ICMJE DISCLOSURE FORM

Date: July 28th, 2022

Your Name: Kuldeep S. Attri

Manuscript Title: Redox Regulation of Hybrid Metabolic State in Breast Cancer Metastasis

Manuscript number (if known): ATM-22-3730

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>

manuscript only.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Ti	me 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X_None	

	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	G .		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
11	Stock or stock options	XNone	
10	Descipt of any invested	V Name	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

No	one.			

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

X I certify that questions on this form.	I have answered every ques	tion and have not altered	the wording of any of the

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Date: Jul. 28th, 2022

Your Name: Jun Hyoung Park

Manuscript Title: Redox Regulation of Hybrid Metabolic State in Breast Cancer Metastasis

Manuscript number (if known): Manuscript ATM-22-3730

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	testimony		
7	Support for attending meetings and/or travel	XNone	
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	unpaid	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
11	Stock or stock options	XNone	
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12	Receipt of equipment, materials, drugs, medical	X_None	
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13	Other financial or non-	XNone	
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Date: Jul. 28th, 2022

Your Name: Benny Abraham Kaipparettu

Manuscript Title: Redox Regulation of Hybrid Metabolic State in Breast Cancer Metastasis

Manuscript number (if known): Manuscript ATM-22-3730

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		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)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	R01CA253445	NCI
	present manuscript (e.g.,	R01CA234479	NCI
	funding, provision of	W81XWH-18-1-0714	DOD
	study materials, medical writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	Listed above	
	any entity (if not indicated		

	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
-	D	V. Ni.	
5	Payment or honoraria for lectures, presentations,	X_None	
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	Crock of Grook options		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
.5	financial interests		

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BAK was supported by R01CA253445, R01CA234479 and W81XWH-18-1-0714.

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