| Date:2 | 021/11/10 | | | | |
|-------------------------------|--|--|--|--|--|
| YourName | Yize Zhang | | | | |
| Manuscrip | Title:Identification of a novel pyroptosis-related gene signature correlated with the prognosis of | | | | |
| diffuse glig | ma patients | | | | |
| 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</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) |
|---|--|--|---|
| 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. | Time frame: Since the initialNoneNone | planning of the work |
| | | 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 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 Patricipation 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- financial interests None | | | | |
|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | | | | |
| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
| educational events | | - | | |
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| testimony | 6 | | None | |
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| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
| pending | | | | |
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| pending | 0 | Patents planned issued or | Nono | |
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| Safety Monitoring Board or Advisory Board | | pending | | |
| Safety Monitoring Board or Advisory Board | | | | |
| Advisory Board | 9 | | None | |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None 11 Stock or stock options None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | | | |
| in other board, society, committee or advocacy group, paid or unpaid | | Advisory Board | | |
| committee or advocacy | 10 | Leadership or fiduciary role | None | |
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| materials, drugs, medical | | | | |
| materials, drugs, medical | | | | |
| materials, drugs, medical | 12 | Possint of aquinment | Nono | |
| writing, gifts or other services | 12 | | | |
| services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date: | 2021/11/ | 10 | |
|---------|---------------|---|-------|
| YourNa | ame: | Feiyang Xi | |
| Manus | cript Title: | dentification of a novel pyroptosis-related gene signature correlated with the prognosi | is of |
| diffuse | e glioma pati | nts | |
| Manus | cript numbe | (if known): | |

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| | 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 | |
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| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
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| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | 12 | Possint of aquipment | Nono | |
| writing, gifts or other services | 12 | | | |
| services Image: services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | 10 | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
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None

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| Date:_ | 2021/11 | /10 |
|---------|--------------|--|
| YourNa | ame: | Qing Yu |
| Manus | cript Title: | Identification of a novel pyroptosis-related gene signature correlated with the prognosis of |
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| Manus | cript numbe | r (if known): |

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| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
| educational events | | - | | |
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| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
| pending | | | | |
| pending | | | | |
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| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | 12 | Possint of aquipment | Nono | |
| writing, gifts or other services | 12 | | | |
| services Image: services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | 10 | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date:2021/11/10 | | | | |
|--|------|--|--|--|
| YourName:Weiming Lou | | | | |
| Manuscript Title:Identification of a novel pyroptosis-related gene signature correlated with the prognosis | s of | | | |
| diffuse glioma patients | | | | |
| Manuscript number (if known): | | | | |

