Date	e: <u>Feb. 28th, 2021</u>		
	Name:Yang Wang		
patie	ent prognosis		es with TMB, age and smoking status and stratifies NSCLC
Man	uscript number (if known):	TCR-21-2395	
relat parti to tr	ed to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	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 If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationshi	ps/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 tion is not mentioned in t port for the work reporte	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 26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	ic 30 months

Royalties or licenses

Consulting fees

X_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
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	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	от о		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Date	: Feb. 28 th , 2021		
	Name:Yun Chen		
		mutational status correlate	es with TMB, age and smoking status and stratifies NSCLC
	ent prognosis		
Man	uscript number (if known):	TCR-21-2395	_
relat parti to tr	ed to the content of your n es whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the current
to th	•	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 ime frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initia	al planning of the work
4	All I C II		
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from		t 30 months
2	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
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	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	от о		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Date	e: <u>Feb. 28th, 2021</u>		
	Name:Libin Zhang_		
patie	ent prognosis		es with TMB, age and smoking status and stratifies NSCLC
Man	uscript number (if known):	TCR-21-2395	_
relat parti to tr	ed to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	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 If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the current
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup ime frame for disclosure is	·	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,	XNone	
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated	XNone	

in item #1 above).

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Consulting fees

X_None

_X__None

3

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
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	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	от о		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Date	e: <u>Feb. 28th, 2021</u>		
You	r Name:Jian Xiong		
	nuscript Title:RYR i ent prognosis	mutational status correlate	s with TMB, age and smoking status and stratifies NSCLC
	nuscript number (if known):	TCR-21-2395	
	, , ,		
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the current
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	X None	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	30 months
۷	any entity (if not indicated		

in item #1 above).

Royalties or licenses

Consulting fees

X_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
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	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	от о		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Date	e: <u>Feb. 28th, 2021</u>		
	r Name:Lele Xu		
patie	ent prognosis		es with TMB, age and smoking status and stratifies NSCLC
Man	uscript number (if known):	TCR-21-2395	
relat part to tr	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins 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.
	following questions apply touscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th		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	·	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mine for this item.		
		Time frame: pas	t 26 months
2	Grants or contracts from	X None	t so months
_	any entity (if not indicated	^_NOHE	
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	-		
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	XNone	
	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		
			•

None.			

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

Date	: Feb. 28 th , 2021								
Man patie	our Name:Changfu Cheng								
relat parti to tr	ed to the content of your mies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a						
man The a	uscript only. author's relationships/activ	rities/interests should be <u>d</u> nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive the manuscript.						
In ite	·	port for the work reported	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 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	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	-		
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	XNone	
	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		
			•

None.			

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

Date	e: <u>Feb. 28th, 2021</u>		
	Name:Zheyuan Xu_		<u> </u>
		mutational status correlate	es with TMB, age and smoking status and stratifies NSCLC
	ent prognosis	TOD 24 2205	
Man	uscript number (if known):	TCR-21-2395	_
relat parti to tr	ed to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns 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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the current
to th	• -	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 ime frame for disclosure is		d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initia	I planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	-		
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	XNone	
	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		
			•

None.			

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