

ICMJE DISCLOSURE FORM

Date: Oct. 7th, 2021

Your Name: Xinyue Zhang

Manuscript Title: Stereotactic body radiotherapy-induced abscopal effect twice after pembrolizumab failure in hereditary leiomyomatosis and renal cell carcinoma: a case report with genetic and immunologic analysis

Manuscript number (if known): TAU-21-644

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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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.	Nature Science Foundation of China	Grant number: No. 81772483
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

Dr. Zhang has nothing to disclose.

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: Oct. 7th, 2021

Your Name: Yijun Zhang

Manuscript Title: Stereotactic body radiotherapy-induced abscopal effect twice after pembrolizumab failure in hereditary leiomyomatosis and renal cell carcinoma: a case report with genetic and immunologic analysis

Manuscript number (if known): TAU-21-644

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ICMJE DISCLOSURE FORM

Date: Oct. 7th, 2021

Your Name: Yang Liu

Manuscript Title: Stereotactic body radiotherapy-induced abscopal effect twice after pembrolizumab failure in hereditary leiomyomatosis and renal cell carcinoma: a case report with genetic and immunologic analysis

Manuscript number (if known): TAU-21-644

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ICMJE DISCLOSURE FORM

Date: Oct. 7th, 2021

Your Name: Yuanzhong Yang

Manuscript Title: Stereotactic body radiotherapy-induced abscopal effect twice after pembrolizumab failure in hereditary leiomyomatosis and renal cell carcinoma: a case report with genetic and immunologic analysis

Manuscript number (if known): TAU-21-644

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ICMJE DISCLOSURE FORM

Date: Oct. 7th, 2021

Your Name: Pei Dong

Manuscript Title: Stereotactic body radiotherapy-induced abscopal effect twice after pembrolizumab failure in hereditary leiomyomatosis and renal cell carcinoma: a case report with genetic and immunologic analysis

Manuscript number (if known): TAU-21-644

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ICMJE DISCLOSURE FORM

Date: Oct. 7th, 2021

Your Name: Liru He

Manuscript Title: Stereotactic body radiotherapy-induced abscopal effect twice after pembrolizumab failure in hereditary leiomyomatosis and renal cell carcinoma: a case report with genetic and immunologic analysis

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ICMJE DISCLOSURE FORM

Date: Oct. 7th, 2021

Your Name: Fangjian Zhou

Manuscript Title: Stereotactic body radiotherapy-induced abscopal effect twice after pembrolizumab failure in hereditary leiomyomatosis and renal cell carcinoma: a case report with genetic and immunologic analysis

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