ICMJE DISCLOSURE FORM

Date: 05/23/2022

Your Name: Alice Rodriguez-Fuguet

Manuscript Title: Targeting EGFR-steered cancer via erasing a circular RNA

Manuscript number (if known): ExRNA-22-9

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.

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) 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastNone | 36 months |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, | None | | | | |
|---|--|------|--|--|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | | |
| 6 | Payment for expert | None | | | | |
| | testimony | | | | | |
| | | | | | | |
| 7 | Support for attending meetings and/or travel | 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 | None | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| 11 | group, paid or unpaid Stock or stock options | None | | | | |
| 11 | Stock of Stock options | None | | | | |
| | | | | | | |
| 12 | Receipt of equipment, | None | | | | |
| 12 | materials, drugs, medical writing, gifts or other | | | | | |
| | | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | None | | | | |
| | financial interests | | | | | |
| | | | | | | |
| | | | | | | |
| Please summarize the above conflict of interest in the following box: | | | | | | |
| | | | | | | |

| There is no conflict of interest for the above author. | |
|--|--|
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| | |
| | |

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: 5/23/2022

Your Name: Wencai Zhang

Manuscript Title: Targeting EGFR-steered cancer via erasing a circular RNA

Manuscript number (if known): ExRNA-22-9

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>.

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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.

| | | 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 | International Association for the Study of Lung Cancer Young Investigator Award | Payment was made to my department in my grant account |
| | processing charges, etc.) No time limit for this item. | UCF Exploratory Research Award | Payment was made to my department in my grant |
| | | UCF CBHRT (Center for Behavioral Health Research and Training) Award | Payment was made to my department in my grant account |
| | | 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 | Nege | |
| 6 | Payment for expert testimony | None | |
| | testimony | | |
| 7 | Support for attending | None | |
| , | meetings and/or travel | | |
| | meetings and or traver | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | None | |
| | | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | Atomwise Inc. Project | Small molecules targeting the mitochondria enzymes |
| | | A19-053 | were delivered to my lab. |
| | | | |
| 13 | services | News | |
| 13 | Other financial or non- financial interests | None | |
| | illianciai iliterests | | |
| | | | |

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

Dr. Zhang is supported by grants from the International Association for the Study of Lung Cancer Young Investigator Award, UCF Exploratory Research Award, UCF CBHRT (Center for Behavioral Health Research and Training) Award, and Atomwise Inc. AIMS Project A19-053.

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.