ICMJE DISCLOSURE FORM

Date: __2021.06.08__________________________
Your Name: __Jiayin Li________________________
Manuscript Title: __DNA repair genes are associated with tumor tissue differentiation and immune environment in lung adenocarcinoma: a bioinformatics analysis based on big data__
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.** | 1. Scientific Research Project of Traditional Chinese Medicine in Guangdong Province No. 20191106; 2. Scientific Research Project of Traditional Chinese Medicine in Guangdong Province No. 20201113; 3. Youth Research Fund Project “Innovation and Strengthening Hospital Fund” of in the First Affiliated Hospital of Guangzhou University of Traditional Chinese Medicine (No. 2019QN02). |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _V_None |
| **Time frame: past 36 months** |

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In item #1, all support for the present manuscript is listed. This includes support for the planning of the work, which includes project grants from the Guangdong Province and a youth research fund project at the First Affiliated Hospital of Guangzhou University of Traditional Chinese Medicine.
|   | Conflict of Interest Description                                                                 | Yes | No |
|---|-----------------------------------------------------------------------------------------------|-----|----|
| 3 | Royalties or licenses                                                                           | Yes | No |
| 4 | Consulting fees                                                                                 | Yes | No |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Yes | No |
| 6 | Payment for expert testimony                                                                    | Yes | No |
| 7 | Support for attending meetings and/or travel                                                    | Yes | No |
| 8 | Patents planned, issued or pending                                                              | Yes | No |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | Yes | No |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Yes | No |
|11 | Stock or stock options                                                                          | Yes | No |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                | Yes | No |
|13 | Other financial or non-financial interests                                                       | Yes | No |

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

Dr. Li received funding supports: 1. Scientific Research Project of Traditional Chinese Medicine in Guangdong Province No. 20191106; 2. Scientific Research Project of Traditional Chinese Medicine in Guangdong Province No. 20201113; 3. Youth Research Fund Project “Innovation and Strengthening Hospital Fund” of in the First Affiliated Hospital of Guangzhou University of Traditional Chinese Medicine (No. 2019QN02). No other conflict of interest.

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: __2021.06.08______________
Your Name: __ Jingxu Zhou ________________________________
Manuscript Title: __ DNA repair genes are associated with tumor tissue differentiation and immune environment in lung adenocarcinoma: a bioinformatics analysis based on big data __
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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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.

| #  | 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.) No time limit for this item. | __√ None                                                                                      |                                |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).     | ____√ None                                                                                     |                                |
| 3  | Royalties or licenses                                                        | ____√ None                                                                                     |                                |
| 4  | Consulting fees                                                             | ____√ None                                                                                     |                                |
|   |   |   |
|---|---|---|
| 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:

Dr. Zhou has nothing to disclose.

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: __2021.06.08__________________________
Your Name: __Jing Zhang________________________
Manuscript Title: __DNA repair genes are associated with tumor tissue differentiation and immune environment in lung adenocarcinoma: a bioinformatics analysis based on big data__
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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| Number | 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) | 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.) | _√_ None |  | Time frame: Since the initial planning of the work |
| 2      | Grants or contracts from any entity (if not indicated in item #1 above). | __√_ None |  | Time frame: past 36 months |
| 3      | Royalties or licenses | __√_ None |  |  |
| 4      | Consulting fees | __√_ None |  |  |
|   | 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:

Dr. Zhang has nothing to disclose.

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:** __2021.06.08__
**Your Name:** __Zhiwei Xiao__

**Manuscript Title:** __DNA repair genes are associated with tumor tissue differentiation and immune environment in lung adenocarcinoma: a bioinformatics analysis based on big data__

**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.) | _✓_ 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).                    | _✓_ None                                                                            |
| 3 | Royalties or licenses                                                                       | _✓_ None                                                                            |
| 4 | Consulting fees                                                                            | _✓_ None                                                                            |
|   | Description                                                                 | 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:

Dr. Xiao has nothing to disclose.

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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Date: __2021.06.08__
Your Name: __Wenping Wang__
Manuscript Title: __DNA repair genes are associated with tumor tissue differentiation and immune environment in lung adenocarcinoma: a bioinformatics analysis based on big data__
Manuscript number (if known): ____________________________________________________________________

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| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
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| 3 | Royalties or licenses                                                                      | __√ None                                                                 |
| 4 | Consulting fees                                                                          | __√ None                                                                 |
|   |   |
|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | \_\_V\_None |
| 6 | Payment for expert testimony | \_\_V\_None |
| 7 | Support for attending meetings and/or travel | \_\_V\_None |
| 8 | Patents planned, issued or pending | \_\_V\_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | \_\_V\_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | \_\_V\_None |
| 11 | Stock or stock options | \_\_V\_None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | \_\_V\_None |
| 13 | Other financial or non-financial interests | \_\_V\_None |

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Date: __2021.06.08__

Your Name: __Hanrui Chen__

Manuscript Title: __DNA repair genes are associated with tumor tissue differentiation and immune environment in lung adenocarcinoma: a bioinformatics analysis based on big data__

Manuscript number (if known): ____________________________________________________________________

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|   | **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). | _√_ None |
| 3 | Royalties or licenses | _√_ None |
| 4 | Consulting fees | _√_ None |
|   | 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:

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

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Date: __2021.06.08__

Your Name: __Lizhu Lin__

Manuscript Title: _DNA repair genes are associated with tumor tissue differentiation and immune environment in lung adenocarcinoma: a bioinformatics analysis based on big data_

Manuscript number (if known): _______________________________________________________________________

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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                                                                         |
|   |                                                                                      |                                                                                   |
|   |                                                                                      |                                                                                   |
| **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                                                                          |
|   |                                                                                      |                                                                                   |
| 4 | Consulting fees                                                                      | _√_ None                                                                          |
|   |                                                                                      |                                                                                   |
|   |   |   |
|---|---|---|
| **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:

Dr. Lin has nothing to disclose.

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: __2021.06.08__________________________
Your Name: __Qiuye Yang____________________
Manuscript Title: __DNA repair genes are associated with tumor tissue differentiation and immune environment in lung adenocarcinoma: a bioinformatics analysis based on big data__
Manuscript number (if known): ____________________________

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

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

Dr. Yang has nothing to disclose.

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.