Date:	_02-08-2022
Your Name:	Hailei Du
Manuscript Ti	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	umber (if known):

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	Time frame: Since the initial $_$ None	
	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	√None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	√None	

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

None.

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

Date:	.02-08-2022
Your Name:	Rui Mu
Manuscript Tit	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	ımber (if known):

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past √None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:	_02-08-2022
Your Name: _	Lihua Liu
Manuscript Ti	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	tients with non-small cell lung cancer
Manuscript n	umber (if known):

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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		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	√None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	√None	

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

None.

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

Date:	_02-08-2022
Your Name:	Hongliang Liu
Manuscript Tit	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	umber (if known):

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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1	All support for the present	√None	
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:	.02-08-2022
Your Name:	Sheng Luo
Manuscript Tit	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	ımber (if known):

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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1	All support for the present	√None	
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:	_02-08-2022		
Your Name:	Edward F. Patz Jr		
Manuscript Ti	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect		
survival in patients with non-small cell lung cancer			
Manuscript nu	umber (if known):		

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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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:	_02-08-2022
Your Name:	Carolyn Glass
Manuscript Tit	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	umber (if known):

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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	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:	_02-08-2022
Your Name:	Li Su
Manuscript Ti	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	umber (if known):

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	√None	

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

None.

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

Date:	.02-08-2022
Your Name:	Mulong Du
Manuscript Tit	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	ımber (if known):

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	manuscript (e.g., funding, provision of study materials,		
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3	Royalties or licenses	√None	
4	Consulting fees	√None	

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

None.

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

Date:	_02-08-2022
Your Name:	David C. Christiani
Manuscript Ti	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	umber (if known):

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1	All support for the present	√None	
	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	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	√None	

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

None.

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

Date:	.02-08-2022
Your Name:	Hecheng Li
Manuscript Tit	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	umber (if known):

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4	Consulting fees	None	

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

None.

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

Date:	.02-08-2022
Your Name:	Qingyi Wei
Manuscript Tit	tle: _Novel genetic variants in FOXP1 and RORA of the lymphocyte activation-related pathway affect
survival in pat	ients with non-small cell lung cancer
Manuscript nu	ımber (if known):

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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