| Date: Jan. 30 <sup>th</sup> , 2022   |
|--|
| Your Name: Di Lu   |
| Manuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes usin XGBoost in patients with non-small cell lung cancer: A clinical trial  |
| Manuscript number (if known): TLCR-22-92   |
| 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   |   | XNone                          |             |  |  |
|     | lectures, presentations, speakers bureaus,            |                                |             |  |  |
|     | manuscript writing or                                 |                                |             |  |  |
|     | educational events                                    |                                |             |  |  |
| 6   | Payment for expert                                    | XNone                          |             |  |  |
|     | testimony   |                                |             |  |  |
| 7   | Command for adding                                    | V Nana                         |             |  |  |
| 7   | Support for attending meetings and/or travel          | XNone                          |             |  |  |
|     | meetings and/or traver                                |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
| 8   | Patents planned, issued or                            | XNone                          |             |  |  |
|     | pending   |                                |             |  |  |
|     |   |                                |             |  |  |
| 9   | Participation on a Data                               | XNone                          |             |  |  |
|     | Safety Monitoring Board or                            |                                |             |  |  |
| 10  | Advisory Board  | V None                         |             |  |  |
| 10  | Leadership or fiduciary role 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-                               | X None                         |             |  |  |
| 13  | financial interests                                   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
| Ple | ease summarize the above co                           | onflict of interest in the fol | lowing box: |  |  |
|     | None.   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |

| ate:Jan. 30 <sup>th</sup> , 2022  |
|---|
| our Name: Jinxing Peng  |
| anuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes using     |
| GBoost in patients with non-small cell lung cancer: A clinical trial  |
| anuscript number (if known): TLCR-22-92   |
|   |
| the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are |
| lated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third     |
| arties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment       |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 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 | 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                        | XNone  |   |  |  |  |
|   | manuscript (e.g., funding,                         |  |   |  |  |  |
|   | provision of study materials,                      |  |   |  |  |  |
|   | medical writing, article                           |  |   |  |  |  |
|   | processing charges, etc.)                          |  |   |  |  |  |
|   | No time limit for this item.                       |  |   |  |  |  |
|   |  |  |   |  |  |  |
|   |  |  |   |  |  |  |
|   | 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                                    | X None   |   |  |  |  |

| _   |   |                                |             |  |  |
|-----|---|--------------------------------|-------------|--|--|
| 5   |   | XNone                          |             |  |  |
|     | lectures, presentations, speakers bureaus,            |                                |             |  |  |
|     | manuscript writing or                                 |                                |             |  |  |
|     | educational events                                    |                                |             |  |  |
| 6   | Payment for expert                                    | XNone                          |             |  |  |
|     | testimony   |                                |             |  |  |
| 7   | Command for adding                                    | V Nana                         |             |  |  |
| 7   | Support for attending meetings and/or travel          | XNone                          |             |  |  |
|     | meetings and/or traver                                |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
| 8   | Patents planned, issued or                            | XNone                          |             |  |  |
|     | pending   |                                |             |  |  |
|     |   |                                |             |  |  |
| 9   | Participation on a Data                               | XNone                          |             |  |  |
|     | Safety Monitoring Board or                            |                                |             |  |  |
| 10  | Advisory Board  | V None                         |             |  |  |
| 10  | Leadership or fiduciary role 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-                               | X None                         |             |  |  |
| 13  | financial interests                                   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
| Ple | ease summarize the above co                           | onflict of interest in the fol | lowing box: |  |  |
|     | None.   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |

