| Dat | 0. | | 7/14/2022 | | | |
|---|---|---|--|---|--|---|
| Dat | | | 7/14/2022 | 1 | | |
| Your Name: Manuscript Title: | | | Fangye Xu A lung adenocarcinoma patient with ROS1 fusion and NBN germline mutation responds to sintilimab combined with niraparib after failure of ROS1 inhibitors: A case report | | | |
| Ma | nuscript Number (if k | (nown): | Click or tap h | here to enter text. | | |
| con affe indi | tent of your manuscrected by the content of cate a bias. If you a author's relationship | ipt. "Re of the ma re in dou os/activiti | elated" means nuscript. Dis bt about whet es/interests sh | any relation with for- sclosure represents a ther to list a relationsh nould be defined broa | profit or no commitment $\frac{1}{2}$ of $\frac{1}{2}$ | /interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. |
| - | t medication is not me | - | | · · · · · · · · · · · · · · · · · · · | eri manara | starters of antimyper tensive medication, even in |
| In item #1 below, report all suppor frame for disclosure is the past 36 | | | | k reported in this mar | uscript wit | hout time limit. For all other items, the time |
| | | | | n whom you have this te none (add rows as | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | | Time | frame: Since the initia | al 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. | | lone | | | Click the tab key to add additional rows. |
| | | | | Time frame: pas | t 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | lone | | | |
| 3 | Royalties or licenses | × N | lone | | | |

| | | 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) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠ None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) | | |
|------------|---|--|---|--|--|
| 11 | Stock or stock options | None | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | | |
| 13 | Other financial or non-financial interests | None | | | |
| Plea [⊠ | 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. | | | | |

| Date | e: | | 7/14/2022 | | | |
|--|---|--|--|---|--|--|
| You | r Name: | | [Chunmei Xiao] | | | |
| Manuscript Title: | | | A lung adenocarcinoma patient with ROS1 fusion and NBN germline mutation responds to sintilimab combined with niraparib after failure of ROS1 inhibitors: A case report | | | |
| Mai | nuscript Number (if k | known): | Click or tap here to enter text. | | | |
| con affe indi The epic that | tent of your manuscreted by the content of cate a bias. If you a author's relationship demiology of hyperted medication is not m | ript. "Ro of the ma are in dou os/activit ension, yo entioned | elated" means any relation with for-profit or nanuscript. Disclosure represents a commitment about whether to list a relationship/activities/interests should be defined broadly. For ou should declare all relationships with manufall in the manuscript. | y/interest, it is preferable that you do so. | | |
| | ne for disclosure is th | | | titiout time iimit. For an other items, the time | | |
| | | | all entities with whom you have this nship 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. | [X 1 | Time frame: Since the initial planning | Click the tab key to add additional rows. | | |
| | | | Time frame: past 36 mont | hs | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | | | |
| 3 | Royalties or licenses | | None | | | |

| | | 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) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠ None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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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| 11 | Stock or stock options | None | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | | |
| 13 | Other financial or non-financial interests | None | | | |
| Plea [⊠ | 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. | | | | |

| | | | - | | | • |
|---|---|--|---|--|---|---|
| Date: | | | 7/14/2022 | | | |
| Υοι | ır Name: | | Weijie Sun | | | |
| Ma | nuscript Title: | | A lung adenocarcinoma patient with ROS1 fusion and NBN germline mutation responds to sintilimab combined with niraparib after failure of ROS1 inhibitors: A case report | | | |
| Ma | nuscript Number (if kr | nown): | Click or tap h | ere to enter text. | | |
| In the interest of transparency, we content of your manuscript. "Reaffected by the content of the maindicate a bias. If you are in double the author's relationships/activit epidemiology of hypertension, you that medication is not mentioned." | | elated" means and muscript. Discontinuous Di | any relation with for-profit or closure represents a commitn her to list a relationship/activould be defined broadly. For all relationships with manuript. | not- nent ty/ir r exa factu | Interests listed below that are related to the efor-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so. In ample, if your manuscript pertains to the urers of antihypertensive medication, even if the out time limit. For all other items, the time | |
| | | | | whom you have this se none (add rows as needed) | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | | Time | frame: Since the initial plannir | g 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. | | lone | | Cli | ick the tab key to add additional rows. |
| | | | | Time frame: past 36 mor | ths | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | lone | | | |
| 3 | Royalties or licenses | × N | lone | | | |

| | | 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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| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠ None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | relationship or indicate none (add rows as needed) | made to you or to your institution) | | |
|----|--|--|-------------------------------------|--|--|
| 11 | Stock or stock options | None | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | | |
| 13 | Other financial or non-financial interests | Beijing GenePlus Clinical Laboratory Co., Ltd. | | | |
| | The author is from Beijing GenePlus Clinical Laboratory Co., Ltd. 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. | | | | |

