Date:2	23/9/2022
 Your Name:	Lei Liu
•	tle: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis nerapy Efficacy in Lung Adenocarcinoma
Manuscript nu	ımber (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.

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		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	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	XNone	
′	meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
	ease summarize the above c	onflict of interest in the f	following box:

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

Date:	23/9/2022
Your	
Name:	Zhanghao_Huang
Manuscrip	t Title: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis
and Immu	notherapy Efficacy in Lung Adenocarcinoma
Manuscrip	t number (if known):

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1	All according to the process		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.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
О	testimony	x_none	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	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	X None	
	Stock of Stock options		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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

None.

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.		

Date:23/9/2022	
Your Name:Peng_Zhang	
Manuscript Title: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis and Immunotherapy Efficacy in Lung Adenocarcinoma	
Manuscript number (if known):	

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		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	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	XNone	
′	meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
	ease summarize the above c	onflict of interest in the f	following box:

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Date:	23/9/2022
 Your Name:	Wenmiao Wang
•	tle: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis herapy Efficacy in Lung Adenocarcinoma
Manuscript nu	umber (if known):

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		Time frame: Since the initial	planning of the work
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		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	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	XNone	
′	meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
	ease summarize the above c	onflict of interest in the f	following box:

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Date:23/9/2022	
Your Name: Hougiang Li	
Manuscript Title: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis	
and Immunotherapy Efficacy in Lung Adenocarcinoma	
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	medical writing, article		
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	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
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	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	XNone	
′	meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
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Date:23/9/2022	
 Your Name:Xinyu Sha	
Manuscript Title: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis and Immunotherapy Efficacy in Lung Adenocarcinoma	
Manuscript number (if known):	

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3	Royalties or licenses	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	manuscript writing or		
_	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	XNone	
′	meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical	_XNone	
	writing, gifts or other		
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13	Other financial or non-	_XNone	
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Date:	_23/9/2022
 Your Name:_	Silin Wang
•	itle: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis herapy Efficacy in Lung Adenocarcinoma
Manuscript n	umber (if known):

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3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	
	ease summarize the above o	onflict of interest in the	following box:

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Date:	_23/9/2022
— Your Name:	Youlang Zhou
Manuscript T	itle: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis therapy Efficacy in Lung Adenocarcinoma
Manuscript n	number (if known):

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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	
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Date:	_23/9/2022
_	Jiahai_Shi
•	itle: Identification of a Polycomb Group-Related Gene Signature for Predicting Prognosis therapy Efficacy in Lung Adenocarcinoma
Manuscript r	number (if known):

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8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
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