ICMJE DISCLOSURE FORM

Date:_

__2021.09.16_

Payment or honoraria for

None

Your Name: BO LI					
Manuscript Title: Anti-inflammatory effects of artesunate in atherosclerosis via miR-16-5p and TXNIP					
regulation of the NLRP3 inflammasome					
Ma	Manuscript number (if known): ATM-21-4939				
		•	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third		
to		necessarily indicate a bias	of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.		
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current		
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive 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	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the initial	al planning of the work		
1	All support for the present	None			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.) No time limit for this item.				
	No time limit for this item.				
	Cuenta en contro de forma	Time frame: pas	st 36 months		
2	Grants or contracts from	None	 		
	any entity (if not indicated in item #1 above).				
3	·	None			
)	Royalties or licenses	None			
1	Consulting fees	None			
+	Consulting lees	None			

	lectures, presentations,				
	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			
42	Descript of annique set	News			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	None			
13	financial interests	None			
	Tillaliciai liitelests				
Ple	Please summarize the above conflict of interest in the following box:				
_					
	None.				

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

__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:	_2021.09.16
Your Name:	Zheqi Zhang
Manuscript Title	Anti-inflammatory effects of artesunate in atherosclerosis via miR-16-5p and TXNIP
regulation of th	ne NLRP3 inflammasome
Manuscript num	
•	

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 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.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
			planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
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	None	
8	Patents planned, issued or pending	None	
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	Descipt of annings and	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
	ease summarize the above o	onflict of interest in the fo	llowing box:

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

__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

Da	te: <u>2021.09.16</u>							
Yo	Your Name: Yili Fu							
Ma	Manuscript Title: Anti-inflammatory effects of artesunate in atherosclerosis via miR-16-5p and TXNIP							
re	gulation of the NLRP3 in	<u>flammasome</u>						
Ma	nuscript number (if known)	:ATM-21-4939_						
		· · · · · · · · · · · · · · · · · · ·	relationships/activities/interests listed below that are					
			ans any relation with for-profit or not-for-profit third					
•	-	-	f the manuscript. Disclosure represents a commitment					
	· ·	-	If you are in doubt about whether to list a					
rel	ationship/activity/interest,	it is preferable that you do	so.					
TI.	- f-11							
	• • • • • • • • • • • • • • • • • • • •	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>					
IIIc	inuscript only.							
Th	e author's relationshins/acti	ivities/interests should be	defined broadly. For example, if your manuscript pertain	16				
	•		all relationships with manufacturers of antihypertensive					
	edication, even if that medic		•	•				
In	item #1 below, report all su	pport for the work reporte	d in this manuscript without time limit. For all other iter	ns,				
			•	the time frame for disclosure is the past 36 months.				
the time frame for disclosure is the past 30 months.								
		Name all entities with	Specifications/Comments					
		whom you have this	(e.g., if payments were made to you or to your					
		whom you have this relationship or indicate	·					
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your					
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)					
1	All support for the present	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)					
1	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)					
1		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)					
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)					
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)					
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)					
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaNone	(e.g., if payments were made to you or to your institution) planning of the work					
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work					
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaNone	(e.g., if payments were made to you or to your institution) planning of the work					
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work					
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work					

Consulting fees

Payment or honoraria for

5

None

None

	lectures, presentations,				
	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			
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13	Other financial or non-	None			
13	financial interests	None			
	Tillaliciai liitelests				
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	None.				

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