| Yo<br>Ma<br>XG  | te:Jan. 30 <sup>th</sup> , 2022<br>ur Name: Zhongju Wang<br>nuscript Title: Dielect<br>Boost in patients with non-<br>nuscript number (if known) | s<br>tric property measurement<br>small cell lung cancer: A cli  |   | ısing |
|-----------------|--|--|---|-------|
| rel<br>pa<br>to | ated to the content of your<br>rties whose interests may be  | manuscript. "Related" me<br>e affected by the content on<br>necessarily 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. |       |
|                 | e following questions apply<br>inuscript only.   | to the author's relationsh   | ps/activities/interests as they relate to the <u>current</u>  |       |
| to              |  | ension, you should declare   | defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensive the manuscript.  |       |
|                 | item #1 below, report all su<br>e time frame for disclosure i  | •  | d in this manuscript without time limit. For all other ite  | ms,   |
|                 |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)   |       |
|                 |  | Time frame: Since the initia   | planning of the work  |       |
| 1               | All support for the present manuscript (e.g., funding,   | XNone  |   |       |

Time frame: past 36 months

\_X\_\_None

X None

X\_\_None

provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** 

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

any entity (if not indicated

2

3

| _   |   |                                |             |  |  |
|-----|---|--------------------------------|-------------|--|--|
| 5   |   | XNone                          |             |  |  |
|     | lectures, presentations, speakers bureaus,            |                                |             |  |  |
|     | manuscript writing or                                 |                                |             |  |  |
|     | educational events                                    |                                |             |  |  |
| 6   | Payment for expert                                    | XNone                          |             |  |  |
|     | testimony   |                                |             |  |  |
| 7   | Command for adding                                    | V Nana                         |             |  |  |
| 7   | Support for attending meetings and/or travel          | XNone                          |             |  |  |
|     | meetings and/or traver                                |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
| 8   | Patents planned, issued or                            | XNone                          |             |  |  |
|     | pending   |                                |             |  |  |
|     |   |                                |             |  |  |
| 9   | Participation on a Data                               | XNone                          |             |  |  |
|     | Safety Monitoring Board or                            |                                |             |  |  |
| 10  | Advisory Board  | V None                         |             |  |  |
| 10  | Leadership or fiduciary role 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-                               | X None                         |             |  |  |
| 13  | financial interests                                   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
| Ple | ease summarize the above co                           | onflict of interest in the fol | lowing box: |  |  |
|     | None.   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |

| e:Jan. 30 <sup>th</sup> , 2022   |
|--|
| r Name: Ying Sun   |
| nuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes using     |
| loost in patients with non-small cell lung cancer: A clinical trial  |
| nuscript number (if known): TLCR-22-92   |
|  |
| ne interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are |
| ted to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third      |
| ties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment        |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 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 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   |   | XNone                          |             |  |  |
|     | lectures, presentations, speakers bureaus,            |                                |             |  |  |
|     | manuscript writing or                                 |                                |             |  |  |
|     | educational events                                    |                                |             |  |  |
| 6   | Payment for expert                                    | XNone                          |             |  |  |
|     | testimony   |                                |             |  |  |
| 7   | Command for adding                                    | V Nana                         |             |  |  |
| 7   | Support for attending meetings and/or travel          | XNone                          |             |  |  |
|     | meetings and/or traver                                |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
| 8   | Patents planned, issued or                            | XNone                          |             |  |  |
|     | pending   |                                |             |  |  |
|     |   |                                |             |  |  |
| 9   | Participation on a Data                               | XNone                          |             |  |  |
|     | Safety Monitoring Board or                            |                                |             |  |  |
| 10  | Advisory Board  | V None                         |             |  |  |
| 10  | Leadership or fiduciary role 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-                               | X None                         |             |  |  |
| 13  | financial interests                                   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
| Ple | ease summarize the above co                           | onflict of interest in the fol | lowing box: |  |  |
|     | None.   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |
|     |   |                                |             |  |  |

