ICMJE DISCLOSURE FORM

Date:September 8, 2021			
Your Name:Yanfeng Xue			
Manuscript Title:_Immunotherapy with toripalimab for lung adenocarcinoma in a real-world patient with an Eastern			
Cooperative Oncology Group performance status (ECOG PS) score of 4: A case report			
Manuscript number (if known): APM-21-2548			

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.

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		Time frame: Since the initial	planning or the work
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	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	1110 11110 111111		
		Time frame: past	36 months
2	Grants or contracts from	None	
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	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony	None	
	,		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	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, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

The author has completed the ICMJE uniform disclosure form. 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:September 8, 2021		
Your Name:Kang Zheng		
Manuscript Title:_Immunotherapy with toripalimab for lung adenocarcinoma in a real-world patient with an Eastern		
Cooperative Oncology Group performance status (ECOG PS) score of 4: A case report		
Manuscript number (if known): APM-21-2548		

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ICMJE DISCLOSURE FORM

Date:September 8, 2021			
Your Name:JinMei Xue			
Manuscript Title:_Immunotherapy with toripalimab for lung adenocarcinoma in a real-world patient with an Eastern			
Cooperative Oncology Group performance status (ECOG PS) score of 4: A case report			
Manuscript number (if known):_ APM-21-2548			

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