Date: 17.04.2023

Your Name: Agata Wilk

Manuscript Title: Radiomic signature accurately predicts the risk of metastatic dissemination in late-stage non-small cell

lung cancer

Manuscript number (if known): TLCR-23-60-CL

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).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		" a - grant a 'myrla aby' "
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	s na naba a member by
		1 11	to the physical respective that the proof of
	19-11		
	1		
8	Patents planned, issued or	XNone	
	pending		
•		V N	22.22.2
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		4.7 k
10	Leadership or fiduciary role	X None	
10	in other board, society,	X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	Filmed R. F.
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None	-	
	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.

Agota Will

Date: 20.04.20	Date: <u>20.04.2023</u>				
Your Name:	Emilia Kozłowska				
Manuscript Tit	Manuscript Title: Radiomic signature accurately predicts the risk of metastatic dissemination in late-stage non-				
small cell lung cancer					
Manuscript nu	Manuscript number (if known): TLCR-23-60-CL				

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 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	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	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	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	

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.

Lodow Jea

Date: April 20th, 2023 Your Name: Damian Borys

Manuscript Title:

Radiomic signature accurately predicts the risk of metastatic dissemination in late-stage non-small cell lung cancer

Manuscript number (if known): TLCR-23-60-CL

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	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	XNone	
	Safety Monitoring Board or		
40	Advisory Board		
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-	XNone	
	financial interests		

None.	Ì

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.

Borss

Date: April. 17 th , 2023						
	Your Name: Andrea d'Amico					
Manuscript Title: Radiomic si	Manuscript Title: Radiomic signature accurately predicts the risk of metastatic dissemination in late-stage non-small					
cell lung cancer						
Manuscript number (if known	ı): TLCR-23-60-CL					
· · · · · · · · · · · · · · · · · · ·						
related to the content of your parties whose interests may be to transparency and does not relationship/activity/interest	r manuscript. "Related" mo be affected by the content necessarily indicate a bias , it is preferable that you d					
The following questions apply manuscript only.	to the author's relationsh	hips/activities/interests as they relate to the <u>current</u>				
	tension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive n the manuscript.				
In item #1 below, report all su the time frame for disclosure		ted in this manuscript without time limit. For all other items,				
	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 initi	al planning of the work				

		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	l 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	None Company	
4	Consulting fees	XNone	

		·	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	None:	
8	Patents planned, issued or pending	X_ None	T S to a series of the series
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	XNone	
11	Stock or stock options	ppose X None ppose same	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
13	services Other financial or non- financial interests	XIIINone	
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
	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.

KIEROWNIK Pracowni Diagnostyki PET

dr n. med. Andrea d'Amico

Date:	Apr. 19 ^t	th , 2023	
Your Nan	me:	Krzysztof Fujarewicz	
Manuscri	ipt Title:	Radiomic signature accurately predicts the risk of metastatic dissemination in le	ate-stage
non-sma	ıll cell lur	ng cancer	
Manuscri	ipt numb	per (if known): _TLCR-23-60-CL	

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

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.

Krzysztof Fujarewicz

Date: April. 1/2023	
Your Name: Izabela C	Gorczewska
Manuscript Title: Radiom	ic signature accurately predicts the risk of metastatic dissemination in late-stage non-smal
cell lung cancer	
Manuscript number (if kr	own): TLCR-23-60-CL

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,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time innit 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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7 -	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	X None
J	pending	
	F	
9	Participation on a Data	X None
2004	Safety Monitoring Board or	
	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,	XNone
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	XNone
	financial interests	

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.

Jahola Govereusta

Date:	18/04/2023	
Your Name:	Tuena Dec	5082 - SumnekQ
Manuscript Title:	La diomir	Sipnalure accurately predicts
Manuscript number	(if known): 7/CA	0-123-60-01

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 initia	al 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: pas	t 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	None
6	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	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- financial interests	None

N	/A	

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.

Spor-Simistro lucio

Date: 19/	104	12023						AND DESCRIPTION OF THE PARTY.
Your Name:	a	AFAL	SUWI	NSKI				
Manuscript Title	e:	Rad	iomic	510	nadure	accus	ately	stedicts
Manuscript nun	nber (if known):_	TLC	R-	23-60	-CL	7	

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.

		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 initi	al 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	
	《公司》,以及	Time frame: pas	st 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	sectify that I have appeared doory question and in

5	Payment or honoraria for	× None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	× None
	testimony	And the manufacture of the second sec
7	Support for attending meetings and/or travel	×_None
		The state of the s
8	Patents planned, issued or	None
	pending	
	tog telefa to the currect	the area of the production of
9	Participation on a Data	× None
	Safety Monitoring Board or	他们是是是一种的人的。 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
	Advisory Board	
10	Leadership or fiduciary role	× None
	in other board, society,	triberangers and oil beautiful and and maliferillane souls if arms, make
	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
10	financial interests	

N/A	
N/A	

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.

Rafa fun

Date:	Apr. 17	th , 2023
Your N	lame:	Jaroslaw Smieja
Manus	script Title:	Radiomic signature accurately predicts the risk of metastatic dissemination in late-stage non-small cel
lung ca	ancer	
Manus	script numb	per (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.

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).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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: 19.04.2023

Your Name: Andrzej Swierniak

Manuscript Title: Radiomic signature accurately predicts the risk of metastatic dissemination in late-stage non-small cell

lung cancer

Manuscript number (if known): TLCR-23-60-CL

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).	X None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

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.

Any