Date: May 28 <sup>tt</sup>	, 2022	
Your Name:	Connor Kinslow	
Manuscript Title:	NRF2-Pathway	y Mutations Predict Radioresistance in Non-Small Cell Lung Cancer
Manuscript numb	er (if known):	TLCR-22-292

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.

		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.) <b>No time limit for this item.</b>	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 testimony	X_None
7	Support for attending meetings and/or travel	X_None
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	X_None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone

None.

# 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: 5/31/2022

Your Name: Prashanth Kumar

Manuscript Title: <u>NRF2-Pathway Mutations Predict Radioresistance in Non-Small Cell Lung Cancer</u> Manuscript number (if known): TLCR-22-292

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.

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

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

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: <u>27 May 2022</u>				
Your Name: <u>Luke Cai</u>				
Manuscript Title: NRF2	-Pathway Mutations Predict Radioresistance in Non-Small Cell Lung Cancer			
Manuscript number (if know	n): <u>TLCR-22-292</u>			

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.

		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)
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 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 testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	Kojin Therapeutics
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

The author holds equity in Kojin Therapeutics.

# 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.

Manuscript number (if known): TLCI	R-22-292
Small Cell Lung Cancer	
Manuscript Title:	NRF2-Pathway Mutations Predict Radioresistance in Non-
Your Name: <u>Ramon Sun</u>	
Date: <u>May 27<sup>th</sup>, 2022</u>	

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.

		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,	XNone	
	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	x_None	
	any entity (if not indicated		
-	in item #1 above).		
3	Royalties or licenses	x_None	

4	Consulting fees	Maze Therapeutics	
5	Payment or honoraria for	x_None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x_None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
4.4	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		

R. C. Sun reports personal fees and non-financial support from Maze Therapeutics.

# 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: 6/3/2022

Your Name: Kunal Chaudhary

Manuscript Title: <u>NRF2-Pathway Mutations Predict Radioresistance in Non-Small Cell Lung Cancer</u> Manuscript number (if known): TLCR-22-292

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.

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

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

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: <u>5/30/22</u>					
Your Name:	Simon Cheng				
Manuscript Title	: NRF2-Pathway Mutations Predict Radioresistance in Non-Small Cell Lung Cancer				
Manuscript number (if known): TLCR-22-292					

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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	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	AbbVie, Sanofi	

5      Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	-		N	
speakers bureaus, manuscript writing or educational events	5	Payment or honoraria for	None	
manuscript writing or educational events				
educational events				
6      Payment for expert testimony		manuscript writing or		
testimony		educational events		
testimony	6	Payment for expert	None	
7      Support for attending meetings and/or travel     None        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-     None				
meetings and/or travel			<u> </u>	
meetings and/or travel	7	Support for attending	None	
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-     None	'			
pending		meetings and/or travel		
pending				
pending				
pending				
pending	8	Patents planned, issued or	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-     None	-			
Safety Monitoring Board or Advisory Board		6		
Safety Monitoring Board or Advisory Board	0	Participation on a Data	Nono	
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        11      Stock or stock options     None        12      Receipt of equipment, materials, drugs, medical writing, gifts or other services     None        13      Other financial or non-     None	9			
10      Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid     None        11      Stock or stock options     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-     None				
in other board, society, committee or advocacy group, paid or unpaid				
committee or advocacy	10		None	
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-     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-     None		committee or advocacy		
11      Stock or stock options     None        12      Receipt of equipment, materials, drugs, medical writing, gifts or other services     None        13      Other financial or non-     None		group, paid or unpaid		
12    Receipt of equipment, materials, drugs, medical writing, gifts or other services   None      13    Other financial or non-   None	11		None	
materials, drugs, medical				
materials, drugs, medical				
materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services	1			
13  Other financial or non- None				
financial interests	13		None	
		financial interests		

S. K. Cheng reports personal fees and non-financial support from AbbVie and Sanofi.

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

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