ICMJE DISCLOSURE FORM

Date:____April 1st, 2021____
Your Name:___Catarina Albuquerque___
Manuscript Title:_____ Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies____
Manuscript number (if known):_______ TLCR-21-121-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 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) |
|---|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  | __X__ None                                                                                                                          |
|   | **No time limit for this item.**                                                                                                |                                                                                                                                 |

|   | Time frame: Since the initial planning of the work                                                                                                                                 |
|---|-----------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                  | __X__ None                                                                                                                          |

|   | 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                                                                                                                  | __X__ None                                                                                                                          |
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                             | _X_ 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          | _X_ None |
| 13| Other financial or non-financial interests                                                | _X_ None |

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.

Catarina Almeida de Albuquerque
ICMJE DISCLOSURE FORM

Date: _____March 31st, 2021____
Your Name: __Rita Manguinhas__
Manuscript Title: _____ Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies____
Manuscript number (if known): ______ TLCR-21-121-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 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.

|   | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---|---------------------------------|----------------------------|
| 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 |
| 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 | __X__ None |
|   |                                                                                              |   |
|---|------------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                                 | _X_ 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               | _X_ None |
| 13| Other financial or non-financial interests                                                     | _X_ None |

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: _____April 1st, 2021_____  
Your Name: ____João Guilherme Feliciano da Costa____  
Manuscript Title: ____ Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies____  
Manuscript number (if known): ______ TLCR-21-121-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 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 | |
| 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 | ____X__ None | |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 5 | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | __X__ None |
| 6 | **Payment for expert testimony** | __X__ 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** | __X__ None |
| 13 | **Other financial or non-financial interests** | __X__ None |

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.

Assinado por: João Guilherme Feliciano da Costa
Num. de Identificação: BI12481931
Data: 2021.04.05 15:11:40+01’00’
ICMJE DISCLOSURE FORM

Date: _____April 1st, 2021_____
Your Name: _____XXX____
Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies____
Manuscript number (if known): _____ TLCR-21-121-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 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.)   | _X_ 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).   | _X_ None |
| 3 | Royalties or licenses   | _X_ None |
| 4 | Consulting fees   | _X_ None |
|   |                                                                 |   |
|---|------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations,               | X None |
|   | speakers bureaus, manuscript writing or educational events       |   |
| 6 | Payment for expert testimony                                    | X 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  | X None |
|   | or advocacy group, paid or unpaid                                |   |
| 11| Stock or stock options                                          | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts   | X None |
|   | or other services                                                |   |
| 13| Other financial or non-financial interests                       | X None |

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.

[Signature]
ICMJE DISCLOSURE FORM

Date: April 1\textsuperscript{st}, 2021
Your Name: Jordi Codony-Servat
Manuscript Title: Migration and Invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies
Manuscript number (if known): TLCR-21-121-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 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) |
|---|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **Time frame: Since the initial planning of the work** | |
| **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 | X None |

**Time frame: past 36 months**
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                               | X 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           | X None |
| 13| Other financial or non-financial interests                                                  | X None |

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: _____April 1st, 2021____
Your Name: ___Matilde da Luz dos Santos Duque da Fonseca e Castro___
Manuscript Title: _____Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies_____  
Manuscript number (if known): _______ TLCR-21-121-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 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. | _X_ None                                                                                 |
|   |                                                                                   |                                                                                  |
| **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                                                                  | _X_ None                                                                                 |

M
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ 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 | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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.

[Signature]

[Date]
ICMJE DISCLOSURE FORM

Date: April 1st, 2021
Your Name: Joana Paiva Gomes Miranda
Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies
Manuscript number (if known): TLCR-21-121-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 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:

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.

Signature: [Signature]
Date: 15/04/2021
ICMJE DISCLOSURE FORM

Date: _____April 1st, 2021_____
Your Name: ___Ana Sofia Fernandes___
Manuscript Title:_____ Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies____
Manuscript number (if known):______ TLCR-21-121-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 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. | _X_ None                                                                            |
|   | **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                                                                                | _X_ None                                                                            |
|   | Description                                                                 | Answer |
|---|----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony                                              | _X_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 | _X_None |
| 13| Other financial or non-financial interests                                 | _X_None |

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.

[Signature]
ICMJE DISCLOSURE FORM

Date: _____April 1st, 2021____
Your Name: __Rafael Rosell__
Manuscript Title: _____ Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies____
Manuscript number (if known): ______ TLCR-21-121-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 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.) | __X__ 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).                   | __X__ None                                                                       |
| 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 | __X__ None |
| 6 | Payment for expert testimony | __X__ 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 | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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.

Rafael Rosell
ICMJE DISCLOSURE FORM

Date: April 1st, 2021
Your Name: Nuno G. Oliveira
Manuscript Title: Migration and invasion features in non-small cell lung cancer cells upon xenobiotic exposure: insights from in vitro studies
Manuscript number (if known): TLCR-21-121-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 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. | _X_ None                                                                                     |                                                                                      |
| 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                                              | _X_ None                                                                                     |                                                                                      |

| **Time frame: past 36 months** |                                                                 |                                                                 |
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                                     |                                                                                      |
|   |   |
|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ 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 | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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.

[Signature]