| Date: | 10/ | /8/2022 | |
|---------|----------|--------------------|---|
| Your N | ame: | Z haohui | Ruan |
| Manus | cript Ti | itle:_ <u>Deve</u> | lopment and validation of a prognostic model and gene co-expression networks for breast |
| carcino | oma ba | sed on scR | NA-seq and bulk-seq data |
| Manus | cript n | umber (if k | nown): |

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.

| | | 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>X</u> _None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| З | Royalties or licenses | <u>X</u> None | |
| 4 | Consulting fees | <u>X</u> None | |

| 5 | Payment or honoraria for | <u>X</u> None | |
|----|---|---------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | <u>X</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u>X</u> None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | X None | |
| 11 | Stock of stock options | <u>X</u> None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | <u>X</u> None | |
| | financial interests | | |
| | | | |

None

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

| Date: | 10/8/2022 |
|---------|--|
| Your N | ame:Dongmei Chi |
| Manus | cript Title: <u>Development and validation of a prognostic model and gene co-expression networks for breas</u> |
| carcino | oma based on scRNA-seq and bulk-seq data |
| Manus | cript 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.

| | | 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) |
|---|-------------------------------|--|---|
| | T | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | X_None | |
| | manuscript (e.g., funding, | | |
| | 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 | <u> X </u> None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | <u> X </u> None | |
| | | | |
| | | | |
| 4 | Consulting fees | <u>X</u> None | |
| | | | |

| 5 | Payment or honoraria for | <u>X</u> None | |
|----|---|---------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | <u>X</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u>X</u> None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | X None | |
| 11 | Stock of stock options | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | <u>X</u> None | |
| | financial interests | | |
| | | | |

None

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

| Date: | _10/8/2022 |
|----------------|---|
| Your Na | ne:Qianyu Wang |
| Manus | ipt Title:_ <u>Development and validation of a prognostic model and gene co-expression networks for breas</u> |
| <u>carcino</u> | a based on scRNA-seq and bulk-seq data |
| Manus | ipt 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.

| | | 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) |
|---|-------------------------------|--|---|
| | T | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | X_None | |
| | manuscript (e.g., funding, | | |
| | 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 | <u> X </u> None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | <u> X </u> None | |
| | | | |
| | | | |
| 4 | Consulting fees | <u>X</u> None | |
| | | | |

| 5 | Payment or honoraria for | <u>X</u> None | |
|----|---|---------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | <u>X</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u>X</u> None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | X None | |
| 11 | Stock of stock options | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | <u>X</u> None | |
| | financial interests | | |
| | | | |

None

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

| Date:_ | 10/8/ | 022 |
|----------------|--------------|---|
| Your N | lame: | axin Jiang |
| Manus | script Title | Development and validation of a prognostic model and gene co-expression networks for breast |
| <u>carcine</u> | oma basec | on scRNA-seq and bulk-seq data |
| Manus | script num | er (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.

| | | 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) |
|---|-------------------------------|--|---|
| | T | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | X_None | |
| | manuscript (e.g., funding, | | |
| | 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 | <u> X </u> None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | <u> X </u> None | |
| | | | |
| | | | |
| 4 | Consulting fees | <u>X</u> None | |
| | | | |

| 5 | Payment or honoraria for | <u>X</u> None | |
|----------|---|-----------------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| 6 | educational events | Y Nego | |
| 6 | Payment for expert testimony | <u> X </u> None | |
| | testimony | | |
| 7 | Support for attending | X None | |
| ' | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | <u>X</u> None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | <u>X</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u> X </u> None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | <u> </u> | |
| | financial interests | | |
| | | | |

None

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

| Date: | 10/8/2022 | |
|----------------|--|------------|
| Your N | me:Qi Quan | |
| Manus | ript Title: <u>Development and validation of a prognostic model and gene co-expression networks for brea</u> | <u>ast</u> |
| <u>carcino</u> | na based on scRNA-seq and bulk-seq data | |
| Manus | ript 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.

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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) |
|---|-------------------------------|--|---|
| _ | ſ | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | <u> X </u> None | |
| | manuscript (e.g., funding, | | |
| | 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 | <u> X </u> None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | <u>X</u> None | |
| | | | |

| 5 | Payment or honoraria for | <u>X</u> None | |
|----|---|---------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | <u>X</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u>X</u> None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | X None | |
| 11 | Stock of stock options | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | <u>X</u> None | |
| | financial interests | | |
| | | | |

None

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

| Date: | 10/8, | /2022_ | |
|----------------|------------|----------------|---|
| Your Na | ame: | Jinxin | Веі |
| Manus | cript Titl | e:_ <u>Dev</u> | velopment and validation of a prognostic model and gene co-expression networks for breast |
| <u>carcino</u> | ma base | d on so | cRNA-seq and bulk-seq data |
| Manus | cript nun | nber (i | f 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.

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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) |
|---|-------------------------------|--|---|
| _ | ſ | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | <u> X </u> None | |
| | manuscript (e.g., funding, | | |
| | 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 | <u> X </u> None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | <u>X</u> None | |
| | | | |

| 5 | Payment or honoraria for | <u>X</u> None | |
|----|---|---------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | <u>X</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u>X</u> None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | X None | |
| 11 | Stock of stock options | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | <u>X</u> None | |
| | financial interests | | |
| | | | |

None

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

| Date: | 10/8/2022 |
|-----------|--|
| Your Nam | ne:Roujun Peng |
| Manuscri | pt Title: <u>Development and validation of a prognostic model and gene co-expression networks for breast</u> |
| carcinoma | a based on scRNA-seq and bulk-seq data |
| Manuscri | pt 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.

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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) |
|---|-------------------------------|--|---|
| _ | ſ | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | <u> X </u> None | |
| | manuscript (e.g., funding, | | |
| | 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 | <u> X </u> None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | <u>X</u> None | |
| | | | |

| 5 | Payment or honoraria for | <u>X</u> None | |
|----------|---|-----------------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| 6 | educational events | Y. None | |
| 6 | Payment for expert testimony | <u> X </u> None | |
| | testimony | | |
| 7 | Support for attending | X None | |
| ' | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | <u>X</u> None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | <u>X</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u> X </u> None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | <u> </u> | |
| | | | |
| | | | |

None

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