

## ICMJE DISCLOSURE FORM

Date: 2022/03/08  
 Your Name: Xiaoling Xu  
 Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous 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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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)
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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:

None

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: 2022/03/08  
 Your Name: Wenming Shen  
 Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous adenocarcinoma  
 Manuscript number (if known): \_\_\_\_\_

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Date: 2022/03/08  
 Your Name: Ding Wang  
 Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous adenocarcinoma  
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Date: 2022/03/08  
 Your Name: Na Li  
 Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous adenocarcinoma  
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## ICMJE DISCLOSURE FORM

Date: 2022/03/08

Your Name: Zhiyu Huang

Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous adenocarcinoma

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/03/08  
 Your Name: Jiamin Sheng  
 Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous adenocarcinoma  
 Manuscript number (if known): \_\_\_\_\_

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Date: 2022/03/08  
 Your Name: A. Justin Rucker  
 Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous adenocarcinoma  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/03/08  
 Your Name: Weimin Mao  
 Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous adenocarcinoma  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/03/08  
 Your Name: Haimiao Xu  
 Manuscript Title: Clinical features and prognosis of resectable pulmonary primary invasive mucinous adenocarcinoma  
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