

## ICMJE DISCLOSURE FORM

Date: 2021/11/09  
 Your Name: Jingquan Li  
 Manuscript Title: 5-FU@DHA-UIO-66-NH<sub>2</sub> potentiates chemotherapy sensitivity of breast cancer cells through a let-7a microRNA-dependent mechanism  
 Manuscript number (if known): ATM-21-5978

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 current manuscript only.

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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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
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| 4   | Consulting fees  | ___ None   |   |
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| 7  | Support for attending meetings and/or travel   | <u>    </u> None |  |
| 8  | Patents planned, issued or pending   | <u>    </u> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <u>    </u> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <u>    </u> None |  |
| 11 | Stock or stock options   | <u>    </u> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>    </u> None |  |
| 13 | Other financial or non-financial interests   | <u>    </u> None |  |

**Please summarize the above conflict of interest in the following box:**

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| None |
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