ICMJE DISCLOSURE FORM

Date:	March 15, 2023		
Your Name:	Hyungjin Kim		
Manuscript Title: Tumor-associated prognostic factors extractable from chest CT scans in patients with lung cancer			
Manuscript number (if known): TLCR-22-904			

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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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	
1	All support for the present manuscript (e.g., funding, provision of study materials,	Seoul National University Hospital Research Fund	No. 03-2022-2170
	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	RadiSen	Consultant

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	News	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	Support for attending meetings and/or travel		
	5 <i>i</i>		
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		
11	group, paid or unpaid	Madical ID	Charle and stack antions
11	Stock or stock options	Medical IP	Stock and stock options
12	2 Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Hyungjin Kim received a research grant from Seoul National University Hospital Research Fund (No. 03-2022-2170); received consulting fees from RadiSen; and holds stock and stock options in Medical IP

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:	March 10, 2023	_		
Your Name: _	Chang Min Park			
Manuscript Title: Tumor-associated prognostic factors extractable from chest CT scans in patients with lung cancer				
Vanuscript number (if known): <u>TLCR-22-904</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>.

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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 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).	√ None	
3	Royalties or licenses	√ None	
4	Consulting fees	√ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√ 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	Seoul National University Hospital	Board member of big data review board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Korean Society of Artificial Intelligence in Medicine Korean Society of Radiology Korean Society of Thoracic Radiology	
11	Stock or stock options	Promedius Lunit Coreline Soft	Stock Stock option Stock option
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√ None	
13	Other financial or non- financial interests	√ None	

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

Dr. Chang Min Park serves as board member in Korean Society of Radiology, Korean Society of Thoracic Radiology, and Korean Society of Artificial Intelligence in Medicine and participates as a board member of Big Data Review Board of Seoul National University Hospital. He holds stock in Promedius and stock options in Lunit and Coreline Soft. He is an Editorial Board member of Translational Lung Cancer Research.

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.