| Date: | January | | Y | 5,2022 | | |
|-----------|---------|------|----|--------|------|--|
| Your Name | | Kail | 'n | Tol | 1100 | |

Manuscript Title:_ Comparison of p53 mutation analysis findings for tar pitch dermatopathy and ionizing radiation-related skin cancer

Manuscript number (if known): JLPM-21-69

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 initi | al 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 | |
| 1945 | | Time frame: pas | st 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>X</u> None | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | <u>X</u> None | |

| _ | | | |
|----|--|---------------------|---|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None | |
| 6 | Payment for expert testimony | <u> X_</u> None | |
| 7 | Support for attending meetings and/or travel | _X_None | |
| 3 | Patents planned, issued or pending | <u>X</u> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | T |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u>X</u> None | |
| 11 | Stock or stock options | _X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u>X</u> None . | |
| 13 | Other financial or non- financial interests | <u> X </u> None | |

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.

Keiko Ishino

Date: January 19, 2022

Your Name: Hidetaka Yamada

Manuscript Title:_ Comparison of p53 mutation analysis findings for tar pitch dermatopathy and ionizing radiation-related skin cancer

Manuscript number (if known): JLPM-21-69

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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| | | Time frame: Since the initi | al 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>X</u> None | |
| | | Time frame: pas | st 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>X</u> None | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | X_None | |

| | No. of the second | | |
|----|--|---------------|----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None | |
| 6 | Payment for expert testimony | <u>X</u> None | - |
| 7 | Support for attending meetings and/or travel | <u>X</u> None | |
| 8 | Patents planned, issued or pending | _X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X_None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None | x |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | x. |
| 13 | Other financial or non- financial interests | None | |

Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Widetok Jomade

| Date: | 2022/ | /1/5_ |
|-------|-------|-------|
|-------|-------|-------|

Your Name: Tomonki Kahya

Manuscript Title:_ Comparison of p53 mutation analysis findings for tar pitch dermatopathy and ionizing radiation-related skin cancer

Manuscript number (if known): JLPM-21-69_

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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|---|---|--|---|
| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _XNone | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

| | | | · · · · · · · · · · · · · · · · · · · |
|----|--|---------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert | _XNone | · · · · · · · · · · · · · · · · · · · |
| | testimony | _XNone | |
| 7 | Support for attending meetings and/or travel | _XNone | · · · · · · · · · · · · · · · · · · · |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_None | ζ |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | ······································ |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _ XNone | |
| 13 | Other financial or non- financial interests | XNone | |

I have no conflict of interest, financial or otherwise.

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.

| Date: | 10/Jan/2022_ | |
|--------------------|----------------------------|---|
| Your Name: | Ryosuke Hino | |
| Manuscript Title: | _ Comparison of p53 mutati | on analysis findings for tar pitch dermatopathy |
| and ionizing radia | ation-related skin cancer | |
| | | |

Manuscript number (if known): JLPM-21-69

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| | | Name all entities with whom you have this relationship or indicate | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | none (add rows as | |
| | | needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |

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

I declare no conflict of interest.

Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| | 81 | Ja | nuary | 2022 | |
|---|----|----|--------|------|---|
| - | | | the st | | 1 |

Your Name: <u>Мотопови Na Kamuya</u>

Manuscript Title: Comparison of p53 mutation analysis findings for tar pitch dermatopathy and ionizing radiation-related skin cancer

Manuscript number (if known): JLPM-21-69

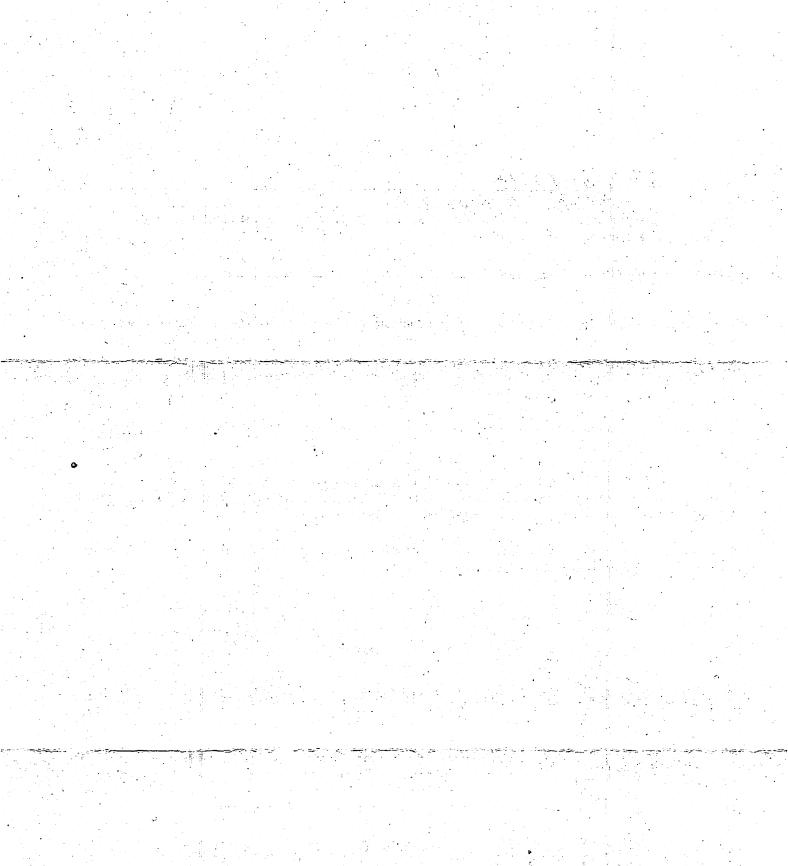
Date:

