| Date:April 1 st , 2021 | |
|--|--|
| Your Name:Catarina Albuquerque | |
| Manuscript Title: Migration and invasion features in | non-small cell lung cancer cells upon xenobiotic exposure: |
| insights from in vitro studies | |
| Manuscript number (if known): TLCR-21-121-CL | |

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 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 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 | X None | |
|----|--|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | V. None | |
| 6 | Payment for expert testimony | XNone | |
| | cestimony | | |
| 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 | | |
| 10 | Advisory Board Leadership or fiduciary role | X None | |
| 10 | in other board, society, | XNone | |
| | 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 | | |
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| None. | | | |
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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.

Catarina Almeida de Albuquerque

| ate:March 31 st , 2021 |
|--|
| our Name:Rita Manguinhas |
| Nanuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure |
| nsights from in vitro studies |
| Nanuscript number (if known): TLCR-21-121-CL |

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| | | | |
| | | | |
| 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 | |
| | G , | | |
| | | | |
| 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 | | |
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| None. | | | |
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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.

| Date:April 1 st , 2021 |
|---|
| Your Name:João Guilherme Feliciano da Costa |
| Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: |
| insights from in vitro studies |
| Manuscript number (if known): TLCR-21-121-CL |
| |

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| | | 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 | XNone | |
|----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| O | testimony | XNOTIE | |
| | 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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Assinado por: João Guilherme Feliciano da Costa Num. de Identificação: BI12481931 Data: 2021.04.05 15:11:40+01'00'

| Date:April 1 st , 2021 |
|---|
| Your Name: XXX NUNO GIL |
| Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: |
| nsights from in vitro studies |
| Manuscript number (if known): TLCR-21-121-CL |
| |
| n 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 |
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| 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 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 | |
| | MERCETAL STATES | 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 | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | XNone | |
|--------|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
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| _ | | V N | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | | X None | |
| 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 | |
| 12 | | | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| SERVER | financial interests | | |
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| None. | | | |
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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.



| Date:April 1 st , 2021 Your Name: Jordi Codony-Servat_ Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies |
|--|
| Manuscript number (if known): TLCR-21-121-CL |
| 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> |

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manuscript only.

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

| 5 | Payment or honoraria for | X None | |
|----|------------------------------|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | , | | |
| 7 | Consent for attending | X None | |
| / | Support for attending | None | |
| | meetings and/or travel | | |
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| | | | |
| 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 | |
| 10 | in other board, society, | | |
| | | | |
| | 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 | | |
| | services | | |
| | | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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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.

| You Mai insi | e:April 1 st , 2021 r Name:Matilde da Luz d nuscript Title: Migratio ghts from in vitro studies nuscript number (if known): | on and invasion features in — | ca e Castro_ non-small cell lung cancer cells upon xenobiotic exposure: |
|----------------------|---|---|--|
| rela part to t | ted to the content of your n ies 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 so. |
| | following questions apply t nuscript only. | o the author's relationship | s/activities/interests as they relate to the <u>current</u> |
| to the med | he epidemiology of hyperte dication, even if that medica | nsion, you should declare a tion is not mentioned in th port for the work reported | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. 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) |
| | | 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. | 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 | |

