

## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2021  
 Your Name: Qihai Sui  
 Manuscript Title: The clinical Influences of the prognosis of patients with stage IB lung adenocarcinoma  
 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.

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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.

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Date: Feb. 25<sup>th</sup>, 2021  
 Your Name: Jiagi Liang  
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Date: Feb. 25<sup>th</sup>, 2021  
 Your Name: Zhengyang Hu  
 Manuscript Title: The clinical Influences of the prognosis of patients with stage IB lung adenocarcinoma  
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 Your Name: Yiwei Huang  
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Date: Feb. 25<sup>th</sup>, 2021  
 Your Name: Mengnan Zhao  
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Date: Feb. 25<sup>th</sup>, 2021  
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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)
<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.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
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None.

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