

## ICMJE DISCLOSURE FORM

Date: 26/07/2022  
 Your Name: Kai Wang  
 Manuscript Title: CircRNA\_0050486 promotes cell apoptosis and inflammation by targeting miR-1270 in atherosclerosis  
 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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	the Inner Mongolia Natural Science Foundation (No. 2018LH08046)	
		the National Natural Science Foundation of China (No. 81860558)	
		the Inner Mongolia Medical University Affiliated Hospital Doctor Fund Project (No. NYFYBS2018, to K Wang)	
		the General project of the Inner Mongolia Natural Science Foundation (No. 2018LH08040)	
		the Inner Mongolia Medical University Science and Technology Million (Joint) Project (No. YKD2017KJBW (LH) 003)	
<b>Time frame: past 36 months</b>			
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	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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

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  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: 26/07/2022  
 Your Name: Xiaolong Bai  
 Manuscript Title: CircRNA\_0050486 promotes cell apoptosis and inflammation by targeting miR-1270 in atherosclerosis  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 26/07/2022  
 Your Name: Lili Mei  
 Manuscript Title: CircRNA\_0050486 promotes cell apoptosis and inflammation by targeting miR-1270 in atherosclerosis  
 Manuscript number (if known): \_\_\_\_\_

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Your Name: Feng Jin

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