Da	te:2021-10-15		
Yo	ur Name:Xin_	Wang	
Ma	nuscript Title: Cross	-talk of pyroptosis and tum	nor immune landscape in lung adenocarcinoma
Ma	anuscript number (if known)	: TLCR-21-715	
rel par to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	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 of the manuscript of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript of the
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		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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		needed)	
	All	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.	X_None	
		Time frame: past	36 months
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
1	Consulting fees	XNone	
;	Payment or honoraria for	Y None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	None	
	ease summarize the above c	onflict of interest in the fol	lowing box:
	ease place an "X" next to the	_	
	X_ I certify that I have answ form.	ered every question and h	ave not altered the wording of any of the questions on

Da	te:2021-10-15			_
Yo	ur Name:Wei	hao_Lin		
Ma	anuscript Title: Cross	-talk of pyroptosis and tur	nor immune landscape in lung adenocarcinoma	
Ma	anuscript number (if known)	: TLCR-21-715		
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	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
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)	Grants or contracts from	X None	t 30 months	
-	any entity (if not indicated			
	in item #1 above).			
,	·	V None		
•	Royalties or licenses	XNone		
	Consulting food	V None		
t	Consulting fees	XNone		
	Payment or honoraria for	XNone		
,	lectures, presentations,			

	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
	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	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
	None.		
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Ple	ease place an "X" next to the	following statement to in	dicate your agreement:
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2	X_ I certify that I have answ	ered every question and h	ave not altered the wording of any of the questions on tl
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Dat	:e:2021-10-15		
	ır Name:Tiej		
Ma	nuscript Title: Cross	-talk of pyroptosis and tun	nor immune landscape in lung adenocarcinoma
	nuscript number (if known)		
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		relationship or indicate	institution)
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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).	xnone	
	Royalties or licenses	XNone	
	Consulting fees	XNone	
	Payment or honoraria for	Y None	

	speakers bureaus, manuscript writing or		
_	educational events	V. Nana	
6	Payment for expert testimony	XNone	
	cestimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
J	Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
11	group, paid or unpaid	V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
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	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
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Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:

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

Da	te:2021-10-15		
Yo	ur Name:Zhe	nyi_Xu	
Ma	nuscript Title: Cross	-talk of pyroptosis and tun	nor immune landscape in lung adenocarcinoma
Ma	nuscript number (if known)	): TLCR-21-715	
In	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are
		<del>-</del>	ans any relation with for-profit or not-for-profit third
-	_	<del>-</del>	of the manuscript. Disclosure represents a commitment
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ma	nuscript only.		
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			defined broadly. For example, if your manuscript pertains
	the epidemiology of hypert edication, even if that medic	· · ·	all relationships with manufacturers of antihypertensive
me	dication, even if that medic	ation is not mentioned in	the manuscript.
In	itom #1 holow roport all su	nnort for the work reports	d in this manuscript without time limit. For all other items,
	e time frame for disclosure i	• •	u ili tilis manuscript without tille illilit. For all other items,
LIIC	tille frame for disclosure i	s the past 50 months.	
		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
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		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
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6 Payme testimo	nt for expert ony	X_None	
	t for attending gs and/or travel	XNone	
8 Patents pendin	s planned, issued or g	XNone	
Safety	pation on a Data Monitoring Board or ry Board	X_None	
in othe	ship or fiduciary role or board, society, ttee or advocacy paid or unpaid	XNone	
	or stock options	XNone	
materia	t of equipment, als, drugs, medical , gifts or other s	X_None	
13 Other f	Financial or non- al interests	XNone	
Please sur None.	mmarize the above co	onflict of interest in the fo	ollowing box:
	tify that I have answ	e following statement to in vered every question and h	ndicate your agreement: have not altered the wording of any of the questions

Ja	te:2021-10-15			_
Yo	ur Name:Zhei	n_Wang		
Ma	nuscript Title: Cross	-talk of pyroptosis and tum	or immune landscape in lung adenocarcinoma	
Ma	nuscript number (if known)	: TLCR-21-715		
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	
		-	ans any relation with for-profit or not-for-profit third	
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	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
		-	defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensiv	
	dication, even if that medic		-	
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		Name all entities with	Specifications/Comments	
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	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
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8	Patents planned, issued or	X None	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Pla	ease summarize the above c	onflict of interest in the fo	lowing hov:
rie	ase summanze the above t	ommet of interest in the 10	iowing box.
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Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:
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\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	te:2021-10-15		
	ur Name:Zhe		
Ma	anuscript Title: Cross	-talk of pyroptosis and tum	or immune landscape in lung adenocarcinoma
Ma	anuscript number (if known)	): TLCR-21-715	
In 1	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are
rel	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third
pa	rties whose interests may b	e affected by the content o	f 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
rel	ationship/activity/interest,	it is preferable that you do	so.
	•	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
ma	nuscript only.		
			defined broadly. For example, if your manuscript pertains
		· · ·	all relationships with manufacturers of antihypertensive
me	edication, even if that medic	cation is not mentioned in t	he manuscript.
	• •	• •	d in this manuscript without time limit. For all other items,
the	e time frame for disclosure i	s the past 36 months.	
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2 3	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 in item #1 above).  Royalties or licenses	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone  Time frame: past _XNone	(e.g., if payments were made to you or to your institution)  planning of the work

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	ease summarize the above c	onflict of interest in the fol	lowing box:
	None.		
	ease place an "X" next to the X_ I certify that I have answ form.	_	dicate your agreement:  ave not altered the wording of any of the questions on

Dat	e:2021-10-15			_
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		Name all entities with	Specifications/Comments	
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	processing charges, etc.)			
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		Time frame: past	36 months	
	Grants or contracts from	X None		
	any entity (if not indicated			
	in item #1 above).			
	Royalties or licenses	XNone		
	Consulting food	V None		
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		V N		
)	Payment or honoraria for	XNone		

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6	Payment for expert testimony	XNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
L3	Other financial or non- financial interests	XNone	
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Date	e:2021-10-15		
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	following questions apply uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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	em #1 below, report all su time frame for disclosure i		d 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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		Time frame: Since the initia	l planning of the work
1	All support for the present	XNone	
r	manuscript (e.g., funding,		
ļ ķ	provision of study materials,		
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		Time frame: past	36 months
(	Grants or contracts from	XNone	
a	any entity (if not indicated		
	n item #1 above).		
F	Royalties or licenses	X None	
. (	Consulting fees	XNone	
F	Payment or honoraria for	X None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
3	Patents planned, issued or pending	XNone	
Ð	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
L3	Other financial or non- financial interests	XNone	
	ase summarize the above c	onflict of interest in the fol	lowing box:
	ase place an "X" next to the C_ I certify that I have answ form.		dicate your agreement:  ave not altered the wording of any of the questions on

Da	te:2021-10-15						
	Your Name:Jie_He						
Manuscript Title: Cross-talk of pyroptosis and tumor immune landscape in lung adenocarcinoma							
Ma	anuscript number (if known)	: TLCR-21-715					
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6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
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9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	X_None			
11	Stock of Stock options				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	X None			
13	financial interests				
Please summarize the above conflict of interest in the following box:					
	None.				
DIA	assa nlaca an "Y" novt to the	a following statement to in	dicate vour agreement:		
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\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.