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| | 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 | |
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| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
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| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
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| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | 12 | Possint of aquipment | Nono | |
| writing, gifts or other services | 12 | | | |
| services Image: services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | 10 | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date:2021/11/10 |
|---|
| YourName:Ziqiang Zeng |
| Manuscript Title:Identification of a novel pyroptosis-related gene signature correlated with the prognosis of |
| diffuse glioma patients |
| 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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| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
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| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
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| materials, drugs, medical | | | | |
| materials, drugs, medical | | | | |
| materials, drugs, medical | 12 | Possint of aquinment | Nono | |
| writing, gifts or other services | 12 | | | |
| services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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|---------|---------------|--|
| YourNa | ame: | Ning Su |
| Manus | cript Title:_ | Identification of a novel pyroptosis-related gene signature correlated with the prognosis of |
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| 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 Patricipation 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- financial interests | | | | |
|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | | | | |
| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
| educational events | | - | | |
| 6 Payment for expert testimony | | | | |
| testimony | 6 | | None | |
| 7 Support for attending meetings and/or travel 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 None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 0 | | | |
| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
| pending | | | | |
| pending | | | | |
| pending | | | | |
| pending | 0 | Patents planned issued or | Nono | |
| 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 0 | | | |
| Safety Monitoring Board or Advisory Board | | pending | | |
| Safety Monitoring Board or Advisory Board | | | | |
| Advisory Board | 9 | | None | |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None 11 Stock or stock options None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | | | |
| in other board, society, committee or advocacy group, paid or unpaid | | Advisory Board | | |
| committee or advocacy group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 10 | Leadership or fiduciary role | None | |
| group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | in other board, society, | | |
| 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | committee or advocacy | | |
| 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | group, paid or unpaid | | |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 11 | | None | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | 12 | Possint of aquipment | Nono | |
| writing, gifts or other services | 12 | | | |
| services Image: services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | 10 | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date:2021/11 | Date:2021/11/10 | | | | |
|--------------------|--|--|--|--|--|
| YourName: | Jianying Gao | | | | |
| Manuscript Title: | Identification of a novel pyroptosis-related gene signature correlated with the prognosis of | | | | |
| diffuse glioma pat | ients | | | | |
| Manuscript numbe | 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) |
|---|---|--|---|
| 1 | All automouth four the program t | Time frame: Since the initial | |
| 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 | | |
| 2 | in item #1 above). | Nere | |
| 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 Patricipation 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- financial interests None | | | | |
|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | | | | |
| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
| educational events | | - | | |
| 6 Payment for expert testimony | | | | |
| testimony | 6 | | None | |
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| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
| pending | | | | |
| pending | | | | |
| pending | | | | |
| pending | 0 | Patents planned issued or | Nono | |
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| Safety Monitoring Board or Advisory Board | | pending | | |
| Safety Monitoring Board or Advisory Board | | | | |
| Advisory Board | 9 | | None | |
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| in other board, society, committee or advocacy group, paid or unpaid | | Advisory Board | | |
| committee or advocacy | 10 | Leadership or fiduciary role | None | |
| group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | in other board, society, | | |
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| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 11 | | None | |
| materials, drugs, medical | | | | |
| materials, drugs, medical | | | | |
| materials, drugs, medical | 12 | Possint of aquinment | Nono | |
| writing, gifts or other services | 12 | | | |
| services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date:2021/11/10 | | | | |
|--|--|--|--|--|
| YourName:Sainan Duan | | | | |
| Manuscript Title:Identification of a novel pyroptosis-related gene signature correlated with the prognosis o | | | | |
| diffuse glioma patients | | | | |
| 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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| | | 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 | 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 | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |

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

None

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

| Date:2021 | /11/10 |
|----------------|---|
| YourName: | Ying Deng |
| Manuscript Tit | le:Identification of a novel pyroptosis-related gene signature correlated with the prognosis of |
| diffuse glioma | patients |
| 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</u> <u>manuscript only</u>.

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| | | 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 | 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 | 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, 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 Patricipation 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | | | | |
|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | | | | |
| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
| educational events | | - | | |
| 6 Payment for expert testimony | | | | |
| testimony | 6 | | None | |
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| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
| pending | | | | |
| pending | | | | |
| pending | | | | |
| pending | 0 | Patents planned issued or | Nono | |
| 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 0 | | | |
| Safety Monitoring Board or Advisory Board | | pending | | |
| Safety Monitoring Board or Advisory Board | | | | |
| Advisory Board | 9 | | None | |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None 11 Stock or stock options None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | | | |
| in other board, society, committee or advocacy group, paid or unpaid | | Advisory Board | | |
| committee or advocacy group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 10 | Leadership or fiduciary role | None | |
| group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | in other board, society, | | |
| 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | committee or advocacy | | |
| 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | group, paid or unpaid | | |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 11 | | None | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | 12 | Possint of aquipment | Nono | |
| writing, gifts or other services | 12 | | | |
| services Image: services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | 10 | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date: | _2021/11 | /10 | |
|-----------|------------|---------------------|--|
| YourNam | e: | Sixuan Guo | |
| Manuscri | ipt Title: | Identification of a | novel pyroptosis-related gene signature correlated with the prognosis of |
| diffuse g | lioma pat | ients | |
| Manuscri | ipt numbe | 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>.

