ICMJE DISCLOSURE FORM

Date: __April 30th 2021______________________________

Your Name: __Chenxue Jiang______________________________

Manuscript Title: ______The association between the ERCC1/2 polymorphisms and radiotherapy efficacy in 87 patients with non-small cell lung cancer______________________________

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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. | ____None | |

| # | Time frame: past 36 months |
|---|----------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None |
| 3 | Royalties or licenses | ____None |
| 4 | Consulting fees | ____None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|   |   | 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 |

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

Chenxue Jiang has nothing to disclose.

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.
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Date: __April 30th 2021__________________________________________

Your Name: _____Yanlig Guo____________________________

Manuscript Title: _____The association between the ERCC1/2 polymorphisms and radiotherapy efficacy in 87 patients with non-small cell lung cancer________________________________________________________

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.

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|   | Time frame: Since the initial planning of the work                                       |                                                                                  |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None                                                                      |
| 3 | Royalties or licenses                                                               | ____None                                                                      |
| 4 | Consulting fees                                                                    | ____None                                                                      |
|   | Description                                                                 | 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 |

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

Yanling Guo has nothing to disclose.

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

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Date: __April 30th 2021__________________________
Your Name: ______ Yefei Li __________________________
Manuscript Title: _____ The association between the ERCC1/2 polymorphisms and radiotherapy efficacy in 87 patients with non-small cell lung cancer __________________________
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.

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None | |
|   | **No time limit for this item.** |   |   |
| 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 |

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

Yefei Li has nothing to disclose.

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.
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Date: __April 30th 2021_________________________________________________________
Your Name: Jingjing Kang______________________________________________________
Manuscript Title: The association between the ERCC1/2 polymorphisms and radiotherapy efficacy in 87 patients with non-small cell lung cancer_____________________________________________________
Manuscript number (if known): ________________________________________________

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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No time limit for this item.

|   | Specified/Comments                                                                 |                             |
|---|------------------------------------------------------------------------------|-----------------------------|

Time frame: past 36 months

|   | Specified/Comments                                                                 |                             |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None                    |
| 3 | Royalties or licenses                                                         | ____None                    |
| 4 | Consulting fees                                                               | ____None                    |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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     |

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

Jingjing Kang has nothing to disclose.

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.
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Date: __April 30th 2021__________________________

Your Name: ___Xiaojiang Sun__________________________

Manuscript Title: ______The association between the ERCC1/2 polymorphisms and radiotherapy efficacy in 87 patients with non-small cell lung cancer__________________________

Manuscript number (if known): ________________________________

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| 3 | Royalties or licenses                                                                           | None                                                                                 |
| 4 | Consulting fees                                                                                 | None                                                                                 |
|   |                                                                 | None  |
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| 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  |
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|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  |

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

Xiaojiang Sun has nothing to disclose.

**Please place an “X” next to the following statement to indicate your agreement:**

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Date: __April 30th 2021__________________________
Your Name: ____________________________________
Manuscript Title: ________________________________
Manuscript number (if known): ______________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | ____None                                                                          |
| 3 | Royalties or licenses                                                                         | ____None                                                                          |
| 4 | Consulting fees                                                                               | ____None                                                                          |
|   |                                                                                                                                                                                                 | 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      |

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

Hongyu Wu has nothing to disclose.

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

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Date: __April 30th 2021__________________________
Your Name: __________ Jianguo Feng _____________________
Manuscript Title: __________ The association between the ERCC1/2 polymorphisms and radiotherapy efficacy in 87 patients with non-small cell lung cancer ___________________________________________________________________________
Manuscript number (if known): ____________________________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
Please summarize the above conflict of interest in the following box:

Jianguo Feng has nothing to disclose.

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: __April 30th 2021________________________

Your Name: Yaping Xu

Manuscript Title: The association between the ERCC1/2 polymorphisms and radiotherapy efficacy in 87 patients with non-small cell lung cancer

Manuscript number (if known):

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|   | **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.) | ____None                                                                     |
|   | **No time limit for this item.**                                                              |                                                                             |
|   | **Time frame: past 36 months**                                                               |                                                                             |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | ____None                                                                     |
| 3 | Royalties or licenses                                                                         | ____None                                                                     |
| 4 | Consulting fees                                                                              | ____None                                                                     |
|   |                                                                 |   |
|---|------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations,               | None |
|   | speakers bureaus, manuscript writing or educational events      |     |
| 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 |

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

Yaping Xu has nothing to disclose.

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.