Date:	May 24, 2023			
Your Name:_	Zhiquan Qin			
Manuscript 1	Fitle:_Aumolertinib in NSCLC with leptomeningeal involvement, harbouring concurrent EGFR exon 19			
deletion and TP53 comutation: a case report				
Manuscript r	number (if known):			
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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 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)
	1		planning of the work
1	All support for the present	√None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_√None	
6	Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
	ease summarize the above co		lowing box:
Ple	ease place an "X" next to the	following statement to in	dicate vour agreement:

\_X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

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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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	√None	

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

HZ is employed by Hansoh Health Technology Co., LTD	

Date:	_May 24, 2023
	:Peiyuan Yan
Manuscript	Title:_Aumolertinib in NSCLC with leptomeningeal involvement, harbouring concurrent EGFR exon 19
deletion an	d TP53 comutation: a case report
	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 <u>current manuscript only</u>.

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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)
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1	All support for the present	None	
	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	_√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	√None	

5	Payment or honoraria for	_√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
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7	Support for attending	√None	
	meetings and/or travel		
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9	Participation on a Data	√None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	1 None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√ None	
12	Receipt of equipment,	√None	
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	financial interests		
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Da	te:May 24, 2023					
	ur Name:Lili Yu					
	Manuscript Title:_Aumolertinib in NSCLC with leptomeningeal involvement, harbouring concurrent EGFR exon 19					
	letion and TP53 comutation					
Ma	anuscript number (if known	):				
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	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>			
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		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				
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		Time frame: Since the initia	al planning of the work			
L	All support for the present manuscript (e.g., funding,	√None				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
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)	Grants or contracts from	Time frame: pas	st 36 months			
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Consulting fees

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5	Payment or honoraria for	_√None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	√None		
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7	Support for attending	√ None		
	meetings and/or travel			
	3 ,			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	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,	√None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	√None		
Ple	Please summarize the above conflict of interest in the following box:			
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	The author disclosed no releva	nt relationships		

		10.102 2.002001.2 1 0.1111			
Date: May 24, 2023					
Your Name: Chaojin H					
Manuscript Title:_Aumolertini	Manuscript Title:_Aumolertinib in NSCLC with leptomeningeal involvement, harbouring concurrent EGFR exon 19				
leletion and TP53 comutation: a case report					
					related to the content of your parties whose interests may be to transparency and does not relationship/activity/interest,  The following questions apply
manuscript only.					
		<u>defined broadly</u> . For example, if your manuscript pertains			
to the epidemiology of hyperto medication, even if that medic		all relationships with manufacturers of antihypertensive the manuscript.			
In item #1 below, report all sup the time frame for disclosure is	• • •	d in this manuscript without time limit. For all other items,			
	Name all entities with	Specifications/Comments			
	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
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		whom you have this relationship or indicate none (add rows as needed)	(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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	_√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	A Name	
6	Payment for expert	VNone	
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7	Support for attending	√ None	
'	meetings and/or travel		
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8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	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	
	Stock of Stock options		
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
	The author disclosed no releva	it relationships	

Da	te:May 24, 2023		
Yo	ur Name:Lorenzo	Calvetti	
Ma	anuscript Title:_Aumolertini	ib in NSCLC with leptomer	ningeal involvement, harbouring concurrent EGFR exon 19
de	letion and TP53 comutation	: a case report	
Ma	anuscript number (if known	):	
In 1	the interest of transparency	,, we ask you to disclose a	Il relationships/activities/interests listed below that are
rel	ated to the content of your	manuscript. "Related" me	eans any relation with for-profit or not-for-profit third
pa	rties whose interests may b	e affected by the content	of the manuscript. Disclosure represents a commitment
to	transparency and does not	necessarily indicate a bias	s. If you are in doubt about whether to list a
	ationship/activity/interest,		-
Th	e following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current
ma	nuscript only.		· · · · · · · · · · · · · · · · · · ·
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Th	e author's relationships/act	ivities/interests should be	e defined broadly. For example, if your manuscript pertains
to	the epidemiology of hypert	ension, you should declar	e all relationships with manufacturers of antihypertensive
me	edication, even if that medic	cation is not mentioned in	the manuscript.
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In i	item #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other items,
	time frame for disclosure i	• •	•
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		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)
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		1	al planning of the work
L	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	at 36 months
2	Grants or contracts from	√ None	
	any entity (if not indicated		
	in item #1 above).		

Royalties or licenses

Consulting fees

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert		
	testimony		
7	Support for attending	√ None	
′	meetings and/or travel	vnone	
	meetings and/or traver		
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8	Patents planned, issued or pending	√None	
	penuling		
9	Participation on a Data	√ None	
,	Safety Monitoring Board or		
	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		√None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√ None	
13	financial interests	<u>\</u> INOTIC	
	illianciai interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
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	The author disclosed no relevan	nt relationships	
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Da	te:May 24, 2023		
	ur Name:Antonio		
Ma	anuscript Title:_Aumolertini	b in NSCLC with leptomen	ingeal involvement, harbouring concurrent EGFR exon 19
de	letion and TP53 comutation	: a case report	
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to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	•	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)
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		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	√None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
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3	Royalties or licenses	√None	

Consulting fees

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5	Payment or honoraria for	_√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending	√None	
	meetings and/or travel		
8	Patents planned, issued or	√ None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or		
	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,	None	
	materials, drugs, medical		
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13	Other financial or non-	VNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	lowing box:
Γ.	The author disclosed no releva	nt relationships	
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Da	te:May 24, 2023		
	ur Name:Antonio		
Ma	nuscript Title:_Aumolertini letion and TP53 comutation	b in NSCLC with leptomeni	ngeal involvement, harbouring concurrent EGFR exon 19
Ma	anuscript number (if known)	):	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hyperto edication, even if that medic item #1 below, report all sup	ension, you should declare ation is not mentioned in t pport for the work reporte	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,
the	e time frame for disclosure is	s 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
	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.	None	

Time frame: past 36 months

None

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Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

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any entity (if not indicated

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	VNone	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	
13	Other financial or non- financial interests	None	
Г	ease summarize the above control of the author disclosed no releva		lowing box:

	te:May 24, 2023				
Your Name:Yun Chen					
Ma	Manuscript Title:_Aumolertinib in NSCLC with leptomeningeal involvement, harbouring concurrent EGFR exon 19				
	deletion and TP53 comutation: a case report				
	Manuscript number (if known):				
related to	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only.  e author's relationships/activite epidemiology of hypertedication, even if that medication.	manuscript. "Related" me e affected by the content of necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare ation is not mentioned in	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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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.	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	(e.g., if payments were made to you or to your institution)  I planning of the work		
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5	Payment or honoraria for	_√None	
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7	Support for attending	√None	
	meetings and/or travel		
8	Patents planned, issued or	√None	
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11	Stock or stock options	None	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
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