ICMJE DISCLOSURE FORM

Date: __18 Jan 2022__________________________
Your Name: Zhisong Fan

Manuscript Title: Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer
Manuscript number (if known): ATM-22-412

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.

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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.) | 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                                                                           |
|   | Description                                                                 |    |
|---|-----------------------------------------------------------------------------|----|
| 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.
ICMJE DISCLOSURE FORM

Date: ___18 Jan 2022______________________________________________________________
Your Name: Qi Zhang _______________________________________________________________________________________
Manuscript Title: Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer_
Manuscript number (if known): ATM-22-412________________________________________

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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                                                                 | Answer |
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| 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                                  | Qi Zhang was a student of Hebei medical university and studied in the Forth Hospital of Hebei medical university during the conduct of this study. |

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

Qi Zhang was a student of Hebei medical university and studied in the Forth Hospital of Hebei medical university during the conduct of this study.

**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: ___ _18 Jan 2022___
Your Name: ___Li Feng___
Manuscript Title: ____Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer____
Manuscript number (if known): ____ATM-22-412______________

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| 3 | Royalties or licenses                                                                        | ____None                                                                          |
| 4 | Consulting fees                                                                             | ____None                                                                          |
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| 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.

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ICMJE DISCLOSURE FORM

Date: ___ 18 JAN 2022_______________________________________________________________
Your Name: ____ Long Wang _________________________________________________________
Manuscript Title: ____ Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer
Manuscript number (if known): ____ ATM-22-412_____________________________________

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

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ICMJE DISCLOSURE FORM

Date: ___ 18 JAN 2022______________________________________________________________
Your Name: Xinglang Zhou

Manuscript Title: Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer
Manuscript number (if known): ATM-22-412________________________

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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 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.**

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Date: ___ _18 Jan 2022__

Your Name: ___ Jing Han ________________________________

Manuscript Title: ____ Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer__

Manuscript number (if known): __ATM-22-412________________________

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| | **No time limit for this item.** |
| | ____None |

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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 |
|   | Conflict of Interest                                                                 | Answer |
|---|-------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript      | None   |
|   | 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,  | None   |
|   | paid or unpaid                                                                       |        |
| 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   |

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Date: ___ 18 Jan 2022__
Your Name: Dan Li
Manuscript Title: Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer
Manuscript number (if known): ATM-22-412

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|   | Description                                                                 | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         |      |
|   | manuscript writing or educational events                                   |      |
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|   | group, paid or unpaid                                                       |      |
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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.
Date: ___ 18 Jan 2022 ________________________________
Your Name: ___ Jiayin Liu ________________________________
Manuscript Title: ___ Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer__
Manuscript number (if known): ___ ATM-22-412 ________________________________

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| 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   |
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Date: ___ 18 Jan 2022__________________________________________________________
Your Name: ___ Xue Zhang_____________________________________________________
Manuscript Title: ___Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer___
Manuscript number (if known): ___ATM-22-412______________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | | |
| 3 | Royalties or licenses | None | | |
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Date: ___18 Jan 2022________________________
Your Name: Jing Zuo
Manuscript Title: Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer
Manuscript number (if known): ATM-22-412

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**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
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**Time frame: past 36 months**

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Date: __18 Jan 2022__________________________
Your Name: Xiao Zou
Manuscript Title: Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer
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Date: ___ ___ 18 Jan 2022
Your Name: Yiran Cai
Manuscript Title: Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer
Manuscript number (if known): ATM-22-412

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Date: _18 Jan 2022_  
Your Name: Ying Sun  
Manuscript Title: Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer  
Manuscript number (if known): ATM-22-412

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|   | Stock or stock options | ___None |
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Date: ___ _18 Jan 2022_____________________________________________________

Your Name: _____ Yudong Wang ___________________________________________

Manuscript Title: ______ Genomic landscape and prognosis of patients with TP53-mutated non-small cell lung cancer

Manuscript number (if known): ___ATM-22-412______________________________

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