ICMJE DISCLOSURE FORM

Date: __2021-11-09__

Your Name: __Jing Zhang__

Manuscript Title: __Successful treatment of a 19-year-old patient with locally advanced clear cell adenocarcinoma of the uterine cervix using recombinant human adenovirus type 5 (Oncorine) combined with chemoradiotherapy: 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.

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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 | 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 |
| 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:

The author has no conflicts of interest to declare.

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:_2021-11-09_  Your Name:_Zi Liu_

Manuscript Title:_Successful treatment of a 19-year-old patient with locally advanced clear cell adenocarcinoma of the uterine cervix using recombinant human adenovirus type 5 (Oncorine) combined with chemoradiotherapy: a case report_

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Date:__2021-11-09__
Your Name:__ Qi-Ying Zhang __________________________
Manuscript Title:__ Successful treatment of a 19-year-old patient with locally advanced clear cell adenocarcinoma of the uterine cervix using recombinant human adenovirus type 5 (Oncorine) combined with chemoradiotherapy: a case report __________________________
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|   | Description                                                                 | Agreement | Notes |
|---|-----------------------------------------------------------------------------|-----------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ✓ None    |       |
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| 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    |       |
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ICMJE DISCLOSURE FORM

Date: __2021-11-09_________________________________________________________
Your Name: __ Tao Wang __________________________________________________
Manuscript Title: __ Successful treatment of a 19-year-old patient with locally advanced clear cell adenocarcinoma of the uterine cervix using recombinant human adenovirus type 5 (Oncorine) combined with chemoradiotherapy: a case report ____________________________
Manuscript number (if known): _______________________________________________________________________

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Date: __2021-11-09__

Your Name: __Juan Wang__

Manuscript Title: __Successful treatment of a 19-year-old patient with locally advanced clear cell adenocarcinoma of the uterine cervix using recombinant human adenovirus type 5 (Oncorine) combined with chemoradiotherapy: a case report__

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Date: __2021-11-09__
Your Name: __Fan Shi__
Manuscript Title: __Successful treatment of a 19-year-old patient with locally advanced clear cell adenocarcinoma of the uterine cervix using recombinant human adenovirus type 5 (Oncorine) combined with chemoradiotherapy: a case report__
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