ICMJE DISCLOSURE FORM
Date:2023-11-30
Your Name: ZhengHui Wang
Manuscript Title: CCNB1 may as a biomarker for the adipogenic differentiation of adipose-derived stem cells in the postoperative fat transplantation of breast 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 <u>current</u> <u>manuscript only</u> .
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.
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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	Postgraduate Research & Practice Innovation Program of Jiangsu Province(Grant ID: JX10214035) Time frame: past	36 months
2	Grants or contracts from	None	
_	any entity (if not indicated	110110	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
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 group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	TTOTIC	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

ZhengHui Wang reports that this research was funded by the Postgraduate Research & Practice Innovation Program of Jiangsu Province (No. JX10214035)

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

Da	te:	_2023-11-30		
Yo	ur Name:	:Jing	-Hui Peng	
Ma	anuscript	Title: <i>CCNI</i>	31 may as a biomarker f	for the adipogenic differentiation of adipose-derived
ste	em cells	in the postoperat	ive fat transplantation o	of breast cancer
Ma	anuscript	number (if known):	
rel pa to	ated to the rties who transpare	he content of your ose interests may b ency and does not	manuscript. "Related" mea e affected by the content o	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
	e following		to the author's relationshi	ps/activities/interests as they relate to the current
to	the epide	emiology of hypert		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
		•	pport for the work reporte s the past 36 months.	ed in this manuscript without time limit. For all other items,
			Name all entities with	Specifications/Comments
			whom you have this	(e.g., if payments were made to you or to your
			relationship or indicate	institution)
			none (add rows as	
			needed) Time frame: Since the initia	Inlanning of the work
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L		ort for the present ipt (e.g., funding,	None	
		n of study materials,		
	-	writing, article		
		ng charges, etc.)		
	No time	limit for this item.		
			Time frame: past	36 months
<u> </u>		r contracts from	None	
		y (if not indicated		
		1 above).		
3	Royalties	s or licenses	None	

Consulting fees

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	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		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the follow	owing be	ox:
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The author has no conflicts of interest to declare	

	te:2023-11-30		
Yo	ur Name:Yin-	-Cheng Liu	
Ma	nuscript Title: <i>CCNI</i>	B1 may as a biomarker	for the adipogenic differentiation of adipose-derived
ste	em cells in the postoperat	tive fat transplantation	of breast cancer
Ma	nuscript number (if known):	
rela pai	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment
	transparency and does not ationship/activity/interest,		. If you are in doubt about whether to list a o so.
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	ol planning of the work
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	needed) Time frame: Since the initia None Time frame: pas None	
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Consulting fees

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	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		
	group, paid or unpaid		
11	Stock or stock options	None	
42	5		
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the follow	owing be	ox:
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The author has no conflicts of interest to declare	

Dat	te:2023-11-30		
Υοι	ur Name:Qua	n-Hua Zhu	
Ma	nuscript Title: CCNI	B1 may as a biomarker f	for the adipogenic differentiation of adipose-derived
	m cells in the postoperat		
Ma	nuscript number (if known):	
related to the relate	ated to the content of your ties whose interests may be transparency and does not ationship/activity/interest, ationship questions apply nuscript only. The author's relationships/activity epidemiology of hypert dication, even if that medication,	manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationship divities/interests should be ension, you should declare cation is not mentioned in the pport for the work reporte	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
1	Consulting fees	None	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
42	5	N	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the follow	owing be	ox:
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The author has no conflicts of interest to declare	

Your Name: Chang Sun Manuscript Title: CCNB1 may as a biomarker for the adipogenic differentiation of	
Manuscript Title: CCNB1 may as a biomarker for the adipogenic differentiation of	adinaca dariyad
	auipose-uei iveu
stem cells in the postoperative fat transplantation of breast cancer	
Manuscript number (if known):	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed related to the content of your manuscript. "Related" means any relation with for-profit or not-for parties whose interests may be affected by the content of the manuscript. Disclosure represents to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list 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 manuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your me to the epidemiology of hypertension, you should declare all relationships with manufacturers of 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. the time frame for disclosure is the past 36 months.	or-profit third s a commitment st a the <u>current</u> nanuscript pertains antihypertensive
Name all entities with Specifications/Comments (e.g., if payments were made to you or to	NOUT.
relationship or indicate institution)	your
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Time frame: Since the initial planning of the work	
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Time frame: past 36 months	
2 Grants or contracts from None	
any entity (if not indicated	
in item #1 above).	
Royalties or licenses None	
Consulting fees None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
42	5	N	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the follow	owing be	ox:
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The author has no conflicts of interest to declare	

Da	te:2023-11-30		
Yo	ur Name:Hui	i Xie	
Ma	anuscript Title: <i>CCN</i>	B1 may as a biomarker	for the adipogenic differentiation of adipose-derived
ste	em cells in the postopera	tive fat transplantation	of breast cancer
Ma	anuscript number (if knowr	າ):	
rel pa to	ated to the content of you rties whose interests may b	r manuscript. "Related" me be affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a
	e following questions apply anuscript only.	y to the author's relationsh	nips/activities/interests as they relate to the current
to		tension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure	is the past 36 months.	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initia	al planning of the work
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-	manuscript (e.g., funding,	TVOILE	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	-	Time frame: pas	st 36 months
<u> </u>	Grants or contracts from	None	
	any entity (if not indicated		
,	in item #1 above).		
	Dovaltion or licenses	None	
)	Royalties or licenses	None	

Consulting fees

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
42	5	N	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the follow	owing be	ox:
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The author has no conflicts of interest to declare	

Dat	te:2023	-11-30		
Υοι	ır Name:	Shui	Wang	
Ma	nuscript Title:_	CCNE	81 may as a biomarke	r for the adipogenic differentiation of adipose-derived
ste	m cells in the	postoperat	ive fat transplantation	of breast cancer
Ma	nuscript numb	er (if known)):	
rela par to t	ated to the con ties whose into transparency a	tent of your erests may be nd does not	manuscript. "Related" me affected by the conten	all relationships/activities/interests listed below that are neans any relation with for-profit or not-for-profit third t of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a do so.
	e following que nuscript only.	estions apply	to the author's relations	ships/activities/interests as they relate to the current
to t	the epidemiolo	gy of hypert		be <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive n the manuscript.
		-	pport for the work repors the past 36 months.	ted in this manuscript without time limit. For all other items
			Name all entities with	Specifications/Comments
			whom you have this	(e.g., if payments were made to you or to your
			relationship or indicate	institution)
			none (add rows as	,
			needed)	
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	manuscript (e.g			
	provision of stu	-		
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,	Grants or contra	acts from	Time frame: pa	ast 56 months
-	any entity (if no		NOTE	
	in item #1 above			
3	Royalties or lice	·	None	
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Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
U	testimony	None	
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7	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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	TVOICE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize	the a	bove conf	lict of	interest	in t	he fo	llowing	: box
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The author has no conflicts of interest to declare	