Date:14-November-2022_	
Your Name:	_Bei Xu
Manuscript Title:_MiR-363 su	ppresses the tumor growth of natural killer/T-cell lymphoma via the SIRT6/PI3K/AKT
axis	
Manuscript number (if known	n): ATM-22-5649

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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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
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3	Royalties or licenses	None	
4	Consulting fees	None	

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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	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	
12	Descript of anni	Name	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI -	assa summariza tha abaya s	anflist of interest in the f	Mouring hove

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

Dr. Xu has no conflict of interest to	disclose.		

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

Ma	anuscript Title:_MiR-363 sup	presses the tumor growth	n of natural killer/T-cell lymphoma via the SIRT6/PI3K/AKT
Ma	anuscript number (if known)):ATM-22-5649	
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 do	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 . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains 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 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
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		Time frame: pas	t 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 lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0		A1	
9	Participation on a Data Safety Monitoring Board or	None	
	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	Descipt of equipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	Dr. Jiang has no conflict of inte	rest to disclose.	

Pate:14-November-2022				
Your Name:	Jia-Li Cui_			
Manuscript Title:_Mi	R-363 suppresse	the tumor growth of natural killer/T-cell lymphoma via the SIRT6/PI3K/AK		
axis				
Manuscript number (if known):	TM-22-5649		

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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)
		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.	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			
6	educational events Payment for expert	None		
0	testimony	NOTIE		
	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			
4.0	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		
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12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
13	services Other financial or non-	None		
13	financial interests	INUITE		
Ple	Please summarize the above conflict of interest in the following box:			
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Dr. Cui has no conflict of intere	est to disclose.		

Date:14-November-2022	
Your Name:	_Xiu-Li Zhu
Manuscript Title:_MiR-363 sup	opresses the tumor growth of natural killer/T-cell lymphoma via the SIRT6/PI3K/AKT
axis	
Manuscript number (if known): NO. ATM-22-5649

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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)
	All account for the consequent	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	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	
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	
10			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
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Dr. Zhu has no conflict of interest to disclose.			

Ma		presses the tumor growth	of natural killer/T-cell lymphoma via the SIRT6/PI3K/AKT
Ma	anuscript number (if known)):NO. ATM-22-5649	
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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)
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		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 nonoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending meetings and/or travel	None	
	g ,		
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		
11	group, paid or unpaid Stock or stock options	Nene	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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	Dr. Bai has no conflict of intere	st to disclose	
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Dat	e:14-November-2022		
You	r Name:Ji	an Chen	
	nuscript Title:_MiR-363 sup	presses the tumor growth	of natural killer/T-cell lymphoma via the SIRT6/PI3K/AKT
Ma	nuscript number (if known)	: ATM-22-5649	
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	following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to t		ension, you should declare	<u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all su time frame for disclosure i	•	d 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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	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	
	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	

Consulting fees

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
_		N. a. a.	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
/	meetings and/or travel	None	
	meetings and/or traver		
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		
44	group, paid or unpaid	N.	
11	Stock or stock options	None	
12	Descript of annium and	N. a. a.	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
10	financial interests		
Ple	ease summarize the above o	onflict of interest in the	following box:
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ı	Dr. Chen has no conflict of interest to disclose.				

Da	te:14-November-2022		
Yo	ur Name:	Yu-Qiao Diao	
		-	h of natural killer/T-cell lymphoma via the SIRT6/PI3K/AKT
Ma	nuscript number (if known)): ATM-22-5649	
rela pai to	ated to the content of your ries 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 s. If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to	•	ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i		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 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
	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, nos	et 26 months
	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pasNone	St 30 MOILLIS
,	Royalties or licenses	None	
	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	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		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	ease summarize the above c	onflict of interest in th	e following box:	
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Dr. Diao has no conflict of interest to disclose.				