

ICMJE DISCLOSURE FORM

Date: 2022.12.05
 Your Name: Huimin Tao
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
 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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 2022.12.05
 Your Name: Meng Shen
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022.12.05
 Your Name: Xiaochang Zhang
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
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Date: 2022.12.05
 Your Name: Minghui Wang
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
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ICMJE DISCLOSURE FORM

Date: 2022.12.05
 Your Name: Yan Wu
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
 Manuscript number (if known): _____

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Date: 2022.12.05
 Your Name: Hui sun
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
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Date: 2022.12.05
 Your Name: Chen Ling
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
 Manuscript number (if known): _____

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Date: 2022.12.05
 Your Name: Ying Yang
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
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ICMJE DISCLOSURE FORM

Date: 2022.12.05
 Your Name: Kai Chen
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
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Date: 2022.12.05
 Your Name: Dapeng Li
 Manuscript Title: A study of gene variation in All-RAS wild-type metastatic colorectal cancer and its correlation with cetuximab
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Please summarize the above conflict of interest in the following box:

No potential conflict of interest was reported by the authors

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

☒ **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**