Specifications/Comments (e.g., if payments were

Name all entities with whom you have this

| D | ate: | | 7/14/2022 | | | | |
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| Y | our Name: | | Yuange He | | | | |
| Manuscript Title: | | | A lung adenocarcinoma patient with ROS1 fusion and NBN germline mutation responds to sintilimab combined with niraparib after failure of ROS1 inhibitors: A case report | | | | |
| M | anuscript Number (if kno | own): | Click or tap here to enter text. | | | | |
| content of your manuscript. "Rela affected by the content of the man | | | e ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so. | | | | |
| The author's relationships/activities/interests should be defined broadly. 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. | | | | | | | |
| | item #1 below, report all ame for disclosure is the p | | rt for the work reported in this manuscript with months. | out time limit. For all other items, the time | | | |
| | | | all entities with whom you have this nship 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 o | f the work | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study | | None | | | | |
| | materials, medical writing, article processing charges, etc.) No time limit for this | | | Click the tab key to add additional rows. | | | |
| | item. | | 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 | | | | |

| | | | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|-------------|---|---|
| 4 | Consulting fees | \boxtimes | None | |
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| 5 | Payment or honoraria for lectures, | | None | |
| | presentations, speakers bureaus, | | | |
| | manuscript writing or educational events | | | |
| _ | Daywa ant fan ayn ant | | Name | |
| 6 | Payment for expert testimony | | None | |
| | | | | |
| | | | | |
| 7 | Support for attending meetings and/or | | None | |
| | travel | | | |
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| 8 | Patents planned, issued or pending | | None | |
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| 9 | Participation on a Data Safety | | None | |
| | Monitoring Board or Advisory Board | | | |
| 1 | Leadership or | | None | |
| 0 | | | None | |
| | committee or advocacy group, paid | | | |
| | or unpaid | | | |
| 1 | Stock or stock options | | None | |
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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) | | |
|---|---|---|--|--|
| 1 Receipt of 2 equipment, materials, drugs, medical writing, gifts or other services | [⊠ None | | | |
| 1 Other financial or 3 non-financial interests | □ None Beijing GenePlus Clinical Laboratory Co., Ltd. | | | |
| | ove conflict of interest in the following box: Beijing GenePlus Clinical Laboratory Co., Ltd. | | | |
| The dadier is from Beiging Generius Cinnear Educationy Co., Etc. | | | | |
| Please place an "X" next to the following statement to indicate your agreement: | | | | |
| $oxed{oxed}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | | |

| Date:_21/06/22 |
|---|
| Your Name: Roberto Chalela |
| Manuscript Title: A lung adenocarcinoma patient with ROS1 fusion and NBN germline mutation responds to sintilimat |
| combined with niraparib after failure of ROS1 inhibitors: A case report |
| 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 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) 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 | None | planning of the work |
| + | 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 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | GSK, Chiesi & Teva. Not related with the present manuscript | |
|----|--|---|--|
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non- financial interests | None | |
| | | | |

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

| Dr. Roberto Chalela received honoraria as speaker from GlaxoSmithKline, Chiesi and TEVA, not related with the manuscript. |
|---|
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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.

| Date: | 6/25/2022 |
|-------------------------------|---|
| Your Name: | Ken Masuda |
| Manuscript Title: | A lung adenocarcinoma patient with ROS1 fusion and NBN germline mutation responds to sintilimab combined with niraparib after failure of ROS1 inhibitors: A case report |
| Manuscript Number (if known): | Click or tap here to enter text. |
| | |

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 author's relationships/activities/interests should be defined broadly. 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.

| | | e all entities with whom you have this onship 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|---|--|--|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ONO AstraZeneca Chugai Bristol Myers Squibb Healios | honoraria for lectures |
| 6 | Payment for expert testimony | [⊠ None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) | | | |
|-------------|---|---|---|--|--|--|
| 11 | Stock or stock options | None | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠ None | | | | |
| 13 | Other financial or non-financial interests | [⊠ None | | | | |
| Dr | . Ken Masuda receiv | bove conflict of interest in the following box: ed honoraria as speaker from ONO, AstraZeneca, Chuga th the manuscript | ai, Bristol Myers Squibb and | | | |
| | Healios, not related with the manuscript. | | | | | |
| r | Please place an "X" next to the following statement to indicate your agreement: | | | | | |
| \boxtimes | I certify that I have | answered every question and have not altered the wo | rding of any of the questions on this form. | | | |

