ____________________________

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|---|---|
| **Time frame: Since the initial planning of the work** | |
| **1** | **None** |
| All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Medical and Health Research Program of Zhejiang Province (2022RC008 to Yujia Liu) |
| No time limit for this item. | |
| **Time frame: past 36 months** | |
| **2** | **X** None |
| Grants or contracts from any entity (if not indicated in item #1 above). | |
| **3** | **X** None |
| Royalties or licenses | |
|   | Consulting fees |   |   |   |   |   |   |
|---|----------------|---|---|---|---|---|---|
| 4 | X _ None       |   |   |   |   |   |   |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |   |   |   |   |   |
| 5 | X _ None       |   |   |   |   |   |   |
|   | Payment for expert testimony |   |   |   |   |   |   |
| 6 | X _ None       |   |   |   |   |   |   |
|   | Support for attending meetings and/or travel |   |   |   |   |   |   |
| 7 | X _ None       |   |   |   |   |   |   |
|   | Patents planned, issued or pending |   |   |   |   |   |   |
| 8 | X _ None       |   |   |   |   |   |   |
|   | Participation on a Data Safety Monitoring Board or Advisory Board |   |   |   |   |   |   |
| 9 | X _ None       |   |   |   |   |   |   |
|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |   |   |   |   |   |   |
| 10| X _ None       |   |   |   |   |   |   |
|   | Stock or stock options |   |   |   |   |   |   |
| 11| X _ None       |   |   |   |   |   |   |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |   |   |   |   |   |   |
| 12| X _ None       |   |   |   |   |   |   |
|   | Other financial or non-financial interests |   |   |   |   |   |   |
| 13| X _ None       |   |   |   |   |   |   |

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

Medical and Health Research Program of Zhejiang Province (2022RC008 to Yujia Liu)

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. 28th, 2021____
Your Name: ______Yoochan Jeong____
Manuscript Title: ______A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice____
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) |
|---|---|
| **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 |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
|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. 28th, 2021

Your Name: [Name]

Manuscript Title: A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice

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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| No. | Description                                                                 | 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**                      |                                                                                               |                                                                                      |
| 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 |

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

None.

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Date: Nov. 28th, 2021
Your Name:

Manuscript Title: A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice
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| 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.) No time limit for this item. | None |
| Medical and Health Research Program of Zhejiang Province (2021KY491 to Tong Xu) |

Time frame: past 36 months

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

Medical and Health Research Program of Zhejiang Province (2021KY491 to Tong Xu)

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. 28th, 2021

Your Name: [Signature]

Manuscript Title: A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice

Manuscript number (if known): [Blank]

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** | |
| 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 |
| | Zhejiang Provincial Natural Science Foundation (LQ19H280004 to Jiazheng Zhu) | |
| **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:

Zhejiang Provincial Natural Science Foundation (LQ19H280004 to Jiachen Zhu)

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, 28th, 2021____
Your Name: __Fengdong Chen__
Manuscript Title: A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice
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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|---|---|
| 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.

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**ICMJE DISCLOSURE FORM**

Date: Nov. 28th, 2021  
Your Name: [Name]  
Manuscript Title: A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice  
Manuscript number (if known): [Number]

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|---|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| **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  
10000 Talents Plan of Zhejiang Province (to Ping Huang) |                                                                                  |
| **Time frame: past 36 months** |   |                                                                                  |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | None |                                                                                  |
| **3** | Royalties or licenses | None |                                                                                  |
|   | Description                                                                 |   |   |
|---|-----------------------------------------------------------------------------|---|---|
| 4 | Consulting fees                                                            |   | X  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        |   | X  |
|   | manuscript writing or educational events                                    |   |   |
| 6 | Payment for expert testimony                                                |   | X  |
| 7 | Support for attending meetings and/or travel                                 |   | X  |
| 8 | Patents planned, issued or pending                                          |   | X  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           |   | X  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy |   | X  |
|   | group, paid or unpaid                                                        |   |   |
| 11| Stock or stock options                                                       |   | X  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     |   | X  |
|   | services                                                                     |   |   |
| 13| Other financial or non-financial Interests                                   |   | X  |

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

10000 Talents Plan of Zhejiang Province (to Ping Huang)

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. 28th, 2021__
Your Name: Yiwen Zhang
Manuscript Title: A narrative review of the emerging role of lymphocyte antigen 6 complex locus K in cancer: from basic research to clinical practice
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: 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__ | |
|   | Medical and Health Research Program of Zhejiang Province (2022KY069 and 2021KY040 to Yiwen Zhang) |  |
|   | Chinese Medicine Research Program of Zhejiang Province (2021ZZ001 to Yiwen Zhang) |  |
|   | Zhejiang Provincial Natural Science Foundation (LY20H310001 to Yiwen Zhang) |  |
|   | Zhejiang Provincial Program for the Cultivation of New Heath Talents (to Yiwen Zhang) |  |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __None__ | |


|   | Royalties or licenses |   |
|---|----------------------|---|
| 3 | X None               |   |

|   | Consulting fees |   |
|---|-----------------|---|
| 4 | X None          |   |

|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|----------------------------------------------------------------|---|
| 5 | X None                                                        |   |

|   | Payment for expert testimony |   |
|---|-------------------------------|---|
| 6 | X None                        |   |

|   | Support for attending meetings and/or travel |   |
|---|---------------------------------------------|---|
| 7 | X None                                      |   |

|   | Patents planned, issued or pending |   |
|---|-----------------------------------|---|
| 8 | X None                            |   |

|   | Participation on a Data Safety Monitoring Board or Advisory Board |   |
|---|-----------------------------------------------------------------|---|
| 9 | X None                                                          |   |

|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |   |
|---|-------------------------------------------------------------------------------------------------|---|
| 10| X None                                                                                          |   |

|   | Stock or stock options |   |
|---|------------------------|---|
| 11| X None                 |   |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |   |
|---|---------------------------------------------------------------------------------|---|
| 12| X None                                                                           |   |

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

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

Medical and Health Research Program of Zhejiang Province (2022KY069 and 2021KY040 to Yiwen Zhang): Chinese Medicine Research Program of Zhejiang Province (2021ZZ001 to Yiwen Zhang); Zhejiang Provincial Natural Science Foundation (LY20H310001 to Yiwen Zhang); Zhejiang Provincial Program for the Cultivation of New Heath Talents (to Yiwen Zhang)

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