Date: Feb. 7 <sup>th</sup> .	2023
Your Name: <u> </u>	atsuya Hashimoto
Manuscript <u>Title</u>	e: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung adenocarc	inomas by PNA-LNA PCR clamp method
Manuscript num	nber (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).	_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	X None	
,	meetings and/or travel	Notie	
8	Patents planned, issued or pending	_XNone	
	F 0		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	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- financial interests	_XNone	
	illidiicidi iliterests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
	lone.		
'`	ione.		

Date:	Feb. 7 <sup>th</sup> . 2023
Your	Name: Yoshihisa Owada
Manı	script <u>Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected</u>
lung	adenocarcinomas by PNA-LNA PCR clamp method
Manı	script number (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)
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.	Time frame: Since the initial  X None	planning of the work
		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	_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			
	<b>3</b> ,				
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	_XNone			
12	Receipt of equipment,	_XNone			
	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:				
N	one.				
'	one.				

Date:	Feb. 7 <sup>th</sup> . 2023
Your	Name: Hiroshi Katagiri
Manu	script Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung	adenocarcinomas by PNA-LNA PCR clamp method
Manı	script number (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,	<u>X</u> None	
	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	_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			
	<b>3</b> ,				
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	_XNone			
12	Receipt of equipment,	_XNone			
	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:				
N	one.				
'	one.				

Date:	Feb. 7 <sup>th</sup> . 2023
Your	Name: Kazuhiro Yakuwa
Manu	script Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung	adenocarcinomas by PNA-LNA PCR clamp method
Manı	script number (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.	X_None	
		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	_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			
	<b>3</b> ,				
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	_XNone			
12	Receipt of equipment,	_XNone			
	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:				
N	one.				
'	one.				

Date: <u>Feb. 7<sup>th</sup>. 2023</u>
Your Name: Katuya Tyo
Manuscript Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung adenocarcinomas by PNA-LNA PCR clamp method
Manuscript number (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</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	<u>X</u> 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	_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			
	<b>3</b> ,				
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	_XNone			
12	Receipt of equipment,	_XNone			
	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:				
N	one				
None.					

Date: Feb. 7 <sup>th</sup> . 2023
Your Name: Mayu Sugai
Manuscript <u>Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected</u>
lung adenocarcinomas by PNA-LNA PCR clamp method
Manuscript number (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.	X_None	
		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	_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			
	<b>3</b> ,				
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	_XNone			
12	Receipt of equipment,	_XNone			
	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:				
N	one				
None.					

Date: <u>Feb. 7<sup>th</sup>. 2023</u>
Your Name: Itaru Fuzimura
Manuscript Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung adenocarcinomas by PNA-LNA PCR clamp method
Manuscript number (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.	X_None	
		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	_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			
	<b>3</b> ,				
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	_XNone			
12	Receipt of equipment,	_XNone			
	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:				
N	one				
None.					

Date:	Feb. 7 <sup>th</sup> . 2023
Your I	Name: Yu Utsumi
Manu	script Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung a	adenocarcinomas by PNA-LNA PCR clamp method
Manu	script number (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)
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.	Time frame: Since the initial  X None	planning of the work
		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	_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			
	<b>3</b> ,				
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	_XNone			
12	Receipt of equipment,	_XNone			
	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:				
N	one				
None.					

Date	Feb. 7 <sup>th</sup> . 2023
Your	Name: Masachika Akiyama
Man	script Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung	adenocarcinomas by PNA-LNA PCR clamp method
Mani	uscript number (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)
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.	Time frame: Since the initial  X None	planning of the work
		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	_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						
	<b>3</b> ,							
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	_XNone						
12	Receipt of equipment,	_XNone						
	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:							
N	None.							
None.								

Date: <u>Fe</u>	b. 7 <sup>th</sup> . 2023
Your Nam	e: Hiromi Nagashima
Manuscrip	ot Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung aden	ocarcinomas by PNA-LNA PCR clamp method
Manuscrir	nt number (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.	X_None	
		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	_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						
	<b>3</b> ,							
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	_XNone						
12	Receipt of equipment,	_XNone						
	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:							
N	None.							
None.								

Date:	Feb. 7 <sup>th</sup> . 2023
Your	Name: Koji Terasaki
Manu	script <u>Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected</u>
lung	adenocarcinomas by PNA-LNA PCR clamp method
Manu	script number (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.	X_None	
		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	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Commant for attending	V Nene	
/	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
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	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
42	services		
13	Other financial or non- financial interests	current employee of LSI Medience, Inc.	
	ilitaticidi litterests	ivieuience, inc.	
Please summarize the above conflict of interest in the following box:			

Koji Terasaki is a current employee of LSI Medience, Inc., which is a for-profit company that deals with clinical testing and research equipment and reagents.

Although Koji Terasaki is affiliated with LSI Medience, there is no conflict with the above COI.

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

Date:	Feb. 7 <sup>th</sup> . 2023
Your	Name: Naoki Yanagawa
Manı	script Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung	adenocarcinomas by PNA-LNA PCR clamp method
Manı	uscript number (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)  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		planning of the work
1	All support for the present manuscript (e.g., funding,	<u>X</u> _None	
	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	
_	o lii c		
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	_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				
44	group, paid or unpaid	V N			
11	Stock or stock options	_XNone			
12	Descript of a suitage and	V. Nava			
12	Receipt of equipment, materials, drugs, medical	_XNone			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
15	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None.				

\_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:	Feb. 7 <sup>th</sup> . 2023
Your	Name: Hajime Saito
Manı	script <u>Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected</u>
lung	adenocarcinomas by PNA-LNA PCR clamp method
Manı	script number (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</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.)  No time limit for this item.	X_None		
	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		

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	_XNoneXNone	
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	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	
	nse summarize the above co	nflict of interest in the following bo	к:

\_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: <u>Feb. 7<sup>th</sup>. 2023</u>
Your Name: Tamotsu Sugai
Manuscript Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung adenocarcinomas by PNA-LNA PCR clamp method
Manuscrint number (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 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		_XNone	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	_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	
	se summarize the above co	nflict of interest in the follo	owing box:

\_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: <u>Feb. 7<sup>th</sup>. 2023</u>
Your Name: Makoto Maemondo
Manuscript Title: Characteristics and prognostic analysis of patients with detected KRAS mutations in resected
lung adenocarcinomas by PNA-LNA PCR clamp method
Manuscrint number (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 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		_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	_XNone	
	pending		
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	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	V. Nana	
13	financial interests	_XNone	
	ilialiciai liiterests		
	Please summarize the above conflict of interest in the following box:  None.		
Diag	sa place an "Y" payt to the	following statement to in	dicate vour agreement.

Payment or honoraria for