Date: <u>Fri, May 7, 2021</u>

Your Name: <u>Shuai Zhu</u>

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> 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.

		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	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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: Shikang Zhao

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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4		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
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	processing charges, etc.)		
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4	Consulting fees	None	

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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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: Qian Zhang

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> 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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1	All support for the present	None	
	manuscript (e.g., funding,		
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	processing charges, etc.)		
	No time limit for this item.		
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	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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: Fri, May 7, 2021

Your Name: <u>Shuo Li</u>

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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	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	None	
6	educational events	News	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	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		
13	services Other financial or non-	Nono	
13	Other financial or non- financial interests	None	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: <u>Dian Ren</u>

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> 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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		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 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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u> Your Name: <u>Fan Ren</u> Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> 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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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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: <u>Lingling Zu</u>

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: Yanye Wang

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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1	All support for the present	None	
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	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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: Fri, May 7, 2021 Your Name: Xi Lei Manuscript Title: Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic lung cancer patient after immuno-chemotherapy and surgical resection : a case report Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
6	educational events	News	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	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		
13	services Other financial or non-	Nono	
13	Other financial or non- financial interests	None	

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Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: <u>Ning Zhou</u>

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> 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).	None	
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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u> Your Name: <u>Tao Shi</u> Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> 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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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	educational events	News	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
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13	services Other financial or non-	Nono	
13	Other financial or non- financial interests	None	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: Dongbo Xu

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: <u>Gang Chen</u>

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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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.

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		Time frame: Since the initial	planning of the work
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	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	

I certify that there is no conflict of interest of all above.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: Wan-Teck Lim

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: Raffaele Giusti

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: Abraham J. Wu

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Fri, May 7, 2021</u>

Your Name: <u>Song Xu</u>

Manuscript Title: <u>Complete disease remission in a TP53 and KRAS co-mutated brain oligometastatic</u> <u>lung cancer patient after immuno-chemotherapy and surgical resection : a case report</u> Manuscript number (if known):

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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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