#### ICMJE DISCLOSURE FORM

Date: March 8, 2023

Your Name: Aaron M Neely

Manuscript Title: CLOCK'ing differences in DNA methylation signatures to understand the

molecular etiology of lung cancer

Manuscript number (if known):\_TLCR-23-65

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> manuscript only.

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)	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.	None		
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Yes	Funding for AMN was provided by a postdoctoral fellowship granted by the Hastings Center for Pulmonary Research (HCPR) as well as the Department of Translational Genomics.	

3	Povalties or licenses	None	
3	Royalties or licenses	None	
4	Consulting fore	Nese	
4	Consulting fees	None	
-	Decimant on homographs for	Ness	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
٥	testimony	INUITE	
	testimony		
-	Company for attanding	Nana	
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		
	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	
	Stock of Stock options	110110	
12	Receipt of equipment,	None	
12	materials, drugs, medical	INUITE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
	illialiciai liiterests		

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

Funding for AMN was provided by a postdoctoral fellowship granted by the Hastings Center for Pulmonary Research (HCPR) as well as the Department of Translational Genomics.

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.				

### ICMJE DISCLOSURE FORM

Date:	_3/8/2023
Your Name:	_Minxiao Yang
Manuscript	Title: CLOCK'ing differences in DNA methylation signatures to understand the molecular etiology of lung
<u>cancer</u>	
Manuscript	number (if known):_ TLCR-23-65

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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	V. Nana			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
0	Darticipation on a Data	V None			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

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.

### ICMJE DISCLOSURE FORM

Date:3.8.2023
Your Name:Crystal Marconett, PhD
Manuscript Title: CLOCK'ing differences in methylation signatures to understand the molecular etiology of lung cancer
Manuscript number (if known): TLCR-23-65

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

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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	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	American Cancer Society	Support salary for PI
	manuscript (e.g., funding,	Department of Defense	Support salary for PI
	provision of study materials,	Department of	Support salary for PI
	medical writing, article	Translational Genomics,	
	processing charges, etc.)	USC	
	No time limit for this item.	U54 CaRE2	Administrative support for PI
Time frame: past 36 months			36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

			I
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	None U54 CaRE2	Administrative support for PI
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

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

CNM is supported in part by the American Cancer Society (RMC-RSG-20-135-01), the Department of Defense Lung Cancer Research Program (W81XWH-21-1-0), the National Heart, Lung, and Blood Institute (HL114959), the Cystic Fibrosis Foundation (CFFT FIRTH21XXO), the California Tobacco Related Disease Research Program (T31IP913), as well as the Department of Translational Genomics and the Department of Surgery at the Keck School of Medicine.

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.