ICMJE DISCLOSURE FORM

Date: 5 March 2023 Your Name: William Adam Libling Manuscript Title: Use of Radiomics to Assess the Risk of Recurrence in Early-Stage Non-small Cell Lung Cancer: A Review Manuscript number (if known): TLCR-23-5

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.

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. | 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 | |

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
|----|---|--------|--|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| 6 | educational events Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | XNone | |
| | | | |
| | | | |
| 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 | XNone | |
| | | | |
| 12 | Possint of aquinment | X None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | |
| | | | |
| | | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | | |
| | | | |
| | | | |

Please summarize the above conflict of interest in the following 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.

ICMJE DISCLOSURE FORM

Date: 5 March 2023 Your Name: Ronald L Korn Manuscript Title: Use of Radiomics to Assess the Risk of Recurrence in Early-Stage Non-small Cell Lung Cancer: A Review Manuscript number (if known): TLCR-23-5

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.

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 | x_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 | _xNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | _x_None | | |
| | | | | |
| | | | | |
| 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 | x_yes | PCT/US2017/047026 |
| | pending | | US10854338B2 |
| | | | US10332634B2 |
| 9 | Participation on a Data | _x_None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | x_None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _xNone | Globavir, Renibus, Verve, telehealth |
| | | | |
| | | | |
| 12 | Receipt of equipment, | x_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services | V Nono | |
| 13 | Other financial or non- | _xNone | |
| | financial interests | | |
| | | | |

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

Patents on Use of radiomics for breast, lung and immunotherapies. He is Adjunct Faculty at Translational Genomics. He is the founder of Imaging Endpoints Core Lab. RK is a common shareholder of Globavir, Renibus, Verve and telehealth

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: 3/7/23

Your Name: Glen Weiss

Manuscript Title: Use of Radiomics to Assess the Risk of Recurrence in Early-Stage Non-small Cell Lung Cancer: A Review Manuscript number (if known): TLCR-23-5

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.

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 | xNone | |
| | 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 | _xNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | xNone | |
| | | | |
| | | | |
| 4 | Consulting fees | Circulogene, Paradigm, | Personal fees outside work under consideration |
| | | Angiex, Exact Sciences, | |
| | | GLG Council, SPARC, | |

| - | | | |
|----|--|--|---|
| | | Guidepoint Global, Imaging Endpoints II, Gossamer Bio, IBEX Medical Analytics, International Genomics Consortium, Genomic Health, Oncacare, Rafael Therapeutics, Harvest Integrated Research Organization Unum Therapeutics, SOTIO Biotech Inc. | Past employment, outside work under consideration |
| | | | |
| 5 | Payment or honoraria for | Roche | Outside work under consideration |
| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert | x None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending meetings and/or travel | x_None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | Yes | Outside work under consideration |
| | pending | | |
| | | | |
| 9 | Participation on a Data | x_None | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | _xNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | Moderna, Unum Therapeutics, Agenus, Aurinia Pharmaceuticals | Outside work under consideration |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _xNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 17 | services | v Neno | |
| 13 | Other financial or non- financial interests | x_None | |
| | | | |
| | | | |

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

Dr. Weiss reports personal fees and other from Circulogene, personal fees from Paradigm, personal fees from Angiex, personal fees and other from Exact Sciences, personal fees from GLG Council, personal fees from SPARC, other from Unum Therapeutics, personal fees and other from MiRanostics Consulting, personal fees from Guidepoint Global, personal fees from Imaging Endpoints II, personal fees from Gossamer Bio, personal fees from IBEX Medical Analytics, personal fees from International Genomics Consortium, personal fees and other from SOTIO Biotech Inc., personal fees from Genomic Health, personal fees from Oncacare, personal fees from Rafael Therapeutics, other from Moderna, other from Agenus, from Aurinia Pharmaceuticals, personal fees from Roche, personal fees from Harvest Integrated Research Organization, outside the submitted work; In addition, Dr. Weiss has patents pending outside the submitted work.

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.