ICMJE DISCLOSURE FORM

Date:	2022/9/7	
Your Name:	Yanping Shen	
	Identification of a chemotomatics	therapy-associated gene signature for a risk model of prognosis in analysis
Manuscript number	(if known):	·
	• • •	sclose all relationships/activities/interests listed below that are ted" means any relation with for-profit or not-for-profit third

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 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
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5	5 Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
9	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	News			
'	None			

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

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date	e:2022/9/7		
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Mar	nuscript Title: Identifica	ation of a chemotherapy-a	associated gene signature for a risk model of prognosis in
_	ric adenocarcinoma through	-	
Mar	nuscript number (if known):		
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	following questions apply t nuscript only.	o the author's relationshi	ips/activities/interests as they relate to the current
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	-	ed 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)	
		Time frame: Since the initi	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
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		Time frame: pa	st 36 months
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	any entity (if not indicated		
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_X__None

Consulting fees

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to the epide medication, In item #1 b	emiology of hyperter even if that medica elow, report all sup	nsion, you should declare tion is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d 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)
		Time frame: Since the initia	al planning of the work
manusc provisio medical process	port for the present cript (e.g., funding, on of study materials, I writing, article ing charges, etc.) I limit for this item.	XNone	
any ent	or contracts from ity (if not indicated #1 above).	Time frame: pas	t 36 months
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Consulting fees

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