

ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Guanghai Xu
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 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**.

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.

		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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations,	<input type="checkbox"/> None	

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

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

There are no conflicts of interest to declare.

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: June 17, 2022
 Your Name: Jiyang Zheng
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Shu Wang
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Yuhao Wang
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Guixiang Li
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Nan Wang
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Xueke She
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	The Medical Department, 3D Medicines Inc.	Employee

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

Xueke She is the employee of The Medical Department, 3D Medicines Inc.

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: June 17, 2022

Your Name: Weiming Duan

Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients

Manuscript number (if known): _____

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13	Other financial or non-financial interests	The Medical Department, 3D Medicines Inc.	Employee

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

Weiming Duan is the employee of The Medical Department, 3D Medicines Inc.

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

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Hushan Zhang
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	The Medical Department, 3D Medicines Inc.	Employee

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Hushan Zhang is the employee of The Medical Department, 3D Medicines Inc.

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Depei Huang
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Ting Bei
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 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**.

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.

		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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations,	<input checked="" type="checkbox"/> None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	The Medical Department, 3D Medicines Inc.	Employee

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

Ting Bei is the employee of The Medical Department, 3D Medicines Inc.

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: June 17, 2022
 Your Name: Dan Fu
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	The Medical Department, 3D Medicines Inc.	Employee

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

Dan Fu is the employee of The Medical Department, 3D Medicines Inc.

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ICMJE DISCLOSURE FORM

Date: June 17, 2022
 Your Name: Jianjun Yang
 Manuscript Title: Landscape of RB1 alterations in 22,432 Chinese solid tumor patients
 Manuscript number (if known): _____

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

There are no conflicts of interest to declare.

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.