ICMJE DISCLOSURE FORM

 Date:_June 1, 2022

 Your Name:__Katarina Chang_____

 Manuscript Title:__Noncoding RNAs and Modulation of the EGFR/ERK Pathway by circRNA C190 in Non-Small

 Cell Lung Cancer

 Manuscript number (if known):_____ExRNA-22-12

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) 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	xNone	
4	Consulting fees	x_None	

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

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:

__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:06/01/22
Your Name:Julia Ju
Manuscript Title: Noncoding RNAs and Modulation of the EGFR/ERK Pathway by circRNA C190 in Non-Small
Cell Lung Cancer
Manuscript number (if known): ExRNA-22-12

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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.

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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)
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.	Time frame: Since the initialxNone	
		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		_xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert 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	xNone
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

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

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 <u>:</u>	5/31/22	
Your Name	e:Michele Vitolo	
Manuscrip	t Title: Noncoding RNAs and Modulation of the EGFR/ERK Pathway by circRNA C190 in	Non-Small Cell
Lung Cano	cer	
Manuscrip	ot number (if known): ExRNA-22-12	

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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	All summers for the summers of	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials, medical writing, article	National Cancer Institute	CO-I on grants, payment made to institution
		American Cancer Society	PI on grant, payment made to institution
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert 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	_XNone	
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	

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

I am co-investigator on an NCI grant in which Stuart Martin is the PI. I am the PI on an American Cancer Society Research Scholars grant which will end 12/31/22. The funding is to examine cytoskeletal regulation in breast cancer cells during metastasis and never once mentions anything about non-coding RNA. This first grant focuses on post transcriptional modifications of microtubules in unique membrane protrusions called microtentacles. The ACS grant is to examine the role of PTEN on actin signaling and cell deformation.

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.