| Date:Jan. 30 <sup>th</sup> , 2022<br>Your Name: Jianxue Zhai   |     |
|--|-----|
| Manuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes us  | ing |
| XGBoost in patients with non-small cell lung cancer: A clinical trial  | թ   |
| Manuscript number (if known):TLCR-22-92  |     |
| 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  | XNone  |  |  |
|     | lectures, presentations, speakers bureaus,                            |        |  |  |
|     | manuscript writing or   |        |  |  |
|     | educational events  |        |  |  |
| 6   | Payment for expert testimony  | XNone  |  |  |
|     |   |        |  |  |
| 7   | Command for adding  | V Nana |  |  |
| 7   | Support for attending meetings and/or travel                          | XNone  |  |  |
|     | meetings and/or traver  |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
| 8   | Patents planned, issued or  | XNone  |  |  |
|     | pending   |        |  |  |
|     |   |        |  |  |
| 9   | Participation on a Data   | XNone  |  |  |
|     | Safety Monitoring Board or  |        |  |  |
| 10  | Advisory Board  | V None |  |  |
| 10  | Leadership or fiduciary role 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-   | X None |  |  |
| 13  | financial interests   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |        |  |  |
|     | None.   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |

| Date:Jan. 30 <sup>th</sup> , 2022<br>Your Name: Zhizhi Wang<br>Manuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes using<br>Yanuscript number (if known): TLCR-22-92  |  |  |  |  |  |
|--|--|--|--|--|--|
| 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. | 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  | XNone  |  |  |
|     | lectures, presentations, speakers bureaus,                            |        |  |  |
|     | manuscript writing or   |        |  |  |
|     | educational events  |        |  |  |
| 6   | Payment for expert testimony  | XNone  |  |  |
|     |   |        |  |  |
| 7   | Command for adding  | V Nana |  |  |
| 7   | Support for attending meetings and/or travel                          | XNone  |  |  |
|     | meetings and/or traver  |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
| 8   | Patents planned, issued or  | XNone  |  |  |
|     | pending   |        |  |  |
|     |   |        |  |  |
| 9   | Participation on a Data   | XNone  |  |  |
|     | Safety Monitoring Board or  |        |  |  |
| 10  | Advisory Board  | V None |  |  |
| 10  | Leadership or fiduciary role 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-   | X None |  |  |
| 13  | financial interests   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |        |  |  |
|     | None.   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |

| Date:Jan. 30 <sup>th</sup> , 2022  |
|--|
| Your Name: Zhiming Chen  |
| Manuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes using   |
| XGBoost in patients with non-small cell lung cancer: A clinical trial  |
| Manuscript number (if known): TLCR-22-92   |
|  |
| 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                   |
| to transparency and opes not necessarily indicate a pias. If you are in doubt about whether to list a  |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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  | XNone  |  |  |
|     | lectures, presentations, speakers bureaus,                            |        |  |  |
|     | manuscript writing or   |        |  |  |
|     | educational events  |        |  |  |
| 6   | Payment for expert testimony  | XNone  |  |  |
|     |   |        |  |  |
| 7   | Command for adding  | V Nana |  |  |
| 7   | Support for attending meetings and/or travel                          | XNone  |  |  |
|     | meetings and/or traver  |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
| 8   | Patents planned, issued or  | XNone  |  |  |
|     | pending   |        |  |  |
|     |   |        |  |  |
| 9   | Participation on a Data   | XNone  |  |  |
|     | Safety Monitoring Board or  |        |  |  |
| 10  | Advisory Board  | V None |  |  |
| 10  | Leadership or fiduciary role 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-   | X None |  |  |
| 13  | financial interests   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |        |  |  |
|     | None.   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |
|     |   |        |  |  |

Date: Jan. 30th, 2022

Your Name: Yuji Matsumoto

Manuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes using XGBoost

in patients with non-small cell lung cancer: A clinical trial

Manuscript number (if known): TLCR-22-92

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).  | National Cancer Center Research and Development Fund Grant-in-Aid for Scientific Research on Innovative Areas | Grants Grants   |
|   |   | Hitachi, Ltd.   | Grants  |

