

ICMJE DISCLOSURE FORM

Date: June 5, 2024

Your Name: Ziyang Zhao

Manuscript Title: Construction of a lung cancer 3D culture model based on alginate/gelatin micro-beads for drug evaluation

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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Date: June 5, 2024

Your Name: Xiaqing Feng

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Date: June 5, 2024

Your Name: Huijuan Wu

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Your Name: Shuisheng Chen

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Date: June 5, 2024

Your Name: Changsong Ma

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ICMJE DISCLOSURE FORM

Date: June 5, 2024

Your Name: Ziyun Guan

Manuscript Title: Construction of a lung cancer 3D culture model based on alginate/gelatin micro-beads for drug evaluation

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Ziyun Guan reports funding support from the Natural Science Foundation of Guangdong Province (No. 2023A1515030091)

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Date: June 5, 2024

Your Name: Luwen Lei

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Date: June 5, 2024

Your Name: Kejing Tang

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Date: June 5, 2024

Your Name: Yong Dong

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<u> </u> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<u> </u> <input checked="" type="checkbox"/> None	

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

Yong Dong reports funding support from the Natural Science Foundation of Guangdong Province (No. 2020B1515120094 to Yong Dong)

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: June 5, 2024

Your Name: Yubo Tang

Manuscript Title: Construction of a lung cancer 3D culture model based on alginate/gelatin micro-beads for drug evaluation

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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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.

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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.	Natural Science Foundation of Guangdong Province (No. 2021B1515120053 to Yubo Tang)	Payments were made to my institution.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> <input checked="" type="checkbox"/> None	
3	Royalties or licenses	<u> </u> <input checked="" type="checkbox"/> None	

4	Consulting fees	<u> </u> <input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<u> </u> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<u> </u> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<u> </u> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<u> </u> <input checked="" type="checkbox"/> None	

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