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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 | 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 | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |

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|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | | | | |
| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
| educational events | | - | | |
| 6 Payment for expert testimony | | | | |
| testimony | 6 | | None | |
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| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
| pending | | | | |
| pending | | | | |
| pending | | | | |
| pending | 0 | Patents planned issued or | Nono | |
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| Safety Monitoring Board or Advisory Board | | pending | | |
| Safety Monitoring Board or Advisory Board | | | | |
| Advisory Board | 9 | | None | |
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| group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | in other board, society, | | |
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| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 11 | | None | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | 12 | Possint of aquipment | Nono | |
| writing, gifts or other services | 12 | | | |
| services Image: services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | 10 | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date: | _2021/11 | /10 | |
|-----------|------------|---------------------|--|
| YourNam | ne: | Shuhui Lai | |
| Manuscri | ipt Title: | Identification of a | a novel pyroptosis-related gene signature correlated with the prognosis of |
| diffuse g | lioma pat | ients | |
| Manuscri | ipt numbe | r (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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|---|---|---|---|
| 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. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
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| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | None | |
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| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
| educational events | | - | | |
| 6 Payment for expert testimony | | | | |
| testimony | 6 | | None | |
| 7 Support for attending meetings and/or travel 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 None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 0 | | | |
| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
| pending | | | | |
| pending | | | | |
| pending | | | | |
| pending | 0 | Patents planned issued or | Nono | |
| 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 0 | | | |
| Safety Monitoring Board or Advisory Board | | pending | | |
| Safety Monitoring Board or Advisory Board | | | | |
| Advisory Board | 9 | | None | |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None 11 Stock or stock options None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | | | |
| in other board, society, committee or advocacy group, paid or unpaid | | Advisory Board | | |
| committee or advocacy group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 10 | Leadership or fiduciary role | None | |
| group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | in other board, society, | | |
| 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | committee or advocacy | | |
| 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | group, paid or unpaid | | |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 11 | | None | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | 12 | Possint of aquipment | Nono | |
| writing, gifts or other services | 12 | | | |
| services Image: services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | 10 | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date: | _2021/11 | 10 | |
|-----------|------------|---|------|
| YourNam | าe: | Xiaoli Tang | |
| Manuscr | ipt Title: | Identification of a novel pyroptosis-related gene signature correlated with the prognosis | s of |
| diffuse g | glioma pat | ents | |
| Manuscr | ipt numbe | (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) 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 | |
| | | 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 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 Patricipation 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | | | | |
|---|----|------------------------------|------|--|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | | | | |
| speakers bureaus, manuscript writing or educational events | 5 | Payment or honoraria for | None | |
| manuscript writing or educational events | | lectures, presentations, | | |
| educational events | | speakers bureaus, | | |
| educational events | | - | | |
| 6 Payment for expert testimony | | | | |
| testimony | 6 | | None | |
| 7 Support for attending meetings and/or travel 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 None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 0 | | | |
| meetings and/or travel | | testimony | | |
| meetings and/or travel | _ | | | |
| 8 Patents planned, issued or pending | 7 | | None | |
| pending | | meetings and/or travel | | |
| pending | | | | |
| pending | | | | |
| pending | | | | |
| pending | 0 | Patents planned issued or | Nono | |
| 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 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 0 | | | |
| Safety Monitoring Board or Advisory Board | | pending | | |
| Safety Monitoring Board or Advisory Board | | | | |
| Advisory Board | 9 | | None | |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None 11 Stock or stock options None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | | | |
| in other board, society, committee or advocacy group, paid or unpaid | | Advisory Board | | |
| committee or advocacy group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 10 | Leadership or fiduciary role | None | |
| group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | in other board, society, | | |
| 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | | committee or advocacy | | |
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| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None | 11 | | None | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | | | | |
| materials, drugs, medical writing, gifts or other services | 12 | Possint of aquipment | Nono | |
| writing, gifts or other services | 12 | | | |
| services Image: services 13 Other financial or non- None | | | | |
| 13 Other financial or non- None | | | | |
| | 10 | | | |
| financial interests | 13 | | None | |
| | | financial interests | | |
| | | | | |

None

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

| Date: | Date:2021/11/10 | | | | | |
|-------------------------|-----------------|--|--|--|--|--|
| YourNa | ame: | Jicai Zhang | | | | |
| Manus | cript Title:_ | Identification of a novel pyroptosis-related gene signature correlated with the prognosis of | | | | |
| diffuse glioma patients | | | | | | |
| Manus | cript numbe | r (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) 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 | | | | |
| | 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 | None | |
| 0 | testimony | | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| Ū | pending | | |
| | pending | | |
| 9 | Participation on a Data | None | |
| 9 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| - 10 | | | |
| 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 | | |
| | | | |
| | | | |

None

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