

## ICMJE DISCLOSURE FORM

Date: 14-April-2021

Your Name: Longcan Cheng

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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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|   |  | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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The author has nothing to disclose.

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.

## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: Lixun Guan

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: Yuanyuan Xu

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: You Liu

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: Wenshuai Zheng

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: Ting Yang

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: Min Tan

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: Dongkai Zhu

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## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: Xiaoning Gao

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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.

The author's relationships/activities/interests should be defined broadly. 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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>  X  </u> None  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>  X  </u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>  X  </u> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>  X  </u> None  |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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**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.

## ICMJE DISCLOSURE FORM

Date: 13-April-2021

Your Name: Quanshun Wang

Manuscript Title: The potential effect of epigenetic drugs in the treatment of multiple-site extramedullary plasmacytoma mainly involving the respiratory system: A case report and review of the literature.

Manuscript number (if known): TCR-21-68-CL

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>__X__</u> None  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>__X__</u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>__X__</u> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>__X__</u> None  |   |

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

The author has nothing to disclose.

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.