		ICMJE DISCI	LOSURE FORM	
Υοι	e: Appil - 2 - 202 Ir Name: Zukar Li nuscript Title: Ligopdysacchur nuscript number (if known)		n human peritoreal mesothelial cells is controlled by ERK	1/2–CDKS- PPARY AYY
In t rela par to t	he interest of transparency ated to the content of your ties whose interests may be	, we ask you to disclose all manuscript. "Related" me e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans 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	
The ma	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current	
me In i	the epidemiology of hyperte dication, even if that medic	ension, you should declare ation is not mentioned in to poort for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iter	/e
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		none (add rows as needed)		
		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.	_X_None		
		Time frame: past	36 months	

XNone

X_None

X_None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

any entity (if not indicated

2

3

4

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

Please summarize the above conflict of interest in the following be	ox:
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None			

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

Date: Apri - 2 - 2021
Your Name: Fong Tunxia
Manuscript Title: Linguity Sacchainde-induced inflamnation in hunem perstanced repostedial colls
Manuscript number (il known): is controlled by TRKI/-CDK +- PPARY axis
13 Control of the 15 Ches (1717)

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 initia	l 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).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√ None	
	testimony		
	testimony		
7	Company for all and l'an	.7	
/	Support for attending	_√None	
	meetings and/or travel		
8	Datants planned issued an	1 Name	
٥	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	<i>,</i>	
	Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>メ</u> None	
	financial interests	1	

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None.	

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

Date	: April-2-20,21		
Your	Name: Shen Yang	4	
Man	uscript Title:Livordysaschavid	te-induced inflammation in hu	man pristoned mesothelial cells is controlled by ERXI/2-CDKS-
Man	uscript number (if known):_		
In th	a interest of transparency	we ask you to disclose all	relationships/activities/interests listed below that are
			ans any relation with for-profit or not-for-profit third
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•			of the manuscript. Disclosure represents a commitment
			If you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do) SO.
The	following questions apply to	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
mar	uscript only.		
The	author's relationships/activ	ities/interests should be	defined broadly. For example, if your manuscript pertains
to t	he epidemiology of hyperte	nsion, you should declare	all relationships with manufacturers of antihypertensive
	dication, even if that medica		
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			od in this manuscrint without time limit. For all other items
			d in this manuscript without time limit. For all other items,
	time frame for disclosure is		ed in this manuscript without time limit. For all other items,
			ed in this manuscript without time limit. For all other items,
		the past 36 months. Name all entities with	Specifications/Comments
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		Name all entities with whom you have this relationship or indicate	Specifications/Comments
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your
		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 for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present	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)
the	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) If planning of the work
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) If planning of the work
the	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	Specifications/Comments (e.g., if payments were made to you or to your institution) If planning of the work
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Consulting fees

X_None

-	Payment or honoraria for	X None	
5	lectures, presentations,	_A_world	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
_	Connect for attending	V Nana	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
	Deuticination on a Data	X None	
9	Participation on a Data Safety Monitoring Board or		
	Advisory Board	1.6 (67.56)	To sept a second of the second
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests	THE RESERVE OF THE PARTY OF THE	
Ple	ease summarize the above o	conflict of interest in th	ne following box:
Γ			
-	None	ρ	
		`	

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

Date: Apri - 2 - 2021 Your Name: Mena Pina
Manuscript Title: Lipopolysaccharide-induced inflammation in human peritoneal mesothelial cells is
controlled by ERK1/2-CDK5-PPARy axis
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.

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		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	
	No time innit for this recini	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	x_None	
5	Payment or honoraria for lectures, presentations,	<u>毋</u> None	

	speakers bureaus, manuscript writing or educational events		lyer.	- Kri A
6	Payment for expert testimony	_X_None	11.	
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	_x_None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ X _None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	 None		
11	Stock or stock options	火 None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non- financial interests	_X None		

Mone.

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

Date: April -2-2021						
Your Name: Jing Chun Li						
Manuscript Title: Lipopaly saccharide - induced	inflammation	in human	spritonen	marathelial cell	1 31 rontrol	lal bo FRXIIs -
Manuscript number (if known):		TI TIMITA	- Jerrione V	HESPITICIAL COLL	(D	OKS-PARY OXY
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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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
٥	Payment for expert testimony	X_None	
	· · · · · · · · · · · · · · · · · · ·		
7	Support for attending	_X None	
	meetings and/or travel		
	_	and the contract of	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board	7	
10	Leadership or fiduciary role	⊀ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	Apares 15 personal pro- mane
12	Receipt of equipment,	Y None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

None		

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

Date: Apr -2 - 2021				
- I Hong Vari	`			
Your Name:	\ 	`	ball to all	- acttolo
Manuscript Title: 12000 45 accharioe-	induced inflammation	in human	peritionoal	meso ne in
Manuscript number (\f known): (all \sigma)	controlled by zaki	c chic.	DONG.	axic.
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		Time frame: Since the initial planning of the work	的可以转音。[17](11](11](11]
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.	Guangzhou Medical Key Subject Construction Project (2017-2019)	
		Time frame: past 36 months	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	

	manuscript writing or	The state of the s	
	educational events	1,1111,121	
		./	
6	Payment for expert		
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	protect 4 Equation 1		
	The second secon	and the second s	
8	Patents planned, issued or	None	
	pending	, ·	
9	Participation on a Data	<u>\textstyle \textstyle None</u>	
	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	_X_None	
Sar	State of the state	and the state of t	
12	Receipt of equipment,	<u></u> ∠None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	1	
13	Other financial or non-	_ <u>⊀</u> None	
	financial interests		

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

Date: April - 2 - 202
Your Name: Gav Yuejuan
Manuscript Title: hoodysatcharide - Induar inflamenton in human portonan mosothalial cells
Manuscript number (If known): Is Controlled by Sprift Christopher axis.
5 11 0000

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses		
4	Consulting fees	None	

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

None.	

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

Date: April - 2 - 2021
Your Name: Zhang Yunfang
Manuscript Title: Lipopolysaccharide - included inflammation in human unitoneal
Your Name: Zhang Yunfang Manuscript Title: Lipopolysaccharide - included inflammation in human pontoneal Manuscript number (if known): mesothe in cells is controlled by Epkils - CDK5 - PPAKK 9xis
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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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		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.	the National Natural Science Foundation of China (No.81800675) the Natural Science Foundation of Guangdong Province of China (No. 2016A030313420) The Science and Technology Program of Guangzhou (No.201804010066)	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses		
4	Consulting fees	None	
5	Payment or honoraria for	X None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	<u>X</u> None	10, - 10, 1 m n 1 1 p
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	<u></u> ★ None	

None.		

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

\(\frac{\times}{\times}\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.