ICMJE DISCLOSURE FORM

Date: ___Dec. 11th, 2021___
Your Name: ___Lige Wu___
Manuscript Title: Durable response to afatinib in an advanced lung adenocarcinoma patient with an EGFR L858R/G729A compound mutation: a case report
Manuscript number (if known): _ ATM-22-95 ___

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|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  | 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: since the initial planning of the work

|   | 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: ___ Dec. 11th, 2021 ___
Your Name: ___ Cheng Fang ___
Manuscript Title: Durable response to afatinib in an advanced lung adenocarcinoma patient with an EGFR L858R/G729A compound mutation: a case report
Manuscript number (if known): ATM-22-95 ___

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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).                      | __X__ None                                                                         |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                         |
| 4 | Consulting fees                                                                                | __X__ None                                                                         |
|   | Time frame: past 36 months                                                                     |                                                                                  |
|   | Conflict of Interest Description | _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:

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ICMJE DISCLOSURE FORM

Date: ___Dec. 11th, 2021___
Your Name: ___Weiqing Zhao___
Manuscript Title: Durable response to afatinib in an advanced lung adenocarcinoma patient with an EGFR L858R/G729A compound mutation: a case report
Manuscript number (if known): ATM-22-95 ___

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 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                                                                       |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | 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.
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Date: ___Dec. 11th, 2021____
Your Name: ___Dong Li____
Manuscript Title: Durable response to afatinib in an advanced lung adenocarcinoma patient with an EGFR L858R/G729A compound mutation: a case report
Manuscript number (if known): _ ATM-22-95 ___

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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|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **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**
|   | Conflict of Interest                                                                 |  _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:**

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ICMJE DISCLOSURE FORM

Date: ___Dec. 11th, 2021___
Your Name: ___Shuxian Tang___
Manuscript Title: Durable response to afatinib in an advanced lung adenocarcinoma patient with an EGFR L858R/G729A compound mutation: a case report
Manuscript number (if known): __ ATM-22-95 ___

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.) | __X__ 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). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Description                                                                 | 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.
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Date: Dec 21\textsuperscript{th}, 2020
Your Name: Xi Li
Manuscript Title: Durable response to afatinib in an advanced lung adenocarcinoma patient with an EGFR L858R/G729A compound mutation: a case report
Manuscript number (if known): ATM-22-95

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 time limit for this item.                                                                 |                                                                                  |

| 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 |                                                                                  |
|   |                                                                 | ___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                      | Burning Rock Biotech, Guangzhou, China |

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

The author is from Burning Rock Biotech, Guangzhou, China.

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: ___ Dec. 11th, 2021 ___
Your Name: ___ Mei Ji ___
Manuscript Title: Durable response to afatinib in an advanced lung adenocarcinoma patient with an EGFR L858R/G729A compound mutation: a case report
Manuscript number (if known): _ ATM-22-95 ___

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| 3 | Royalties or licenses                                                                         | _X_ None |
| 4 | Consulting fees                                                                               | _X_ None |
|   | Description                                                                 |  _X_ None |
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