

## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Ke Xu

Manuscript Title: Risk factors for symptomatic malignant pleural effusion recurrence in patients with actionable mutations in advanced lung adenocarcinoma

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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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: 21-February-2023

Your Name: Xiaodi Wu

Manuscript Title: Risk factors for symptomatic malignant pleural effusion recurrence in patients with actionable mutations in advanced lung adenocarcinoma

Manuscript number (if known): /

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## ICMJE DISCLOSURE FORM

Date: 10-July-2023

Your Name: Lu Chen

Manuscript Title: Risk factors for symptomatic malignant pleural effusion recurrence in patients with actionable mutations in advanced lung adenocarcinoma

Manuscript number (if known): /

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## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Jingyuan Xie

Manuscript Title: Risk factors for symptomatic malignant pleural effusion recurrence in patients with actionable mutations in advanced lung adenocarcinoma

Manuscript number (if known): /

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## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Xin Hua

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Manuscript number (if known): /

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## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Mo Chen

Manuscript Title: Risk factors for symptomatic malignant pleural effusion recurrence in patients with actionable mutations in advanced lung adenocarcinoma

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## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Yuxin Jiang

Manuscript Title: Risk factors for symptomatic malignant pleural effusion recurrence in patients with actionable mutations in advanced lung adenocarcinoma

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## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Hongbing Liu

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## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Fang Zhang

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## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Tangfeng Lv

Manuscript Title: Risk factors for symptomatic malignant pleural effusion recurrence in patients with actionable mutations in advanced lung adenocarcinoma

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## ICMJE DISCLOSURE FORM

Date: 21-February-2023

Your Name: Yong Song

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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.

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Date: 21-February-2023

Your Name: Ping Zhan

Manuscript Title: Risk factors for symptomatic malignant pleural effusion recurrence in patients with actionable mutations in advanced lung adenocarcinoma

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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