Date:	2021.08.13		
Your Name:	Bo Dong		
Manuscript Title: Correlation of n	n6A methylation with immune infiltrates and poor prognosis in	non-small cell lung	
ancer via a comprehensive analysis of RNA expression profiles			
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.

		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,	☑None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	☑None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	☑None	
4	Consulting fees	☑None	

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

Dr. dong has nothing to disclose.

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

Date:	2021.08.13			
Your Name:	Chunli Wu			
Manuscript Title: Correlation of n	5A methylation with immune infiltrates and poor prognosis in non-small cell lu	ing		
ancer via a comprehensive analysis of RNA expression profiles				
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

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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)	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,	☑None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	☑None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	☑None	
4	Consulting fees	☑None	

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

Dr. Wu has nothing to disclose.

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

Date:	2021.08.13			
Your Name:	Shi-Hao Li	_		
Manuscript Title: Correlation of r	6A methylation with immune infiltrates and poor prognosis in non-small cell	l lung		
ancer via a comprehensive analysis of RNA expression profiles				
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.

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

Dr. Li has nothing to disclose.

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

Date:	2021.08.13			
Your Name:	Lan Huang			
Manuscript Title: Correlation of m	n6A methylation with immune infiltrates and poor	prognosis in non-small cell lung		
ancer via a comprehensive analysis of RNA expression profiles				
Manuscript number (if known):				

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.

		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,	⊠None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	⊠None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	☑None	
4	Consulting fees	⊠None	

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

Dr. Huang has nothing to disclose.

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

Date:	2021.08.13			
Your Name:	Chunyang Zhang			
Manuscript Title: Correlation of n	6A methylation with immune infiltrates and poor prognosis in non-small cell	lung		
ancer via a comprehensive analysis of RNA expression profiles				
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.

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	☑None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	☑None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠None	
4	Consulting fees	⊠None	

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

Dr. Zhang has nothing to disclose.

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

Date:	2021.08.13		
Your Name:	Bin Wu		
Manuscript Title: Correlation of m	6A methylation with immune infiltrates and poo	or prognosis in non-small cell lung	
ancer via a comprehensive analysis of RNA expression profiles			
Manuscrint number (if known):			

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.

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	☑None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	☑None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠None	
4	Consulting fees	⊠None	

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

Dr. Wu has nothing to disclose.

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

Date:	2021.08.13			
Your Name:	Yinliang Sheng			
Manuscript Title: Correlation of me	5A methylation with immune infiltrates and poor prognosis in non-s	mall cell lung		
ancer via a comprehensive analysis of RNA expression profiles				
Manuscript number (if known):				

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1	All support for the present manuscript (e.g., funding,	☑None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	☑None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	☑None	
4	Consulting fees	☑None	

5	5 Payment or honoraria for	☑None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠None	
	testimony		
_			
7	Support for attending meetings and/or travel	☑None	
8	Patents planned, issued or	☑None	
	pending		
9	Participation on a Data	⊠None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	⊠None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	☑None	
10			
12		✓None	
	materials, drugs, medical		
13		√None	
15			
	interests		
13	writing, gifts or other services Other financial or non- financial interests	⊠None	

Dr. Sheng has nothing to disclose.

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

Date:	2021.08.13	
Your Name:	Yafei Liu	
Manuscript Title: Correlation of n	n6A methylation with immune infiltrates and po	or prognosis in non-small cell lung
cancer via a comprehensive analy	sis of RNA expression profiles	
Manuscrint number (if known):		

ivianuscript number (if known):____

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	☑None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	☑None	
4	Consulting fees	☑None	

5	5 Payment or honoraria for	☑None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠None	
	testimony		
_			
7	Support for attending meetings and/or travel	☑None	
8	Patents planned, issued or	☑None	
	pending		
9	Participation on a Data	⊠None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	⊠None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	⊠None	
10			
12		✓None	
	materials, drugs, medical		
13		√None	
15			
	interfecto		
13	writing, gifts or other services Other financial or non- financial interests	⊠None	

Dr. Liu has nothing to disclose.

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

Date:	2021.08.13		
Your Name:	Guanchao Ye		
Manuscript Title: Correlation of m6A methylation with immune infiltrates and poor prognosis in non-small cell lung			
cancer via a comprehensive analys	is of RNA expression profiles		
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.

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		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)
1	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.	I I None	
		Time from	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past ☑None	so months
3	Royalties or licenses	☑None	
4	Consulting fees	⊠None	

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

Dr. Ye has nothing to disclose.

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

Date:	2021.08.13	
Your Name:	Yu Qi	
Manuscript Title: Correlation of I	6A methylation with immune infiltrates and poor prognosis in non-small cell	l lung
cancer via a comprehensive anal	sis of RNA expression profiles	
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.

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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)
1	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.	I I None	
		Time from	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past ☑None	so months
3	Royalties or licenses	☑None	
4	Consulting fees	⊠None	

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

Dr. Qi has nothing to disclose.

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