ICMJE DISCLOSURE FORM

Date: <u>June 25th,2021</u>
Your Name: <u>Jie Wei</u>
Manuscript Title: CCR2 and PTPRC are regulators of tumor microenvironment and potential prognostic biomarkers 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 <u>current</u> <u>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.

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)	
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.	Time frame: Since the initial		
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>√</u> None		
3	Royalties or licenses	<u>√</u> None		
4	Consulting fees	<u>√</u> None		

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

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: <u>June 25th,2021</u>
Your Name: <u>Dalang Fang</u>
Manuscript Title: CCR2 and PTPRC are regulators of tumor microenvironment and potential prognostic biomarkers of
lung adenocarcinoma
Manuscript number (if known):

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	Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: <u>June 25th,2021</u>
Your Name: <u>WeiJie Zhou</u>
Manuscript Title: CCR2 and PTPRC are regulators of tumor microenvironment and potential prognostic biomarkers of
lung adenocarcinoma
Manuscript number (if known):

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