Da	te: <u>June 30,2021_</u>			
Yo	ur Name: <u>Minfeng Liu</u>			
Ma	anuscript Title: Preparing PA	AMAM-NK4 Nano Complex	kes and Examining their In-vitro Growth Suppression Ef	fects in
Br	east Cancer			_
Ma	anuscript number (if known)	):		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e 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 commitmen . If you are in doubt about whether to list a o so.	
	e following questions apply <u>inuscript only</u> .	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in		ive
	e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other in	iems,
		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	al planning of the work	
L	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.			
	No time initiation this teem.			
		Time frame, nos	t 26 months	
)	Grants or contracts from	Time frame: pas	t-30 months	
-	any entity (if not indicated	INUITE		
	in item #1 above).			
3	Royalties or licenses	None		
	no parties of nectises			

4

Consulting fees

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	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	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
	Tillaticial interests		
Plo	ease summarize the above co		ollowing box:
- 1	TD1 0' ' 1	CI	

There are no financial conflicts of interest to disclose.

Da	te: <u>June 30,2021_</u>			
Yo	ur Name: <u>Zhaoze Guo</u>			
Ma	nuscript Title: Preparing PA	MAM-NK4 Nano Complex	es and Examining their In-vitro Growth Suppression Effects	in
Bro	east Cancer			
Ma	anuscript number (if known)	:		
rel pa to rel Th <u>ma</u>	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only.	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be	I 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. If you are in doubt about whether to list a poso.  ips/activities/interests as they relate to the current  defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	
In	edication, even if that medic item #1 below, report all su e time frame for disclosure i	pport for the work reporte	tne manuscript. 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	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.			
2	Country on the first	Time frame: past	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
2	in item #1 above).	Name		
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	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	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fo	lowing box:

There are no financial conflicts of interest to disclose.	

υa	te: <u>June 30,2021</u>		
Yo	ur Name: <u>Jiangqin Liu</u> _		
Ma	anuscript Title: Preparing PA	MAM-NK4 Nano Complex	xes and Examining their In-vitro Growth Suppression Effects in
Br	east Cancer		
Ma	anuscript number (if known)	):	
rel pa to rel	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	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 o so.
ma	nuscript only.		
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
L	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: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
)	in item #1 above).	None	
3		None	

Consulting fees

None

4

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events	Nama		
6	Payment for expert testimony	None		
	testimony			
7	Cooperat for ottory disc	None		
/	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

There are no financial conflicts of interest to disclose.	

Da	te: <u>June 30,2021_</u>			
Yo	ur Name: <u>Hui Ren</u>			
Ma	anuscript Title: Preparing PA	MAM-NK4 Nano Complex	kes and Examining their In-vitro Growth Suppression Effe	cts in
Br	east Cancer			
Ma	anuscript number (if known)	):		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d		
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertedication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other ite	re
		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	al 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: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		

4

Consulting fees

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	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	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
	Tillaticial interests		
Plo	ease summarize the above co		ollowing box:
- 1	TD1 0' ' 1	CI	

There are no financial conflicts of interest to disclose.

Da	ite: <u>June 30,2021_</u>			
Yo	ur Name: <u>Jingyun Guo</u>			
M	anuscript Title: Preparing PA	MAM-NK4 Nano Complex	xes and Examining their In-vitro Growth Suppression Effect	s in
Br	east Cancer			
M	anuscript number (if known)	):		
re pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e 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 o so.	
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current	
to	• •	ension, 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 i	· ·	ed in this manuscript without time limit. For all other item	s,
		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 initia	al 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		
	Cuanta an aantus eta fu	Time frame: pas	t 36 months	
<u> </u>	Grants or contracts from any entity (if not indicated	None		
	in item #1 above).			
3	Royalties or licenses	None		

Consulting fees

None

4

5	Payment or honoraria for	None		
	lectures, presentations,			
	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		
12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	None		
13	financial interests	None		
	Tillaticial interests			
Plo	Please summarize the above conflict of interest in the following box:			
1	TD1 0' ' 1	01: . 0: 1: 1		

There are no financial conflicts of interest to disclose.			

Date: June 30,2021_
Your Name: Shijun Liao
Manuscript Title: Preparing PAMAM-NK4 Nano Complexes and Examining their In-vitro Growth Suppression Effects in
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)
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	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events	Nama		
6	Payment for expert testimony	None		
	testimony			
7	Cooperat for ottor ding	None		
/	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

There are no financial conflicts of interest to disclose.		

Da	te: June 30,2021_			
	ur Name: Zicheng Zhang			
		MAM-NK4 Nano Complexe	es and Examining their In-vitro Growth Suppression Ef	 fects in
	east Cancer	The state of the s	to and thanking their in the oriotten suppression to	iccis iii
_	nuscript number (if known)	):		•
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a so.	
	e following questions apply	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other in	ive
		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	nlanning of the work	
L	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

None

None

None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

2

3

4

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		
	·			
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

There are no financial conflicts of interest to disclose.	