

ICMJE DISCLOSURE FORM

Date: 2021.05.10

Your Name: Yiyang Wang

Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors

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)
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.	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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

Dr. Wang declared no conflict of interest.
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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: 2021.05.10

Your Name: Difan Zheng

Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.05.10

Your Name: Jizhuang Luo

Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors

Manuscript number (if known): _____

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

Dr. Luo declared no conflict of interest.

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: 2021.05.10

Your Name: Jie Zhang

Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors

Manuscript number (if known): _____

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13	Other financial or non-financial interests	<u> </u> None	

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

Dr. Zhang declared no conflict of interest.

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

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ICMJE DISCLOSURE FORM

Date: 2021.05.10
 Your Name: Cecilia Pompili
 Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors
 Manuscript number (if known): _____

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4	Consulting fees	None	

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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

Dr. Pompili declared no conflict of interest.

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: 2021.05.10
 Your Name: Hideki Ujiie
 Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	<u> </u> None	

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

Dr. Ujjiie declared no conflict of interest.
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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: 2021.05.10
 Your Name: Natsumi Matsuura
 Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors
 Manuscript number (if known): _____

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3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

Dr. Matsuura declared no conflict of interest.

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: 2021.05.10
 Your Name: Haiquan Chen
 Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors
 Manuscript number (if known): _____

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<p>Dr. Chen declared no conflict of interest.</p>

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

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ICMJE DISCLOSURE FORM

Date: 2021.05.10

Your Name: Feng Yao

Manuscript Title: Risk stratification model for patients with stage I invasive lung adenocarcinoma based on clinical and pathological predictors

Manuscript number (if known): _____

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Dr. Yao declared no conflict of interest.

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