Date	e: Oct. 26 <sup>th</sup> , 2021		
Your	Name: Mingyu Zhu		
Man	uscript Title: <u>Assess</u>	ment of POLE and POLD1	mutations as prognosis and immunotherapy biomarkers for
	nach adenocarcinoma		
Man	uscript number (if known):	TCR-21-1601	
relat part to tr relat	eed to the content of your miles whose interests may be ansparency and does not notionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	
	uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th med In ite	e epidemiology of hyperter ication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone	
	processing charges, etc.)  No time limit for this item.		
		Time &	236 months
2	Grants or contracts from	Time frame: pastX_None	. So months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

		<u> </u>	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attended	V Non	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		-
9	Participation on a Data	XNone	
	Safety Monitoring Board or 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,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone.		
"			
Plea	ase place an "X" next to the	following statement to inc	licate your agreement:

Date	e: <u>Oct. 26<sup>th</sup>, 2021</u>		
You	r Name: <u>Haiyan Cui</u>		
Mar	nuscript Title: <u>Assess</u>	ment of POLE and POLD1	mutations as prognosis and immunotherapy biomarkers for
stor	nach adenocarcinoma		
Mar	nuscript number (if known):	TCR-21-1601	
rela part to ti rela The	ted to the content of your naties whose interests may be ransparency and does not not interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. If you are in doubt about whether to list a so.  Os/activities/interests as they relate to the current
to tl		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	<del>-</del>	d in this manuscript without time limit. For all other items,
		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)
		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)
the	All support for the present manuscript (e.g., funding,	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)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
	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.  Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.  Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia XNone  Time frame: past	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.  Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaXNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone			
	manuscript writing or educational events				
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	X_None			
13	Other financial or non- financial interests	XNone			
	one.	nflict of interest in the follo	owing 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.

Date	e: Oct. 26 <sup>th</sup> , 2021		
Your	Name: Kuo Zhao		
Man	uscript Title: <u>Asses</u>	sment of POLE and POLD1	. mutations as prognosis and immunotherapy biomarkers for
stom	nach adenocarcinoma		
Man	uscript number (if known):	TCR-21-1601	
relat parti to tr relat	ed to the content of your need to the content of your need to whose interests may be ansparency and does not need in the content of the conte	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents as they relate to the current of the
to th med In ite	e epidemiology of hyperte ication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items,
		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 initia	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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

		<u> </u>	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attended	V Non	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		-
9	Participation on a Data	XNone	
	Safety Monitoring Board or 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,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone.		
"			
Plea	ase place an "X" next to the	following statement to inc	licate your agreement:

Date	e: Oct. 26 <sup>th</sup> , 2021		
Your	Name: Xiaochen Jia		
Man	uscript Title: <u>Assess</u>	ment of POLE and POLD1	mutations as prognosis and immunotherapy biomarkers for
ston	nach adenocarcinoma		
Man	uscript number (if known):	TCR-21-1601	
relat part to tr relat	eed to the content of your miles whose interests may be ansparency and does not not interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  os/activities/interests as they relate to the current
to th med In ite	ne epidemiology of hypertentication, even if that medica	nsion, you should declare tion is not mentioned in to	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,
		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 initia	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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

		<u> </u>	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attended	V Non	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		-
9	Participation on a Data	XNone	
	Safety Monitoring Board or 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,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone.		
"			
Plea	ase place an "X" next to the	following statement to inc	licate your agreement:

Date	e: Oct. 26 <sup>th</sup> , 2021					
You	· Name: <u>Hao Jin</u>					
Man	Manuscript Title: Assessment of POLE and POLD1 mutations as prognosis and immunotherapy biomarkers for					
	nach adenocarcinoma					
Man	uscript number (if known):	TCR-21-1601				
relate part to trelate The man The to the med	ted to the content of your maies whose interests may be ansparency and does not notionship/activity/interest, it following questions apply to uscript only.  author's relationships/activite epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do the author's relationship rities/interests should be g nsion, you should declare tion is not mentioned in the	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		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 initia	ol planning of the work			
1	All support for the present	X None				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	ANone				
2		Time frame: pas	t 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				

Consulting fees

		<u> </u>	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attended	V Non	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		-
9	Participation on a Data	XNone	
	Safety Monitoring Board or 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,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone.		
"			
Plea	se place an "X" next to the	following statement to inc	licate your agreement:

Date	e: Oct. 26 <sup>th</sup> , 2021		
You	r Name: <u>Lu Zhang</u>		
Man	uscript Title: <u>Asses</u>	ment of POLE and POLD1	mutations as prognosis and immunotherapy biomarkers for
	nach adenocarcinoma		
Man	uscript number (if known):	TCR-21-1601	
relate part to trelate man The man The to the med	ted to the content of your name ies whose interests may be cansparency and does not not ionship/activity/interest, it following questions apply touscript only.  author's relationships/activity endemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship wities/interests should be insion, you should declare tion is not mentioned in t	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		-	
		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 initia	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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

		<u> </u>	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attended	V Non	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		-
9	Participation on a Data	XNone	
	Safety Monitoring Board or 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,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone.		
"			
Plea	se place an "X" next to the	following statement to inc	licate your agreement: