

Instructions

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5.



Section 1. Identifying Inform		
Identifying Inform	ation	
1. Given Name (First Name) Fan	2. Surname (Last Name) Wu	3. Date 03-August-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Yong-Zhi Wang
5. Manuscript Title RNA processing genes characterize RNA	A splicing and further strat	ify lower-grade glioma
6. Manuscript Identifying Number (if you kn 130591-INS-CMED-RV-2	now it)	
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Wang



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1



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5. Manuscript Title RNA processing		A splicing and further strat	ify lower-grade glioma	
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1. Given Name (First Name) Yuan-Hao	2. Surname (Last Name) Chang		3. Date 03-August-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nan Yong-Zhi Wang	ne
5. Manuscript Title RNA processing genes characterize RN	A splicing and further stra	tify lower-grade glioma	
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Chang			2



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Section 1.	Identifying Inforn	nation		
1. Given Name (Fi Zheng	rst Name)	2. Surname (Last Name) Zhao		3. Date 03-August-2019
4. Are you the cor	rresponding author?	Yes 🖌 No	Corresponding Author's Na Yong-Zhi Wang	ame
5. Manuscript Titl RNA processing		A splicing and further stra	tify lower-grade glioma	
6. Manuscript Ide 130591-INS-CMI	ntifying Number (if you kı ED-RV-2	now it)		
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Liu



Section 1			
Section 1. Identifying Inform	ation		
1. Given Name (First Name) Yu-Qing	2. Surname (Last Name) Liu		3. Date 03-August-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Yong-Zhi Wang	me
5. Manuscript Title RNA processing genes characterize RN/	A splicing and further strati		
6. Manuscript Identifying Number (if you kr 130591-INS-CMED-RV-2	now it)		
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
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Ke-Nan	Zhang	03-August-2019
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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform			
Identifying Inform	nation		
1. Given Name (First Name)	2. Surname (Last Name)		3. Date
Rui-Chao	Chai		03-August-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nar	me
in the you the corresponding dution.		Yong-Zhi Wang	
5. Manuscript Title		5	
RNA processing genes characterize RN	IA splicing and further strat	ify lower-grade glioma	
 Manuscript Identifying Number (if you k 130591-INS-CMED-RV-2 	(now it)		
Section 2. The Work Under G			
The Work Under C	Consideration for Public	cation	
Did you or your institution at any time rec any aspect of the submitted work (includin			
statistical analysis, etc.)?	g but not limited to grants, da	ita monitoring board, study de	sign, manuscript preparation,
Are there any relevant conflicts of inter	rest? 🔄 Yes 🖌 No		
			ADD
Section 3. Belowant financia			
Relevant financia	l activities outside the s	submitted work.	
Place a check in the appropriate boxes	in the table to indicate wh	ether you have financial rela	ationships (regardless of amount
of compensation) with entities as desc			
clicking the "Add +" box. You should re	· _ · _	re present during the 36 m	ionths prior to publication.
Are there any relevant conflicts of inter	rest? Yes 🖌 No		
			ADD
Section 4. Intellectual Prope	erty Patents & Copyrig	ahts	
		<u>j</u>	
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work?	? 🔄 Yes 🖌 No



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Generate Disclosure Statement

Dr. Chai has nothing to disclose.

Evaluation and Feedback

Please visit <u>http://www.icmje.org/cgi-bin/feedback</u> to provide feedback on your experience with completing this form.



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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5.



Section 1. Identifying Inform		
Identifying Inform	mation	
1. Given Name (First Name) Yong-Zhi	2. Surname (Last Name) Wang	3. Date 01-August-2019
4. Are you the corresponding author?	Yes No	
5. Manuscript Title RNA processing genes characterize RN	IA splicing and further stratify lower-grad	le glioma
6. Manuscript Identifying Number (if you k 130591-INS-CMED-RV-2	now it)	
Section 2. The Work Under O	Consideration for Publication	
	g but not limited to grants, data monitoring b	overnment, commercial, private foundation, etc.) for board, study design, manuscript preparation,
		ADD
Section 3. Relevant financia	l activities outside the submitted w	vork.
Place a check in the appropriate boxes of compensation) with entities as desc	in the table to indicate whether you hav ribed in the instructions. Use one line for eport relationships that were present du	rork. e financial relationships (regardless of amount each entity; add as many lines as you need by ring the 36 months prior to publication.
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Wang



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Dr. Wang has nothing to disclose.

Evaluation and Feedback

Please visit <u>http://www.icmje.org/cgi-bin/feedback</u> to provide feedback on your experience with completing this form.

