

ICMJE DISCLOSURE FORM

Date: Sep. 12 2023

Your Name: Mimi M. Kim

Manuscript Title: A Systematic Review of Preclinical Studies Evaluating the Association between Nicotine and the Initiation and Progression of Cancer

Manuscript number (if known): ATM-23-1710

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) |
|---|--|--|---|
| 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. | None | |
| | | Reynolds American | I was a fulltime employee until March 31, 2023. |
| | | | |
| | | | |
| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| | | Thera-Business | I became a full time employee at Thera-Business in Aril 2023. Thera-Business has received contracts funding from Reynolds American for regulatory research support. |
| 3 | Royalties or licenses | None | |
| | | | |

| | | | |
|----|--|-------------------|---|
| | | | |
| 4 | Consulting fees | ___ None | |
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| | | | |
| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | ___ None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
| | | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
| | | | |
| | | | |
| 11 | Stock or stock options | ___ None | |
| | | Reynolds American | Restricted stock options as a benefit of full time employment |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
| | | | |
| | | | |

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

I, Dr. Mimi M. Kim, serviced as a full time employee of Reynolds American until March 31, 2023. AS a Reynolds American employee, Dr. Kim received restricted company shares as part of the company benefits package. In April of 2023, Dr. Kim began a new full-time position at Thera-Business. Thera-Business Inc. has provided regulatory science consulting services to RAI Services Company, a wholly-owned subsidiary of British American Tobacco.

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: September 12, 2023

Your Name: Isabella Steffensen

Manuscript Title: A Systematic Review of Preclinical Studies Evaluating the Association between Nicotine and the Initiation and Progression of Cancer

Manuscript number (if known): ATM-23-1710

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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.

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| 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. | None | |
| | | Reynolds American | This systematic review was funded by Reynolds America. |
| | | Thera Business | Current employer |
| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| | | Thera Business | Thera-Business has received contracts funding from Reynolds American for regulatory research support. |
| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | None | |

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|----|--|------------------|--|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
| 6 | Payment for expert testimony | <u> </u> None | |
| 7 | Support for attending meetings and/or travel | <u> </u> None | |
| 8 | Patents planned, issued or pending | <u> </u> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
| 11 | Stock or stock options | <u> </u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
| 13 | Other financial or non-financial interests | <u> </u> None | |

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

I, Dr. Isabella Steffensen, serve as President and Chief Executive Officer of Thera-Business. Thera-Business Inc. has provided consulting services to RAI Services Company, a wholly-owned subsidiary of British American Tobacco.

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: September 12, 2023

Your Name: Red Thaddeus D. Miguel

Manuscript Title: A Systematic Review of Preclinical Studies Evaluating the Association between Nicotine and the Initiation and Progression of Cancer

Manuscript number (if known): ATM-23-1710

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| 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. | <u>None</u> | |
| | | | |
| | | Reynolds American | This systematic review was funded by Reynolds America. |
| | | Thera Business | Current employer |
| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>None</u> | |
| | | Thera Business | Thera-Business has received contracts funding from Reynolds American for regulatory research support. |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
| 6 | Payment for expert testimony | ___ None | |
| 7 | Support for attending meetings and/or travel | ___ None | |
| 8 | Patents planned, issued or pending | ___ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
| 11 | Stock or stock options | ___ None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
| 13 | Other financial or non-financial interests | ___ None | |

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

I, Dr. Red Thaddeus D. Miguel, serve as Vice-President and Chief Technical Officer of Thera-Business. Thera-Business Inc. has provided consulting services to RAI Services Company, a wholly-owned subsidiary of British American Tobacco.

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: September 12, 2023

Your Name: Tanja Babic

Manuscript Title: A Systematic Review of Preclinical Studies Evaluating the Association between Nicotine and the Initiation and Progression of Cancer

Manuscript number (if known): ATM-23-1710

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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. | <u>None</u> | |
| | | | |
| | | Reynolds American | This systematic review was funded by Reynolds America. |
| | | Thera Business | Former employer |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>None</u> Thera Business | Thera-Business has received contracts funding from Reynolds American for regulatory research support. |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
| 6 | Payment for expert testimony | <u> </u> None | |
| 7 | Support for attending meetings and/or travel | <u> </u> None | |
| 8 | Patents planned, issued or pending | <u> </u> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
| 11 | Stock or stock options | <u> </u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
| 13 | Other financial or non-financial interests | <u> </u> None | |

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

I, Dr. Tanja Babic, served as a full time employee of Thera Business until August 31, 2023. Thera-Business Inc. has provided consulting services to RAI Services Company, a wholly-owned subsidiary of British American Tobacco.

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: Aug. 25 2023

Your Name: Aubrey D. Johnson

Manuscript Title: A Systematic Review of Preclinical Studies Evaluating the Association between Nicotine and the Initiation and Progression of Cancer

Manuscript number (if known): ATM-23-1710

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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. | ___ None | |
| | | Reynolds American | I am a full-time employee of Reynolds American. |
| | | | |
| | | | |
| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __x__ None | |
| 3 | Royalties or licenses | __x__ None | |
| 4 | Consulting fees | __x__ None | |

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|----|--|--|--|
| | | | |
| 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 | |
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| 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:

I, Aubrey D. Johnson, am a full time employee of Reynolds American.

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: Aug. 25 2023

Your Name: Ryan Potts

Manuscript Title: A Systematic Review of Preclinical Studies Evaluating the Association between Nicotine and the Initiation and Progression of Cancer

Manuscript number (if known): ATM-23-1710

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| | | Reynolds American | I am a full-time employee. |
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| Time frame: past 36 months | | | |
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| 4 | Consulting fees | <u>None</u> | |

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| 6 | Payment for expert testimony | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
| 11 | Stock or stock options | Reynolds American | Restricted stock options as a benefit of full-time employment |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
| 13 | Other financial or non-financial interests | ___ None | |

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

I, Dr. Ryan Potts, serve as a full time employee of Reynolds American. I receive restricted shares as a part of my benefits package. Reynolds American is a sponsor that has paid Thera-Business for contracted regulatory research services.

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

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ICMJE DISCLOSURE FORM

Date: Aug. 25 2023

Your Name: Christopher Junker

Manuscript Title: A Systematic Review of Preclinical Studies Evaluating the Association between Nicotine and the Initiation and Progression of Cancer

Manuscript number (if known): ATM-23-1710

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| | | Reynolds American | I am a fulltime employee. |
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| 4 | Consulting fees | None | |

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| 8 | Patents planned, issued or pending | ___ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 11 | Stock or stock options | ___ None | |
| | | Reynolds American | Restricted stock options as a benefit of full time employment |
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| 13 | Other financial or non-financial interests | ___ None | |

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