

## ICMJE DISCLOSURE FORM

Date: 2022/8/15  
 Your Name: Wei Ma  
 Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway  
 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Natural Science Foundation of Shandong Province (No. ZR2020MH233)	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> 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:**

Wei Ma reports funding support from the Natural Science Foundation of Shandong Province (No. ZR2020MH233).

**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: 2022/8/15  
 Your Name: Chao Wang  
 Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/8/15  
 Your Name: Ruzhen Li  
 Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/8/15  
 Your Name: Zhaohui Han  
 Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway  
 Manuscript number (if known): \_\_\_\_\_

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None
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## ICMJE DISCLOSURE FORM

Date: 2022/8/15  
 Your Name: Yuanzhu Jiang  
 Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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4	Consulting fees	__X__ None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 2022/8/15  
 Your Name: Xiangwei Zhang  
 Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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

None
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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: July 30, 2022

Your Name: Duilio Divisi

Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway

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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<b>Time frame: past 36 months</b>			
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		___ None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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**Please summarize the above conflict of interest in the following box:**

**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.

ASL 4 P.O. TERAMO  
U.O.C. CHIRURGIA TORACICA  
67 - 13 - 1098  
Prof. Dr. Delfino Divisi

A handwritten signature in blue ink, consisting of several large, overlapping loops and strokes, positioned over the printed text.

## ICMJE DISCLOSURE FORM

Date: August 11 2022

Your Name: Enrico Capobianco

Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway

Manuscript number (if known):

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I have no COI.

**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: 2022/8/15  
 Your Name: Lin Zhang  
 Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/8/15  
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 Manuscript Title: PTS is activated by ATF4 and promotes LUAD development via the Wnt pathway  
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