| 3  | Royalties or licenses                           | XNone                       |                        |
|----|---|-----------------------------|------------------------|
|    |   |                             |                        |
|    | C III C   |                             |                        |
| 4  | Consulting fees                                 | None                        |                        |
|    |   |                             |                        |
| 5  | Payment or honoraria for                        | Olympus                     | honoraria for lectures |
|    | lectures, presentations, speakers bureaus,      | AstraZeneca                 | honoraria for lectures |
|    |   | Novartis                    | honoraria for lectures |
|    | manuscript writing or educational events        | СООК                        | honoraria for lectures |
|    | educational events                              | AMCO INC.                   | honoraria for lectures |
|    |   | Thermo Fisher Scientific    | honoraria for lectures |
|    |   | Erbe Elektromedizin<br>GmbH | honoraria for lectures |
|    |   | Fujifilm                    | honoraria for lectures |
|    |   | Chugai                      | honoraria for lectures |
|    |   | Eli Lilly                   | honoraria for lectures |
| 6  | Payment for expert                              | X_None                      |                        |
|    | testimony                                       |                             |                        |
| 7  | Support for attending                           | XNone                       |                        |
|    | meetings and/or travel                          |                             |                        |
|    |   |                             |                        |
| 8  | Patents planned, issued or                      | XNone                       |                        |
|    | pending   |                             |                        |
|    |   |                             |                        |
| 9  | Participation on a Data                         | X_None                      |                        |
|    | 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                          | X_None                      |                        |
|    |   |                             |                        |
| 12 | Descript of a minus at                          | V. None                     |                        |
| 12 | Receipt of equipment, materials, drugs, medical | XNone                       |                        |
|    | writing, gifts or other                         |                             |                        |
| L  | services  |                             |                        |
| 13 | Other financial or non-                         | X_None                      |                        |
|    | financial interests                             |                             |                        |
|    |   |                             |                        |

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

The author receives grants from National Cancer Center Research and Development Fund, Grant-in-Aid for Scientific Research on Innovative Areas and Hitachi, Ltd.; honoraria for lectures from Olympus, AstraZeneca, Novartis, COOK, AMCO INC., Thermo Fisher Scientific, Erbe Elektromedizin GmbH, Fujifilm, Chugai and Eli Lilly

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

| Date:Jan. 30 <sup>th</sup> , 2022   |      |
|---|------|
| Your Name: Long Wang  |      |
| Manuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes us | sing |
| XGBoost in patients with non-small cell lung cancer: A clinical trial                                       |      |
| Manuscript number (if known): TLCR-22-92  |      |
| · · · · · · · · · · · · · · · · · · ·   |      |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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, speakers bureaus, manuscript writing or  | XNone                          |             |
|     |  |                                |             |
|     |  |                                |             |
|     | educational events   |                                |             |
| 6   | Payment for expert testimony   | XNone                          |             |
|     |  |                                |             |
| 7   | Command for addagrading  | V None                         |             |
| 7   | Support for attending meetings and/or travel   | XNone                          |             |
|     | meetings and/or traver   |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| 8   | Patents planned, issued or   | XNone                          |             |
|     | pending  |                                |             |
|     |  |                                |             |
| 9   | Participation on a Data  | XNone                          |             |
|     | Safety Monitoring Board or   |                                |             |
| 10  | Advisory Board   | V None                         |             |
| 10  | Leadership or fiduciary role in other board, society,  | XNone                          |             |
|     | committee or advocacy  |                                |             |
|     | group, paid or unpaid  |                                |             |
| 11  | Stock or stock options   | XNone                          |             |
|     |  |                                |             |
|     |  |                                |             |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other  | X_None                         |             |
|     |  |                                |             |
|     | services   |                                |             |
| 13  | Other financial or non-  | X None                         |             |
| 13  | financial interests  |                                |             |
|     | This is the control of the control o |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| Ple | ease summarize the above co  | onflict of interest in the fol | lowing box: |
|     | None.  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |

| Date:Jan. 30 <sup>th</sup> , 2022 Your Name: Sherman Xuegang Xin Manuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes using XGBoost in patients with non-small cell lung cancer: A clinical trial Manuscript number (if known): TLCR-22-92 |   |  |  |
|--|---|--|--|
| rel<br>pa<br>to  | ated to the content of your<br>rties whose interests may be   | manuscript. "Related" mea<br>e affected by the content o<br>necessarily 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 of the manuscript of the manuscript. If you are in doubt about whether to list a so. |
|  | e following questions apply<br>inuscript only.  | to the author's relationshi  | ps/activities/interests as they relate to the current  |
| to<br>me   | the epidemiology of hyperto<br>edication, even if that medic  | ension, you should declare ation is not mentioned in topport 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)  |
|  |   | Time frame: Since the initial  | planning of the work   |
| L  | 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

