

## ICMJE DISCLOSURE FORM

Date: 8/25/2023  
 Your Name: Jing Wu  
 Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody  
 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.

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		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)
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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).	<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:

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: 8/25/2023  
 Your Name: Yiyi Yu  
 Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Shilong Zhang

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Pengfei Zhang

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023  
 Your Name: Shan Yu  
 Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody  
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## ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Wei Li

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Yan Wang

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023  
 Your Name: Qian Li  
 Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023  
 Your Name: Binbin Lu  
 Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody  
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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 type="checkbox"/> employee	Shanghai Dunwill Medical Technology Co., Ltd.

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

Binbin Lu is an employee from Shanghai Dunwill Medical Technology Co., Ltd. The company is not involved in this study.

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## ICMJJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Limeng Chen

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Chonglin Luo

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

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Chonglin Luo is an employee from Shanghai Dunwill Medical Technology Co., Ltd. The company is not involved in this study.

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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: 8/25/2023

Your Name: Haixiang Peng

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

Manuscript number (if known): \_\_\_\_\_

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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 type="checkbox"/> employee	Shanghai Dunwill Medical Technology Co., Ltd.

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Tianshu Liu

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 8/25/2023

Your Name: Yuehong Cui

Manuscript Title: Clinical significance of peripheral TCR repertoire profiling and individualized nomograms in patients with gastrointestinal cancer treated with anti-PD-1 antibody

Manuscript number (if known): \_\_\_\_\_

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