Consulting fees

_None

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| in other board, society, committee or advocacy group, paid or unpaid Stock or stock options X_None Receipt of equipment, materials, drugs, medical writing, gifts or other services | | | | |
|--|-----|-------------------------------|---------------------------------|---|
| speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services A. None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Passe summarize the above conflict of interest in the following box: None. | 5 | | XNone | |
| manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial interests Dease summarize the above conflict of interest in the following box: None. | | | | |
| educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options X_None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Other financial interests Payment for expert X_None X_None X_None ANONE ANONE ANONE ANONE Patents planned, issued or pending X_None ANONE ANONE ANONE Patents planned, issued or pending X_None ANONE ANONE Patents planned, issued or pending ANONE ANONE ANONE ANONE ANONE Patents planned, issued or pending ANONE ANONE | | | | |
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| Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests A None Sease summarize the above conflict of interest in the following box: None. | | | | |
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| Patents planned, issued or pending Participation on a Data | | | | |
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| Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Other financial interests Dease summarize the above conflict of interest in the following box: None. |) | | XNone | , |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Case summarize the above conflict of interest in the following box: None. A None A | | | | |
| in other board, society, committee or advocacy group, paid or unpaid Stock or stock options | | | | |
| committee or advocacy group, paid or unpaid Stock or stock options X_None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Case summarize the above conflict of interest in the following box: None. Case place an "X" next to the following statement to indicate your agreement: | 0 | | XNone | |
| group, paid or unpaid Stock or stock options X_None | | | | |
| Stock or stock options X_None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests case summarize the above conflict of interest in the following box: None. Page place an "X" next to the following statement to indicate your agreement: | | • | | |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Case summarize the above conflict of interest in the following box: None. Page place an "X" next to the following statement to indicate your agreement: | | | | |
| materials, drugs, medical writing, gifts or other services Other financial or non- financial interests case summarize the above conflict of interest in the following box: None. Description: None. | 11 | Stock or stock options | XNone | |
| materials, drugs, medical writing, gifts or other services Other financial or non- financial interests case summarize the above conflict of interest in the following box: None. Description: None. | | | | · |
| materials, drugs, medical writing, gifts or other services Other financial or non- financial interests case summarize the above conflict of interest in the following box: None. Description: None. | | | | |
| writing, gifts or other services Other financial or non-financial interests Passe summarize the above conflict of interest in the following box: None. Passe place an "X" next to the following statement to indicate your agreement: | 2 | | X_None | |
| Services Other financial or non-financial interests Passe summarize the above conflict of interest in the following box: None. Passe place an "X" next to the following statement to indicate your agreement: | | | | |
| Other financial or non- financial interests Passe summarize the above conflict of interest in the following box: None. Passe place an "X" next to the following statement to indicate your agreement: | | | | |
| financial interests ease summarize the above conflict of interest in the following box: None. ease place an "X" next to the following statement to indicate your agreement: | | services | | |
| Pease summarize the above conflict of interest in the following box: None. Pease place an "X" next to the following statement to indicate your agreement: | 3 | Other financial or non- | XNone | |
| None. ease place an "X" next to the following statement to indicate your agreement: | | financial interests | | |
| None. ease place an "X" next to the following statement to indicate your agreement: | | | | |
| None. ease place an "X" next to the following statement to indicate your agreement: | | | | |
| None. ease place an "X" next to the following statement to indicate your agreement: | | | | |
| ease place an "X" next to the following statement to indicate your agreement: | lea | se summarize the above co | nflict of interest in the follo | owing box: |
| ease place an "X" next to the following statement to indicate your agreement: | | | | |
| | N | one. | | |
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| | | | | |
| | lea | se place an "X" next to the f | following statement to ind | icate your agreement: |
| X I certify that I have answered every question and have not altered the wording of any of the questions on | | | | - |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | _X_ | _ I certify that I have answe | red every question and ha | ve not altered the wording of any of the questions on |

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form.

Date: April 1st, 2021

Your Name: Joana Paiva Gomes Miranda

Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure:

insights from in vitro studies

Manuscript number (if known): TLCR-21-121-CL

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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) 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 | |
| | | 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 lectures, presentations, | None | |
|----|---|------|--|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| | and making | | |
| 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 | |

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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.

15/04/2021

| Date:April 1 st , 2021 |
|--|
| Your Name:Ana Sofia Fernandes |
| Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure |
| insights from in vitro studies |
| Manuscript number (if known): TLCR-21-121-CL |
| |
| |

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 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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | Time marrie. Since the initial | plaining 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 XNone | |
|----|--|--------------|--|
| | testimony | | |
| 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 | X_None | |

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

Ama S.C. Lances

| Date:April 1 st , 2021 |
|--|
| Your Name:Rafael Rosell |
| Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure |
| insights from in vitro studies |
| Manuscript number (if known): TLCR-21-121-CL |
| • |

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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. | 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, | XNone | |
|----|--|--------|--|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| • | | V N | |
| 8 | Patents planned, issued or pending | XNone | |
| | penang | | |
| 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 | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |

| None. | | |
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| i None. | | |
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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.

Rafael Rosell

| Date:April 1 st , 2021 |
|---|
| Your Name:Nuno G. Oliveira |
| Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: |
| insights from in vitro studies |
| Manuscript number (if known): TLCR-21-121-CL |
| |

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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| | 是在10年3年3月 | Time frame: Since the initia | 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 | XNone |
|----|--|---|
| 6 | educational events Payment for expert | X None |
| | testimony | |
| 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 |
| L2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non- financial interests | XNone |
| | ease summarize the above o | onflict of interest in the following box: |
| | | e following statement to indicate your agreement: vered every question and have not altered the wording of any of the questions on t |
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