\_X\_\_None

X\_\_None

\_X\_\_None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

any entity (if not indicated

2

3

| _   |  |                                |             |
|-----|--|--------------------------------|-------------|
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or  | XNone                          |             |
|     |  |                                |             |
|     |  |                                |             |
|     | educational events   |                                |             |
| 6   | Payment for expert testimony   | XNone                          |             |
|     |  |                                |             |
| 7   | Command for addagrading  | V None                         |             |
| 7   | Support for attending meetings and/or travel   | XNone                          |             |
|     | meetings and/or traver   |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| 8   | Patents planned, issued or   | XNone                          |             |
|     | pending  |                                |             |
|     |  |                                |             |
| 9   | Participation on a Data  | XNone                          |             |
|     | Safety Monitoring Board or   |                                |             |
| 10  | Advisory Board   | V None                         |             |
| 10  | Leadership or fiduciary role in other board, society,  | XNone                          |             |
|     | committee or advocacy  |                                |             |
|     | group, paid or unpaid  |                                |             |
| 11  | Stock or stock options   | XNone                          |             |
|     |  |                                |             |
|     |  |                                |             |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other  | X_None                         |             |
|     |  |                                |             |
|     | services   |                                |             |
| 13  | Other financial or non-  | X None                         |             |
| 13  | financial interests  |                                |             |
|     | This is the control of the control o |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| Ple | ease summarize the above co  | onflict of interest in the fol | lowing box: |
|     | None.  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |

| Date: Jan. 30 <sup>th</sup> , 2022  |
|---|
| Your Name: Kaican Cai   |
| Manuscript Title: Dielectric property measurements for the rapid differentiation of thoracic lymph nodes using  |
| KGBoost in patients with non-small cell lung cancer: A clinical trial   |
| Manuscript number (if known): TLCR-22-92  |
| 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   | X None   |   |

| _   |  |                                |             |
|-----|--|--------------------------------|-------------|
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or  | XNone                          |             |
|     |  |                                |             |
|     |  |                                |             |
|     | educational events   |                                |             |
| 6   | Payment for expert testimony   | XNone                          |             |
|     |  |                                |             |
| 7   | Command for addagrading  | V None                         |             |
| 7   | Support for attending meetings and/or travel   | XNone                          |             |
|     | meetings and/or traver   |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| 8   | Patents planned, issued or   | XNone                          |             |
|     | pending  |                                |             |
|     |  |                                |             |
| 9   | Participation on a Data  | XNone                          |             |
|     | Safety Monitoring Board or   |                                |             |
| 10  | Advisory Board   | V None                         |             |
| 10  | Leadership or fiduciary role in other board, society,  | XNone                          |             |
|     | committee or advocacy  |                                |             |
|     | group, paid or unpaid  |                                |             |
| 11  | Stock or stock options   | XNone                          |             |
|     |  |                                |             |
|     |  |                                |             |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other  | X_None                         |             |
|     |  |                                |             |
|     | services   |                                |             |
| 13  | Other financial or non-  | X None                         |             |
| 13  | financial interests  |                                |             |
|     | This is the control of the control o |                                |             |
|     |  |                                |             |
|     |  |                                |             |
| Ple | ease summarize the above co  | onflict of interest in the fol | lowing box: |
|     | None.  |                                |             |
|     |  |                                |             |
|     |  |                                |             |
|     |  |                                |             |