

ICMJE DISCLOSURE FORM

Date: 11/13/2023

Your Name: Chu Qin

Manuscript Title: Development and validation of a DNA damage repair-related gene-based prediction model for the prognosis of lung adenocarcinoma

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)
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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.	__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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

<p>No conflict of interest</p>

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

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: 11/13/2023

Your Name: Xiaodong Fan

Manuscript Title: Development and validation of a DNA damage repair-related gene-based prediction model for the prognosis of lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/13/2023

Your Name: Xiaoyan Sai

Manuscript Title: Development and validation of a DNA damage repair-related gene-based prediction model for the prognosis of lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/13/2023

Your Name: Bo Yin

Manuscript Title: Development and validation of a DNA damage repair-related gene-based prediction model for the prognosis of lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/13/2023

Your Name: Shufang Zhou

Manuscript Title: Development and validation of a DNA damage repair-related gene-based prediction model for the prognosis of lung adenocarcinoma

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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: 10/30/2023
 Your Name: Alfredo Addeo
 Manuscript Title: Development and validation of a DNA damage repair-related gene-based prediction model for the prognosis of lung adenocarcinoma
 Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	Amgen, AstraZeneca, Roche, Astellas, Takeda,	

		BMS, MSD, Pfizer, Merck, Novartis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Amgen Novartis	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

AA receives consulting fees from Amgen, AstraZeneca, Roche, Astellas, Takeda, BMS, MSD, Pfizer, Merck, Novartis and payment for lectures, presentations from Amgen and Novartis.

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

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ICMJE DISCLOSURE FORM

Date: 11/13/2023

Your Name: Tao Bian

Manuscript Title: Development and validation of a DNA damage repair-related gene-based prediction model for the prognosis of lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/13/2023

Your Name: Haoda Yu

Manuscript Title: Development and validation of a DNA damage repair-related gene-based prediction model for the prognosis of lung adenocarcinoma

Manuscript number (if known): _____

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