

ICMJE DISCLOSURE FORM

Date: 2023.09.06

Your Name: Litng Zhong

Manuscript Title: Overexpression of YAP induces ferroptosis/lipid-peroxidation in retinoblastoma to increase the sensitivity of platinum chemotherapy

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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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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>✓</u> None	
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	<u>✓</u> None	
5	Payment or honoraria for	<u>✓</u> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> </u> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<u> </u> <input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<u> </u> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<u> </u> <input checked="" type="checkbox"/> 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:

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Date: 2023.09.06

Your Name: Xuejiao Meng

Manuscript Title: Overexpression of YAP induces ferroptosis/lipid-peroxidation in retinoblastoma to increase the sensitivity of platinum chemotherapy

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Date: 2023.09.06

Your Name: Jingjing Huang

Manuscript Title: Overexpression of YAP induces ferroptosis/lipid-peroxidation in retinoblastoma to increase the sensitivity of platinum chemotherapy

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Date: 2023.09.06

Your Name: Wenwen Hao

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Your Name: Yajing Zuo

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