Section & Topic	No	Item	Reported on page
TITLE OR ABSTRACT		RNA processing genes characterize RNA splicing and further stratify lower-grade glioma	
	1	Identification as a study of diagnostic accuracy using at least one measure of accuracy	AUC was used.
		(such as sensitivity, specificity, predictive values, or AUC)	
ABSTRACT			
	2	Structured summary of study design, methods, results, and conclusions	Yes
		(for specific guidance, see STARD for Abstracts)	
INTRODUCTION			
	3	Scientific and clinical background, including the intended use and clinical role of the index test	Included
	4	Study objectives and hypotheses	Included
METHODS			
Study design	5	Whether data collection was planned before the index test and reference standard	Retrospective stuc
		were performed (prospective study) or after (retrospective study)	
Participants	6	Eligibility criteria	Included
	7	On what basis potentially eligible participants were identified	LGGs with
		(such as symptoms, results from previous tests, inclusion in registry)	molecular, surviva and pathological
			information
	8	Where and when potentially eligible participants were identified (setting, location and dates)	NA
	9	Whether participants formed a consecutive, random or convenience series	convenience series
Test methods	10a	Index test, in sufficient detail to allow replication	Yes
	10b	Reference standard, in sufficient detail to allow replication	Yes
	11	Rationale for choosing the reference standard (if alternatives exist)	NA
	12a	Definition of and rationale for test positivity cut-offs or result categories	Yes
		of the index test, distinguishing pre-specified from exploratory	
	12b	Definition of and rationale for test positivity cut-offs or result categories	NA
		of the reference standard, distinguishing pre-specified from exploratory	
	13a	Whether clinical information and reference standard results were available	Yes
		to the performers/readers of the index test	
	13b	Whether clinical information and index test results were available	Yes
		to the assessors of the reference standard	
Analysis	14	Methods for estimating or comparing measures of diagnostic accuracy	Kaplan–Meier
			method, ROC curves, univariate
			and multivariate
			Cox regression
			analysis
	15	How indeterminate index test or reference standard results were handled	NA
	16	How missing data on the index test and reference standard were handled	NA
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from	NA
		exploratory	
	18	Intended sample size and how it was determined	NA
RESULTS		-	
Participants	19	Flow of participants, using a diagram	Figure1
	20	Baseline demographic and clinical characteristics of participants	Supplementary table 14
	21a	Distribution of severity of disease in those with the target condition	Figure 2
	21b	Distribution of alternative diagnoses in those without the target condition	NA
	215	Time interval and any clinical interventions between index test and reference standard	Table 1
Test results	23	Cross tabulation of the index test results (or their distribution)	Table1
		by the results of the reference standard	
	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	Table1, Figure 2
			and 3
	25	Any adverse events from performing the index test or the reference standard	NA



	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	NA
	27	Implications for practice, including the intended use and clinical role of the index test	The last paragraph of discussion
other Information			
	28	Registration number and name of registry	NA
	29	Where the full study protocol can be accessed	Yes
	30	Sources of funding and other support; role of funders	The funding information is included



STARD 2015

AIM

STARD stands for "Standards for Reporting Diagnostic accuracy studies". This list of items was developed to contribute to the completeness and transparency of reporting of diagnostic accuracy studies. Authors can use the list to write informative study reports. Editors and peer-reviewers can use it to evaluate whether the information has been included in manuscripts submitted for publication.

EXPLANATION

A **diagnostic accuracy study** evaluates the ability of one or more medical tests to correctly classify study participants as having a **target condition.** This can be a disease, a disease stage, response or benefit from therapy, or an event or condition in the future. A medical test can be an imaging procedure, a laboratory test, elements from history and physical examination, a combination of these, or any other method for collecting information about the current health status of a patient.

The test whose accuracy is evaluated is called **index test.** A study can evaluate the accuracy of one or more index tests. Evaluating the ability of a medical test to correctly classify patients is typically done by comparing the distribution of the index test results with those of the **reference standard**. The reference standard is the best available method for establishing the presence or absence of the target condition. An accuracy study can rely on one or more reference standards.

If test results are categorized as either positive or negative, the cross tabulation of the index test results against those of the reference standard can be used to estimate the **sensitivity** of the index test (the proportion of participants *with* the target condition who have a positive index test), and its **specificity** (the proportion *without* the target condition who have a negative index test). From this cross tabulation (sometimes referred to as the contingency or "2x2" table), several other accuracy statistics can be estimated, such as the positive and negative **predictive values** of the test. Confidence intervals around estimates of accuracy can then be calculated to quantify the statistical **precision** of the measurements.

If the index test results can take more than two values, categorization of test results as positive or negative requires a **test positivity cut-off**. When multiple such cut-offs can be defined, authors can report a receiver operating characteristic (ROC) curve which graphically represents the combination of sensitivity and specificity for each possible test positivity cut-off. The **area under the ROC curve** informs in a single numerical value about the overall diagnostic accuracy of the index test.

The **intended use** of a medical test can be diagnosis, screening, staging, monitoring, surveillance, prediction or prognosis. The **clinical role** of a test explains its position relative to existing tests in the clinical pathway. A replacement test, for example, replaces an existing test. A triage test is used before an existing test; an add-on test is used after an existing test.

Besides diagnostic accuracy, several other outcomes and statistics may be relevant in the evaluation of medical tests. Medical tests can also be used to classify patients for purposes other than diagnosis, such as staging or prognosis. The STARD list was not explicitly developed for these other outcomes, statistics, and study types, although most STARD items would still apply.

DEVELOPMENT

This STARD list was released in 2015. The 30 items were identified by an international expert group of methodologists, researchers, and editors. The guiding principle in the development of STARD was to select items that, when reported, would help readers to judge the potential for bias in the study, to appraise the applicability of the study findings and the validity of conclusions and recommendations. The list represents an update of the first version, which was published in 2003.

More information can be found on http://www.equator-network.org/reporting-guidelines/stard.

