Date: May 2, 2021	
Your Name: Hui Chen	
Manuscript Title: M ⁵ C regulator-mediated methylation modification patterns and tumor microenvironme	ent
infiltration characterization in 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	
· · · · · · · · · · · · · · · · · · ·	

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 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.

		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.	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	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending 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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12		V Name	
13	Other financial or non- financial interests	XNone	
	ililanciai interests		
6 1			full and a leave
Ple	ease summarize the above co	onflict of interest in the	TOIIOWING BOX:

I declare that I have no competing interests.	

Date: <u>May 2, 202</u> 1	
Your Name: Xiao	·
Manuscript Title:	M ⁵ C regulator-mediated methylation modification patterns and tumor microenvironmer
infiltration characteri	zation in lung adenocarcinoma
Manuscript number (f known):
related to the conten	sparency, we ask you to disclose all relationships/activities/interests listed below that are of your manuscript. "Related" means any relation with for-profit or not-for-profit third to manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 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.

		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.	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	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending 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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12		V Name	
13	Other financial or non- financial interests	XNone	
	ililanciai interests		
6 1			full and a leave
Ple	ease summarize the above co	onflict of interest in the	TOIIOWING BOX:

I declare that I have no competing interests.	

Da	te: <u>May 2, 2021</u>		
Yo	ur Name: Zhao-Yue Zh	ang	
Ma	nuscript Title: M ⁵ C	regulator-mediated methy	<u>rlation modification patterns and tumor microenvironment</u>
<u>inf</u>	iltration characterization in	lung adenocarcinoma	
Ma	anuscript number (if known)):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
	e following questions apply inuscript only.	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>
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 relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	I planning of the work
			i 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	26 months
2	Grants or contracts from	XNone	. So months
_	Grants of Contracts Holl	^NONE	

any entity (if not indicated

X__None

_X__None

in item #1 above).
Royalties or licenses

Consulting fees

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending 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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12		V Name	
13	Other financial or non- financial interests	XNone	
	ililanciai interests		
6 1			full and a leave
Ple	ease summarize the above co	onflict of interest in the	TOIIOWING BOX:

I declare that I have no competing interests.	

Da	te: <u>May 2, 2021</u>			
Yo	ur Name: Ming Liu			
Ma	nuscript Title: <u>M⁵C</u>	regulator-mediated methy	lation modification patterns and tumor microenvironme	nt
<u>inf</u>	iltration characterization in	lung adenocarcinoma		
Ma	nuscript number (if known)) :		
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only.	manuscript. "Related" mean e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive	
	item #1 below, report all sup e time frame for disclosure is	· •	d in this manuscript without time limit. For all other iten	ns,
	· · · · · ·	· •	d in this manuscript without time limit. For all other iten	ns,
	· · · · · ·	· •	d in this manuscript without time limit. For all other iten Specifications/Comments	ns,
	· · · · · ·	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	ns,
	· · · · · ·	Name all entities with whom you have this relationship or indicate	Specifications/Comments	ns,
	· · · · · ·	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your	ns,
	· · · · · ·	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)	ns,
	· · · · · ·	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
	e time frame for disclosure is	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)	ms,
the	All support for the present manuscript (e.g., funding,	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)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials,	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)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	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)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	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)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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) I planning of the work	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
the 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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
the 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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,

Consulting fees

_X__None

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending 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			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other services			
12		V Name		
13	Other financial or non-	XNone		
	financial interests			
6 1	Please summarize the above conflict of interest in the following box:			
Ple	ease summarize the above co	onflict of interest in the	TOIIOWING BOX:	

I declare that I have no competing interests.	

ICIVIJE DISCLOSURE FORIVI		
Date: May 2, 2021		
Your Name: Rui-Yan Wu		
Manuscript Title: M ⁵ C regulator-mediated methylation modification patterns and tumor microenvironment		
infiltration characterization in 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.		
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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)	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.	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	XNone		
	testimony			
7	Support for attending 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			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other services			
12		V Name		
13	Other financial or non-	XNone		
	financial interests			
6 1	Please summarize the above conflict of interest in the following box:			
Ple	ease summarize the above co	onflict of interest in the	TOIIOWING BOX:	

I declare that I have no competing interests.	

Date: <u>May 2, 202</u>	
Your Name: Xia	·
Manuscript Title:	M⁵C regulator-mediated methylation modification patterns and tumor microenvironmen
infiltration characteri	zation in lung adenocarcinoma
Manuscript number (f known):
	sparency, we ask you to disclose all relationships/activities/interests listed below that are to fyour manuscript. "Related" means any relation with for-profit or not-for-profit third
parties whose interes	ts may be affected by the content of the manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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 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.

