Date:_____1/28/2024___

Your Name: ____ Ali Sadoughi__

Manuscript Title: Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study Manuscript numb er (if known): TLCR-23-639-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.

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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 initial	
1	All support for the present	Alpha Tau Medical	payments were made to my institution
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	Alpha Tau Medical	

		Olympus Corporations of the America	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Merit Medical Systems, Inc. Olympus Corporations of the America	Compensated for expenses of educational and training events Compensated for expenses of educational and training events
	educational events	Siemens Healthineers	Compensated for expenses of educational and training events
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	AcuityMD	Compensated for expenses of educational and training events
		Mauna Kea Technologies, Inc.	Advisory board meeting compensation
		Boston Scientific	Compensated for expenses of educational and training events
8	Patents planned, issued or pending		
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	Alpha Tau Medical	Stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

The study was funded by Alpha TAU medical.

A.S. (Ali Sadoughi) has been compensated for the expenses of educational and training events by Merit Medical, Olympus, Siemens, AcuityMD and Boston Scientific, served on advisory board for Mauna Kea, received consulting fee from Alpha Tau Medical and Olympus, and has stock option at Alpha Tau. Please place an "X" next to the following statement to indicate your agreement:

Date:___1/4/2024_

Your Name: Christine Chan, MD

Manuscript Title:_ Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study Manuscript number (if known): TLCR-23-639-CL

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		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	Alpha TAU medical.	payments were made to my institution
	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	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>_X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
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	_X_None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	_X_None	

The study was funded by Alpha TAU medical.

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

Christine Chan, MD

Date: 10/20/2023

Your Name: Carol Novotney DVM

Manuscript Title:_ Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study Manuscript number (if known): TLCR-23-639-CL

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		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	Support for attending meetings and/or travel	None	
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	News	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

The study was funded by Alpha Tau Medical

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

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Carol Novotney DVM

Date:___1/4/2024_

Your Name: Christine Chan, MD

Manuscript Title:_ Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study Manuscript number (if known): TLCR-23-639-CL

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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>_X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
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	_X_None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	_X_None	

The study was funded by Alpha TAU medical.

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

Christine Chan, MD

Date:___10/20/2023_

Your Name: _____ Gerardo A. Moreno, Surgical Vet Technician_

Manuscript Title:_ Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study Manuscript number (if known): TLCR-23-639-CL

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>_X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
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	_X_None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	_X_None	

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

Gerardo Moreno, Surgical Vet Technician

Date:___10/22/2023_

Your Name: _ Stephanie Oren, DVM

Manuscript Title: <u>Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the</u> <u>Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study</u>. Manuscript number (if known): TLCR-23-639-CL

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>_X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
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	_X_None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	_X_None	

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

Stephanie Oren, DVM

Date: 10/22/2023

Your Name:_ Lior Moss, DVM

Manuscript Title: <u>Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study</u>. Manuscript number (if known): TLCR-23-639-CL

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>_X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
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	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	_X_None	

The study was funded by Alpha Tau Medical

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

Lior Moss, DVM

Date:___10/22/2023_

Your Name:_ Kobi Aharoni, DVM

Manuscript Title: <u>Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study</u>. Manuscript number (if known): TLCR-23-639-CL

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>_X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
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	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	_X_None	

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

Kobi Aharoni, DVM

Date:___10/22/2023_

Your Name: _ Saleem Eben Bari, DVM

Manuscript Title: <u>Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the</u> <u>Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study</u>. Manuscript number (if known): TLCR-23-639-CL

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>_X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
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	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	_X_None	

The study was funded by Alpha Tau Medical

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

Saleem Eben Bari, DVM

Date: <u>10/22/2023</u>

Your Name:_Nir Edery, DVM

Manuscript Title: <u>Bronchoscopic Deployment and Implantation of Diffusing Alpha-emitters Radiation Therapy into the Lung and Mediastinum for Treatment of Lung Cancer: A Pre-Clinical Safety and Feasibility Study</u>. Manuscript number (if known): TLCR-23-639-CL

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

Alpha Tau Medical

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

Nir Edery, DVM

Date: 10/19/2023 Your Name: Nitin Ohri, MD, MS Manuscript Title: Bronchoscopic Deployment of Diffusing Alpha-emitter Radiation Therapy Sources in the Lung and Mediastinum: A Pre-Clinical Safety and Feasibility Study Manuscript number (if known): TLCR-23-639-CL

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	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	AstraZeneca	Research funding, paid to the institution
	in item #1 above).	Merck	Research funding, paid to the institution
3	Royalties or licenses	_XNone	
4	Consulting fees	None	

		AstraZeneca	
		Genentech	
		Merck	
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 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		
11	group, paid or unpaid	X None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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