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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| | | 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. | <u>X</u> None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>X</u> None | |
| 3 | Royalties or licenses | <u> </u> | |
| 4 | Consulting fees | <u> </u> | 9 |



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

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.

Metural Nakama

| Date: January, 5, 2022 | |
|--|--|
| Your Name: <u>Shohei Shimajin</u> | |
| Manuscript Title:_ Comparison of p53 mutation analysis findings for tar pitch dermatopathy | |
| and ionizing radiation-related skin cancer | |
| | |
| Manuscrint number (if known): II PM-21-69 | |

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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 | |
| | | Time frame: past | : 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|----|--|------|---|
| | lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
| 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 place an "X" next to the following statement to indicate your agreement:

Y I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: January 5, 2022

Your Name: Maranori Wiscoka

Manuscript Title: Comparison of p53 mutation analysis findings for tar pitch dermatopathy and ionizing radiation-related skin cancer

Manuscript number (if known): JLPM-21-69

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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| | | Name all entities with | Specifications/Comments |
|---|-------------------------------|--|--|
| | | whom you have this relationship or indicate | (e.g., if payments were made to you or to your institution) |
| | | none (add rows as | institution) |
| | | needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | <u> </u> | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | <u>_V</u> None | |
| | | | |
| | | | ······································ |
| 4 | Consulting fees | <u> </u> | |

| | | | · · · · · · · · · · · · · · · · · · · |
|----|--|---------------|---------------------------------------|
| 5 | Payment or honoraria for | _V_None | |
| | lectures, presentations, | | · · · · · · · · · · · · · · · · · · · |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | V None | |
| ľ | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | _V_None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | V None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | . / | |
| 11 | Stock or stock options | V_None | |
| | | | |
| 42 | Dessint of any imposed | | |
| 12 | Receipt of equipment, materials, drugs, medical | <u>V</u> None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

No conflict of interest to be declared.

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.

| Date:2022, 1, _6 | |
|---|--|
| Your Name:Masako Kasam, MD | |
| Manuscript Title:_ Comparison of p53 mutation analysis findings for tar pitch dermatopathy and ionizing radiation-related skin cancer | |

Manuscript number (if known): JLPM-21-69

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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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|---|---|
| | | | |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |

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

The author has no conflicts of interest directly relevant to the content of this article.

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.

Date:_____January 5,2022_____ Your Name:_____Yoshiki Tokura_____ Manuscript Title:_ Comparison of p53 mutation analysis findings for tar pitch dermatopathy and ionizing radiation-related skin cancer

Manuscript number (if known): JLPM-21-69

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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| | | Name all entities with whom you have this relationship or indicate none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
| | | needed) 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. | X None | |
| | | 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 | |

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

No Conflict of Interest to declare

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. Yoshiki Jokura

Date:_____Jan 20, 2022___

Your Name:_____Haruhiko Sugimura_

Manuscript Title:_ Comparison of p53 mutation analysis findings for tar pitch dermatopathy and ionizing radiation-related skin cancer

Manuscript number (if known): JLPM-21-69

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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. | xNone | | | |
| | Time frame: past 36 months | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | xNone | | | |
| 3 | Royalties or licenses | x None | α Για το πολιτικό το προστάτου το πολιτικό το πολιτικό το πολιτικό το πολιτικό το πολιτικό το πολιτικό το πολιτικ Για το πολιτικό το πολιτικό Για το πολιτικό πολιτ | | |
| 4 | Consulting fees | xNone | | | |

| _ | | | |
|-----|--|---|---------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, | xNone | |
| - 1 | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | x_None | |
| | | Shines and bear | |
| - | | | |
| 7 | Support for attending meetings and/or travel | xNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | x_None | |
| | | and a second state of the second second | and a second the second second second |
| | | | |
| 9 | Participation on a Data | x_None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | x None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | x_None | |
| | | | |
| 12 | Descint of aquipment | v Nono | |
| 12 | Receipt of equipment, materials, drugs, medical | x_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | x_None | |
| | | | |
| | | | |

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.

Harnhutro Sugining