		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.	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	X None	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending 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			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other services			
12		V Name		
13	Other financial or non-	XNone		
	financial interests			
6 1	Please summarize the above conflict of interest in the following box:			
Ple	ease summarize the above co	onflict of interest in the	TOIIOWING BOX:	

I declare that I have no competing interests.	

Da	te: <u>May 2, 2021</u>		
Yo	ur Name: <u>Li-Ping Xu</u>		
Ma	nuscript Title: M ⁵ C	regulator-mediated meth	ylation modification patterns and tumor microenvironment
<u>inf</u>	iltration characterization in	lung adenocarcinoma	
Ma	nuscript number (if known)):	
rela par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a o so.
The			nips/activities/interests as they relate to the <u>current</u>
to	• •	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		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 initia	al planning of the work
1	All support for the present	X None	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
)	Grants or contracts from	XNone	1.50 months
<u>.</u>	any entity (if not indicated	^_NOTIE	

in item #1 above).
Royalties or licenses

Consulting fees

X__None

_X__None

3

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending 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			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other services			
12		V Name		
13	Other financial or non-	XNone		
	financial interests			
6 1	Please summarize the above conflict of interest in the following box:			
Ple	ease summarize the above co	onflict of interest in the	TOIIOWING BOX:	

I declare that I have no competing interests.	

Da	te: <u>May 2, 2021</u>			
Υo	ur Name: <u>Hong-Yan Ch</u>	eng		
Ma	anuscript Title: <u>M⁵C</u>	regulator-mediated methy	<u> lation modification patterns and tumor microenvironment</u>	<u>nt</u>
<u>inf</u>	iltration characterization in	lung adenocarcinoma		
Ma	anuscript number (if known)):		
rel	ated to the content of your	manuscript. "Related" me	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third	
to	-	necessarily indicate a bias.	of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>	
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 item	ıs,
		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 initia	l planning of the work	
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone		
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
}	Royalties or licenses	XNone		

Consulting fees

_X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending 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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12		V. Name	
13	Other financial or non- financial interests	XNone	
	ililanciai interests		
5 '		(I) . (· · · · · · · · · · · · · · · · · ·	c 11 · 1
Ple	ease summarize the above co	onflict of interest in the	tollowing box:

I declare that I have no competing interests.	

Date: May 2	, 2021	
Your Name:	Xin-Chen Sun	
Manuscript Title	e: M ⁵ C regulator-mediated methylation modification patterns and tumor microenvi	<u>ironment</u>
infiltration chara	acterization in lung adenocarcinoma	
Manuscript num	ber (if known):	
related to the co	f transparency, we ask you to disclose all relationships/activities/interests listed below that ontent of your manuscript. "Related" means any relation with for-profit or not-for-profit the second of the second o	nird
	ntent of your manuscript. Related means any relation with for-profit or not-for-profit th Iterests may be affected by the content of the manuscript. Disclosure represents a commiti	

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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		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	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending 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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12		V. Name	
13	Other financial or non- financial interests	XNone	
	ililanciai interests		
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Ple	ease summarize the above co	onflict of interest in the	tollowing box:

I declare that I have no competing interests.	

Da	te: <u>May 2, 2021</u>			
Yo	ur Name: Hong-Cheng	Zhu		-
Ma	anuscript Title: <u>M⁵C</u>	regulator-mediated meth	ylation modification patterns and tumor microenvironm	<u>ent</u>
<u>inf</u>	iltration characterization in	lung adenocarcinoma		
Ma	anuscript number (if known)):	_	
	-	· ·	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third	
	-	-	of the manuscript. Disclosure represents a commitment	
-	- · · · · · · · · · · · · · · · · · · ·	<u>=</u>	If you are in doubt about whether to list a	
	ationship/activity/interest,			
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	s the past 36 months.	ed in this manuscript without time limit. For all other ite	ms,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as	institution)	
		needed)		
		Time frame: Since the initia	al planning of the work	
	All support for the present	X None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
)	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	X None		

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending 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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12		V. Name	
13	Other financial or non- financial interests	XNone	
	ililanciai interests		
5 '		(I) . (· · · · · · · · · · · · · · · · · ·	c 11 · 1
Ple	ease summarize the above co	onflict of interest in the	tollowing box:

I declare that I have no competing interests.	