ICMJE DISCLOSURE FORM

Date: __10/12/2021__________________________
Your Name: Huanhuan BI _______________________
Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review
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.) | 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                                                                          |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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:

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ICMJE DISCLOSURE FORM

Date: ___10/12/2021______________________________

Your Name: __Dunqiang REN________________________

Manuscript Title: _Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

Manuscript number (if known): _______________________________________________________

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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). | **None** |
| 3 | Royalties or licenses | **None** |
| 4 | Consulting fees | **None** |
|   | Description                                                                 | Answer |
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|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   |

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ICMJE DISCLOSURE FORM

Date: __10/12/2021______________________________

Your Name: __Jieqiong WU__________________________

Manuscript Title: _Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review_

Manuscript number (if known): ________________________________________________________________

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*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** |

*Time frame: past 36 months*
|   |                                                                                                                      |   |   |
|---|--------------------------------------------------------------------------------------------------------------------|---|---|
|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.

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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.
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**Date:** __10/12/2021__

Your Name: __Xiaoqian Ding__

Manuscript Title: _Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review_

Manuscript number (if known): __________________________

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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.** | ____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                                                                          |
|   | 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:

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.
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Date: ___10/12/2021________________________________________________________
Your Name: __Caihong GUO________________________________________________
Manuscript Title: _Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review_
Manuscript number (if known): ____________________________________________

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|1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **Time frame: Since the initial planning of the work** |
|   | **No time limit for this item.** | **None** |
|2  | Grants or contracts from any entity (if not indicated in item #1 above). | **Time frame: past 36 months** |
|3  | Royalties or licenses | **None** |
|4  | Consulting fees | **None** |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | None   |
|   | manuscript writing or educational events                                    |        |
| 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 | None   |
|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | None   |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | None   |

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

None.

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Date: ___10/12/2021________________________________________________________
Your Name: ___Satoru Miura____________________________________________________

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review
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).                        | None                                                                            |
| 3 | Royalties or licenses                                                                          | None                                                                            |
| 4 | Consulting fees                                                                                | None                                                                            |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,      | None     |
|   | manuscript writing or educational events                                 |          |
| 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       | None     |
|   | advocacy group, paid or unpaid                                           |          |
| 11| Stock or stock options                                                   | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other  | None     |
|   | services                                                                  |          |
| 13| Other financial or non-financial interests                                | None     |

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Date: ___10/12/2021______________________________________________________________

Your Name: Zsolt MEGYESFALVI _______________________________________________________________________________________

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

Manuscript number (if known): _______________________________________________________________________________________

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**Time frame: Since the initial planning of the work**

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   **No time limit for this item.**

   ____ None

   **Specifications/Comments:**

2. Grants or contracts from any entity (if not indicated in item #1 above).

   ____ None

3. Royalties or licenses

   ____ None

4. Consulting fees

   ____ None

**Time frame: past 36 months**
|   | Description                                                                 | None |
|---|----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        |      |
|   | manuscript writing or educational events                                 |      |
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|   | advocacy group, paid or unpaid                                            |      |
| 11| Stock or stock options                                                    |      |
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Date: 7/12/2021
Your Name: Surein Arulananda
Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review
Manuscript number (if known): 

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|   | No time limit for this item.                                                                                                   |                                                                                   |
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| 3 | Royalties or licenses                                                                                                         | None |
| 4 | Consulting fees                                                                                                               | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Sponsors                           |
|---|-----------------------------------------------------------------------------|-----------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | MSD, BMS, Roche, Astra Zeneca     |
|   | manuscript writing or educational events                                     |                                   |
| 6 | Payment for expert testimony                                                 | _X_None                           |
| 7 | Support for attending meetings and/or travel                                 | Astra Zeneca, Roche, MSD          |
| 8 | Patents planned, issued or pending                                            | _X_None                           |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | Roche, Boehringer Ingelheim       |
| 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                           |

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

Dr. Arulananda reports that he receives payment from MSD, BMS, Roche, Astra Zeneca, and support from Astra Zeneca, Roche, MSD for attending meetings and participates in a Data Safety Monitoring Board or Advisory Board of Roche and Boehringer Ingelheim.

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

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Date: ___10/12/2021______________________________________________________________
Your Name: Hongmei WANG_____________________________________________________
Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review
Manuscript number (if known): ____________________________________________________

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