

## ICMJE DISCLOSURE FORM

Date: 2023-8-23

Your Name: Xiangzhong Huang

Manuscript Title: Exceptional Response to Immunotherapy Monotherapy in a Patient with Unfavorable Subset of Cancer of Unknown Primary

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.

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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, 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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	_ None
3	Royalties or licenses	___ None	_ None
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	_ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	_ None
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**Please summarize the above conflict of interest in the following box:**

The author has 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: 2023-8-24

Your Name: Dongging Ren

Manuscript Title: Exceptional Response to Immunotherapy Monotherapy in a Patient with Unfavorable Subset of Cancer of Unknown Primary

Manuscript number (if known): \_\_\_\_\_

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Date: 2023-8-23  
 Your Name: Qiulian Sun  
 Manuscript Title: Exceptional Response to Immunotherapy Monotherapy in a Patient with Unfavorable Subset of Cancer of Unknown Primary  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2023-8-19  
 Your Name: Xinjian Xu  
 Manuscript Title: Exceptional Response to Immunotherapy Monotherapy in a Patient with Unfavorable Subset of Cancer of Unknown Primary  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2023-8-20  
 Your Name: Yiwen Ding  
 Manuscript Title: Exceptional Response to Immunotherapy Monotherapy in a Patient with Unfavorable Subset of Cancer of Unknown Primary  
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