3 12/13/2021 ICMJE Disclosure Form

| Date: | _22/06/2022 | |
|------------|---------------|--|
| Your Nam | e: | _Paola Ulivi |
| Manuscri | ot Title: A | lung adenocarcinoma patient with ROS1 fusion and NBN germline mutation responds to |
| sintilimab | combined wi | th niraparib after failure of ROS1 inhibitors: A case report |
| Manuscri | ot 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) |
|---|---|--|---|
| | | 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 | None | |
|-----|--|-------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| 6 | educational events | None | |
| 6 | Payment for expert testimony | None | |
| | testimony | | |
| 7 | Support for attending | None | |
| , | meetings and/or travel | None | |
| | meetings and, or traver | | |
| | | | |
| | | | |
| 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 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services | Nene | |
| 13 | Other financial or non- financial interests | None | |
| | illialiciai liiterests | | |
| | | | |
| Ple | ease summarize the above c | onflict of interest in the fo | llowing box: |
| | | | |
| | None | | |

| None | | | |
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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.

| Dat | e: | | 7/14/2022 | | |
|---|--|--|---------------|--|---|
| Your Name: | | Kai Shen | | | |
| Ma | nuscript Title: | | | | usion and NBN germline mutation responds to ure of ROS1 inhibitors: A case report |
| Ma | nuscript Number (if k | nown): | Click or tap | here to enter text. | |
| content of your manuscript. "Re affected by the content of the ma | | we ask you to disclose all relationships/activities/interests listed below that are related to the elated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily ubt about whether to list a relationship/activity/interest, it is preferable that you do so. | | | |
| epi | · · | nsion, yo | ou should dec | lare all relationships with manufa | example, if your manuscript pertains to the cturers of antihypertensive medication, even if |
| 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. | | | | | |
| | | | | th whom you have this ate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | | Tim | e 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 | | Click the tab key to add additional rows. |
| | | | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | | |
| 3 | Royalties or licenses | | None | | |
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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) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠ None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) | | |
|------------|---|--|---|--|--|
| 11 | Stock or stock options | None | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | | |
| 13 | Other financial or non-financial interests | None | | | |
| Plea [⊠ | 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. | | | | |

| Date | e: | | 7/14/2022 | | | |
|---|---|--------------|---|--|--|---|
| Your Name: | | Qianwen Shao | | | | |
| Mar | nuscript Title: | | | • | | sion and NBN germline mutation responds to are of ROS1 inhibitors: A case report |
| Mar | nuscript Number (if kı | nown): | Click or tap here | to enter text. | | |
| content of your manuscript. "Re affected by the content of the ma indicate a bias. If you are in dou The author's relationships/activiti | | | elated" means any nuscript. Disclos bt about whether es/interests should u should declare a | relation with for- ure represents a to list a relations d be defined broa Il relationships w | -profit or no commitmer hip/activity/ adly. For e | /interests listed below that are related to the it-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. xample, if your manuscript pertains to the cturers of antihypertensive medication, even if |
| 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. | | | | | hout time limit. For all other items, the time | |
| | | | II entities with whoship or indicate no | _ | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | | Time fran | ne: Since the initi | al planning o | 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. | | lone | | | Click the tab key to add additional rows. |
| | | | | Time frame: pas | st 36 months | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | lone | | | |
| 3 | Royalties or licenses | | lone | | | |

| | | 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) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠ None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | 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) | | |
|------------|---|--|---|--|--|
| 11 | Stock or stock options | None | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | | |
| 13 | Other financial or non-financial interests | None | | | |
| Plea [⊠ | 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. | | | | |

| Date: | | | 7/14/2022 | |
|--|---|---|---|---|
| Υοι | ır Name: | | Jiali Xu | |
| Ma | nuscript Title: | | A lung adenocarcinoma patient with ROS1 fu sintilimab combined with niraparib after failu | ision and NBN germline mutation responds to ure of ROS1 inhibitors: A case report |
| Ma | nuscript Number (if kno | own): | Click or tap here to enter text. | |
| content of your manuscript. "Re affected by the content of the maindicate a bias. If you are in dou. The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned. | | the main dou in dou activiti ion, yo tioned | nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each u should declare all relationships with manufaction the manuscript. | ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the cturers of antihypertensive medication, even if |
| | | | III entities with whom you have this aship 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. | [\(\) \(\) | lone | Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | |
| 3 | Royalties or licenses | × N | lone | |

| | | 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) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠ None | |
| 7 | Support for attending meetings and/or travel | None | |
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| Date | e: | | 7/14/2022 | | | |
| You | r Name: | | Lianke Liu | | | |
| Mar | nuscript Title: | | | · | | ision and NBN germline mutation responds to ure of ROS1 inhibitors: A case report |
| Mar | nuscript Number (if kı | nown): | Click or tap l | here to enter text. | | |
| content of your manuscript. "Re affected by the content of the maindicate a bias. If you are in dou The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned." | | pt. "Ref f the ma re in dou s/activiti nsion, yo entioned | elated" means nuscript. Dis bt about when es/interests sl u should decla in the manusc ort for the wor | any relation with for- sclosure represents a c ther to list a relationsh hould be defined broa are all relationships wi cript. | profit or no commitmen nip/activity, dly. For e th manufac | /interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the cturers of antihypertensive medication, even if thout time limit. For all other items, the time |
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