

# ICMJE DISCLOSURE FORM

Date: 2022/4/14  
 Your Name: Xiaodong Gu  
 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: a case report  
 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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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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  X  </u> None	
6	Payment for expert testimony	<u>  X  </u> None	
7	Support for attending meetings and/or travel	<u>  X  </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  X  </u> None	
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11	Stock or stock options	<u>  X  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  X  </u> None	
13	Other financial or non-financial interests	<u>  X  </u> None	

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

None

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# ICMJE DISCLOSURE FORM

Date: 2022/4/14  
 Your Name: Wenxian Wang  
 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: a case report  
 Manuscript number (if known): \_\_\_\_\_

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Date: 2022/4/14  
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 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: a case report  
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Date: 2022/4/14  
 Your Name: Yiping Zhang  
 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: a case report  
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Date: 2022/4/14  
 Your Name: Lan Shao  
 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: a case report  
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# ICMJE DISCLOSURE FORM

Date: 2022/4/8  
 Your Name: Mariacarmela Santarpia  
 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: A case report  
 Manuscript number (if known): \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: 2022/4/8  
 Your Name: Petros Christopoulos  
 Manuscript Title: Novel HIVP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: A case report  
 Manuscript number (if known): \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: 4/8/22  
 Your Name: Nathaniel J. Myall  
 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: a case report  
 Manuscript number (if known): \_\_\_\_\_

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Date: 2022/4/14  
 Your Name: Zhiyong Shi  
 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: a case report  
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# ICMJE DISCLOSURE FORM

Date: 2022/4/14  
 Your Name: Guangyuan Lou  
 Manuscript Title: Novel HIVEP1-ALK fusion in a patient with lung adenocarcinoma demonstrating sensitivity to alectinib: a case report  
 Manuscript number (if known): \_\_\_\_\_

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

**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.**