| Date: | 15 March, 2024 |
|-------------------------|--|
| Your Name: | <u>Ruiyan Ye</u> |
| Manuscript ³ | Title: SMARCA4-Deficient Non-Small Cell Lung Cancer: A Case description and analysis of the Literature |
| Manuscript I | number (if known):QIMS-23-1813 |
| | |
| In the intere | est of transparency, we ask you to disclose all relationships/activities/interests listed below that are |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-------|------------------------------|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| | | V N | |
| 9 | Participation on a Data | X_None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | V N | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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| None. | | | |
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Date: <u>15 March, 2024</u>

Royalties or licenses

Consulting fees

_X__None

X__None

| | Your Name: Angi Wu | | | |
|--|---|--|---|--|
| Manuscript Title: <u>SMARCA4-Deficient Non-Small Cell Lung Cancer: A Case description and analysis of the Literature</u> | | | | |
| Mar | nuscript number (if known): | QIMS-23-1813 | | |
| 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. | | | | |
| | following questions apply to nuscript only. | o the author's relationship | s/activities/interests as they relate to the <u>current</u> | |
| to tl | - | nsion, you should declare a | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive 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. | XNone | | |
| | | Time frame: past | 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | |

| 5 | Payment or honoraria for | XNone | |
|------|---|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
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| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 0 | Participation on a Data | V None | |
| 9 | Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| 11 | Stock of Stock options | ^NOTIE | |
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| 12 | Possint of agricument | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
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| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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| Date: <u>15 March, 2024</u> |
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| Your Name: Chen Lin |
| Manuscript Title: SMARCA4-Deficient Non-Small Cell Lung Cancer: A Case description and analysis of the Literature |
| Manuscript number (if known): QIMS-23-1813 |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated | XNone | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 0 | Participation on a Data | V None | |
| 9 | Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| 11 | Stock of Stock options | ^NOTIE | |
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| 12 | Possint of agricument | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| | | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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| N | lone. | | |
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| ate: <u>15 March, 2024</u> _ | |
|---|--|
| our Name: Zhenning Li | |
| anuscript Title: <u>SMARCA4–Deficient Non–Small Cell Lung Cancer: A Case description and analysis of the Literature</u> | |
| anuscript number (if known): QIMS-23-1813 | |
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| the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are | |
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| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 0 | Participation on a Data | V None | |
| 9 | Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| 11 | Stock of Stock options | ^NOTIE | |
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| 12 | Possint of agricument | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| | | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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| Date:15 March, 2024 |
|---|
| Your Name: Yue Feng |
| Manuscript Title: SMARCA4-Deficient Non-Small Cell Lung Cancer: A Case description and analysis of the Literature |
| Manuscript number (if known): QIMS-23-1813 |
| |
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| | | Time frame: past | 36 months |
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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | | |
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| | manuscript writing or | | | | | |
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| | meetings and/or travel | | | | | |
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| 8 | Patents planned, issued or | XNone | | | | |
| | pending | | | | | |
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| 0 | Participation on a Data | V None | | | | |
| 9 | Safety Monitoring Board or | XNone | | | | |
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| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | XNone | | | | |
| 11 | Stock of Stock options | | | | | |
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| 42 | Descript of annium and | V. Nava | | | | |
| 12 | Receipt of equipment, | X_None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other services | | | | | |
| | | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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| Please summarize the above conflict of interest in the following box: | | | | | | |
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| N | None. | | | | | |
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| L | | | | | | |

| Date: <u>15 March, 2024</u> | | | | |
|--|--|--|--|--|
| Your Name:Min Lin | | | | |
| Manuscript Title: <u>SMARCA4-Deficient Non-Small Cell Lung Cancer: A Case description and analysis of the Literature</u> | | | | |
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| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | | |
|---|----------------------------------|---------|--|--|--|--|
| | lectures, presentations, | | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| | educational events | | | | | |
| 6 | Payment for expert | XNone | | | | |
| | testimony | | | | | |
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| 7 | Support for attending | XNone | | | | |
| | meetings and/or travel | | | | | |
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| 8 | Patents planned, issued or | XNone | | | | |
| | pending | | | | | |
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| 0 | Participation on a Data | V None | | | | |
| 9 | Safety Monitoring Board or | XNone | | | | |
| | Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| 10 | in other board, society, | ^_None | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | XNone | | | | |
| 11 | Stock of Stock options | | | | | |
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| 42 | Descript of annium and | V. Nava | | | | |
| 12 | Receipt of equipment, | X_None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other services | | | | | |
| | | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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| Please summarize the above conflict of interest in the following box: | | | | | | |
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| N | None. | | | | | |
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