Date:	2021-10-19	
Your Name:_	Wei Jiang	
Manuscript T	itle: IFI30 as a p	prognostic biomarker and correlation with immune infiltrates in glioma
Manuscript n	umber (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 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
	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	
2	Country on an about the forms	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	_ <u> √</u> _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u> </u>	
	testimony		
7	Support for attending meetings and/or travel	<u> </u>	
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		
42	services	/ NI	
13	Other financial or non-	<u>√</u> _None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date:	21-10-19	
Your Name:	_Feifei Zhen	
Manuscript Tit	IFI30 as a prognostic biomarker and correlation with immune infiltrates in glioma	
Manuscript nu	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 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) 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, medical writing, article processing charges, etc.) No time limit for this item.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastNoneNone	36 months
4	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 meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
•	5	/ * !	
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	
12	materials, drugs, medical	v_none	
	writing, gifts or other		
	services		
13	Other financial or non-	✓ _None	
	financial interests		
DI.		auflist of interest in the fo	Havring have
PIE	ase summarize the above co	ominica of interest in the 10	nowing box.
	None.		

Date:	_2021-10-19
Your Name:	Taotao Yao
Manuscript Ti	le: IFI30 as a prognostic biomarker and correlation with immune infiltrates in glioma
Manuscript nu	mber (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 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past✓_None	36 months
3	Royalties or licenses	None	
4	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 meetings and/or travel	<u> </u>	
	meetings and/or traver		
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data	√ None	
9	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		
12	services Other financial or non-	√ None	
13	financial interests	<u> </u>	
	illialiciai liiterests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
	None.		

Date:	<u>2021-10-19</u>
Your Name:	Fang Gong
Manuscript Tit	e: IFI30 as a prognostic biomarker and correlation with immune infiltrates in glioma
Manuscript nu	mber (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 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastNoneNone	36 months
4	Consulting fees	None	

5	Payment or honoraria for	_ <u> √</u> _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	
ļ	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		
12	Receipt of equipment,	✓ _None	
ļ	materials, drugs, medical		
	writing, gifts or other		
12	services	/ Name	
13	Other financial or non- financial interests		
	imanciai interests		
Ple	ease summarize the above c	onflict of interest in the f	following box:
	None.		

Date:	2021-10-19	
Your Name:	Wenjie Zhen	
Manuscript Titl	e: IFI30 as a prognostic biomarker and correlation with immune infiltrates in glioma	
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 <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.

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

5	Payment or honoraria for	✓ _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
Ü	testimony		
	,		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	✓ _None	
	pending		
0	Dankining tion on a Data	√ None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	✓ None	
	in other board, society,	<u> </u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> _None	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
	None.		

Date:	_2021-10-19	
Your Name:	Ninghua Yao	
Manuscript Tit	le: IFI30 as a prognostic biomarker and correlation with immune infiltrates in glioma	
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 <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.

		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
	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	
2	Country on an about the forms	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		
	educational events		
6	Payment for expert	<u>√</u> _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	
12	Receipt of equipment,	_ <u>√</u> _None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u> </u>	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		