ICMJE DISCLOSURE FORM-1

Date: May 22th, 2023 Your Name: Taketo Kato

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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 <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,

	T	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)
		me frame: Since the initia	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	None	

	in item #1 above).		
3	Royalties or licenses	None	
4	0 111 6	N.I.	
4	Consulting fees	None	
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	None	
,	meetings and for travel		
	5		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board		
10	or Advisory Board Leadership or fiduciary	None	
10	role in other board,	NONE	
	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		
	services		
13	Other financial or non-	None	
	financial interests		

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-2

Date: May22th, 2023

Your Name: Shingo Iwano

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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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)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	None	
	present manuscript (e.g.,		

2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: past (36 months
	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	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and for 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	S tock 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	

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-3

Date: May 22th, 2023

Your Name: Yuki Hanamatsu

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	institution)
	Ti	me frame: Since the initia	l 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	. 50 1110111115
3	Royalties or licenses	None	
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 for 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	None	
	services		
13	Other financial or non-	None	
	financial interests		

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-4

Date: May 22th, 2023

Your Name: Masato Nakaguro

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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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,

		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)
		me frame: Since the initia	l 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	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
3	Royaliles of licerises	None	
4	Consulting fees	None	
7	Consumy rees		
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 for travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		

10	Leadership or fiduciary role in other board, society, committee or	None	
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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-5

Date: May 22th, 2023 Your Name: Ryo Emoto

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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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
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manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

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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.	me frame: Since the initiaNone	I planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
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	None	

	meetings and for travel		
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	

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-6

Date: May 22th, 2023 Your Name: Shoji Okado

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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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,

		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)
	Ti	me frame: Since the initia	l 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		
,	educational events	N	
6	Payment for expert	None	
	testimony		
7	Company for a thought an	News	
7	Support for attending meetings and for travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	Stock or stock options	None	
11			
11	·		
11	Receipt of equipment,	None	
	Receipt of equipment, materials, drugs, medical	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following have
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:

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

 $\underline{\hspace{0.1cm}} X_{\underline{\hspace{0.1cm}}}$ 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-7

Date: May 22th, 2023 Your Name: Keiyu Sato

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items.

	T i	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	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	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	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and for 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	

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.

OTTII.

ICMJE DISCLOSURE FORM-8

Date: May 22th, 2023

Your Name: Osamu Noritake

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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	Name all entities with		Specifications/Comments
	whom you have this		(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
	needed)		
	Ti	me frame: Since the initia	planning of the work
1	All support for the	None	

2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pasiNone	t 36 months
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 for 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	

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-9

Date: May 22th, 2023

Your Name: Keita Nakanishi

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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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)
		me frame: Since the initia	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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	. 36 MONUIS
3	Royalties or licenses	None	
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 for 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	None	
		writing, gifts or other services		
ŀ	13	Other financial or non-	None	
		financial interests		

No	one.		

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.

ICMJF DISCLOSURF FORM-10

Date: May 22th, 2023

Your Name: Yuka Kadomatsu

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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1			planning of the work
1	All support for the	None	
	present manuscript (e.g., funding, 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	O a sa a ll'a a Ca a	Ning	
4	Consulting fees	None	
5	Payment or honoraria for	None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Comment Committee allows	None	
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued	None	
0	or pending		
	or portuning		
0	Participation on a Data	None	

	Safety Monitoring Board or Advisory Board		
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	

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-11

Date: May 22th, 2023 Your Name: Harushi Ueno

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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		me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g.,	None	
	funding, 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	
Ü	Troyarado de moderado		
4	Consulting fees	None	
5	Payment or honoraria for	None	
Ū	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	

	meetings and for travel		
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	

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-12

Date: May 22th, 2023 Your Name: Naoki Ozeki

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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 <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,

		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)
	Ti	me frame: Since the initia	l 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		
,	educational events	N	
6	Payment for expert	None	
	testimony		
7	Company for a thought an	News	
7	Support for attending meetings and for travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	Stock or stock options	None	
11			
11	·		
11	Receipt of equipment,	None	
	Receipt of equipment, materials, drugs, medical	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following have
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:

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

 $\underline{\hspace{0.1cm}} X_{\underline{\hspace{0.1cm}}}$ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

ICMJF DISCLOSURF FORM-13

Date: May 22th, 2023

Your Name: Shota Nakamura

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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 <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.

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	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	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and for 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	

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.

ICMJF DISCLOSURF FORM-14

Date: May 22th, 2023

Your Name: Koichi Fukumoto

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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>

manuscript only.

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,

		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
	Ti	me frame: Since the initia	planning of the work
1	All support for the	None	

2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pasiNone	t 36 months
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 for 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	

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-15

Date: May 22th, 2023

Your Name: Tamotsu Takeuchi

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

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 <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,

		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)
		me frame: Since the initia	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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	. 36 MONUIS
3	Royalties or licenses	None	
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 for 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	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

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-16

Date: May 22th, 2023

Your Name: Kennosuke Karube

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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 <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,

		Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1			planning of the work
1	All support for the	None	
	present manuscript (e.g., funding, 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	O a sa a ll'a a Ca a	Ning	
4	Consulting fees	None	
5	Payment or honoraria for	None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Company of Company of the control of	None	
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued	None	
0	or pending		
	or portuning		
0	Participation on a Data	None	

	Safety Monitoring Board or Advisory Board		
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	

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-17

Date: May 22th, 2023

Your Name: Shigeyuki Matsui

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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.

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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,

		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)
		me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g.,	None	
	funding, 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	
Ü	Troyarado de moderado		
4	Consulting fees	None	
5	Payment or honoraria for	None	
Ū	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	

	meetings and /or travel		
8	Patents planned, issued or pending	None	
	1 5		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role 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 services		
13	Other financial or non-	None	
	financial interests		

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-18

Date: May 22th, 2023

Your Name: Toyofumi Fengshi Chen-Yoshikawa

Manuscript Title: Prognostic Impact of Highly Solid Component in Early-Stage Solid Lung

Adenocarcinoma

Manuscript number (if known): QIMS-23-36-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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The following questions apply to the author's relationships/activities/interests as they relate to the current

manuscript only.

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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,

		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)
	Ti	me frame: Since the initia	l 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		
,	educational events	N	
6 Payment for expert testimony	Payment for expert	None	
	lesumony		
7	Company for a thought an	Nega	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	Stock or stock options	None	
11			
11	·		
11	Receipt of equipment,	None	
	Receipt of equipment, materials, drugs, medical	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following have
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests ease summarize the abo	None	n the following box:

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

 $\underline{\hspace{0.1cm}} X_{\underline{\hspace{0.1cm}}}$ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.