

ICMJE DISCLOSURE FORM

Date: 20 May 2022

Your Name: Di Lu

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

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			
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3	Royalties or licenses	__X__ None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 20 May 2022

Your Name: Zhiqiang Ma

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 20 May 2022

Your Name: Di Huang

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 21 May 2022

Your Name: Jundong Zhang

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 21 May 2022

Your Name: Jinfeng Li

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 22 May 2022

Your Name: Peng Zhi

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 22 May 2022

Your Name: Lizhong Zhang

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: Yingtong Feng

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

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ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: Xiangwei Ge

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

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ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: Jinzhao Zhai

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: Menglong Jiang

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: Xin Zhou

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" 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.

ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Charles B. Simone, II

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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Time frame: past 36 months			
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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	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

No related disclosures.

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

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ICMJE DISCLOSURE FORM

Date: 24 May 2022

Your Name: Dr. Joel W Neal

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

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).	Genentech/Roche	
		Merck	
		Novartis	
		Boehringer Ingelheim	
		Exelixis	
		Nektar Therapeutics	
		Takeda Pharmaceuticals	
		Adaptimmune	
		GSK	
		Janssen	
	AbbVie		
3	Royalties or licenses	None	

4	Consulting fees	AstraZeneca	
		Genentech/Roche	
		Exelixis	
		Jounce Therapeutics	
		Takeda Pharmaceuticals	
		Eli Lilly and Company	
		Calithera Biosciences	
		Amgen	
		Iovance Biotherapeutics	
		Blueprint Pharmaceuticals	
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		Natera	
		Sanofi/Regeneron	
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		Turning Point Therapeutics	
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	
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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	

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

Dr. Neal reports grants and personal fees from Takeda during the conduct of the study; personal fees from AstraZeneca, grants, personal fees, and non-financial support from Genentech/Roche, grants, personal fees, and non-financial support from Exelixis, personal fees from Jounce Therapeutics, personal fees from Eli Lilly and Company, personal fees from Calithera Biosciences, personal fees from Amgen, personal fees from Iovance Biotherapeutics, personal fees from Blueprint Pharmaceuticals, personal fees from Regeneron Pharmaceuticals, personal fees from Natera, personal fees from Surface Oncology, personal fees from D2G Oncology, personal fees from Sanofi Genzyme, personal fees from Turning Point Therapeutics, grants and non-financial support from Merck, grants and non-financial support from Novartis, grants and non-financial support from Boehringer Ingelheim, grants and non-financial support from Nektar Therapeutics, grants and non-financial support from Adaptimmune, grants and non-financial support from GSK, grants and non-financial support from Janssen, and grants and non-financial support from AbbVie outside the submitted work.

Please place an “X” next to the following statement to indicate 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.

ICMJE DISCLOSURE FORM

Date: 05/26/22

Your Name: Shruti Patel

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

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	
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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	

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

No conflicts of interest.

Please place an "X" next to the following statement to indicate 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.

ICMJE DISCLOSURE FORM

Date: 25 May 2022

Your Name: Xiaolong Yan

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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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.

ICMJE DISCLOSURE FORM

Date: 25 May 2022

Your Name: Yi Hu

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 25 May 2022

Your Name: Jinliang Wang

Manuscript Title: Clinicopathological characteristics and prognostic significance of HDAC11 protein expression in non-small cell lung cancer

Manuscript number (if known): _____

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