Date	e: December 1st, 2021		
You	r Name: Yang Huang _		
Mar	nuscript Title: Deve	elopment of a novel necro	ptosis-associated miRNA risk signature to evaluate the
prog	gnosis of colon cancer patie	nts	
Mar	nuscript number (if known):		
relate part to tr relate	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. s/activities/interests as they relate to the current
to th med In it	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. In this manuscript without time limit. For all other items,
		Nome all autition with	Specifications/Comments
		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).	None	
3	Royalties or licenses	None	
4	Consulting for-	Nana	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending	NoneNone None	
	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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Plea	se summarize the above co	nflict of interest in the follo	owing box:

The author has no conflicts of interest to declare.

Date	e: December 1st, 2021		
	r Name: Yuanyuan Zo		
Mar	nuscript Title: Deve	elopment of a novel necro	ptosis-associated miRNA risk signature to evaluate the
prog	gnosis of colon cancer patie	nts	
Mar	nuscript number (if known):		
relat part to tr relat	ted to the content of your miles whose interests may be ransparency and does not not tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. s/activities/interests as they relate to the current
	nuscript only.		of activities, interests as they relate to the darrent
to the	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. In this manuscript without time limit. For all other items,
		Name all autition with	Considerations (Comments
		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	planning of the work
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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	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending	NoneNone None	
	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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Plea	se summarize the above co	nflict of interest in the follo	owing box:

The author has no conflicts of interest to declare.

Date	e: December 1st, 2021		
	r Name: Qiru Xiong		
Mar	nuscript Title: Deve	elopment of a novel necro	ptosis-associated miRNA risk signature to evaluate the
	gnosis of colon cancer patie		
Mar	nuscript number (if known):		
rela part to ti rela	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
<u>mar</u>	nuscript only.		
to the med	ne epidemiology of hypertendication, even if that medication	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	I 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).	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	NI - i	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	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	
11	Stock of Stock options	NOTIC	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	ollowing box:
T	The author has no conflicts	of interest to declare.	

Date	e: December 1st, 2021	<u>-</u>	
You	r Name: Chao Zhang _		
Mar	nuscript Title: Dev	elopment of a novel necro	ptosis-associated miRNA risk signature to evaluate the
prog	gnosis of colon cancer patie	nts	
Mar	nuscript number (if known):		
relate part to trelate	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so.
to the	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,
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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 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).	None	
3	Royalties or licenses	None	
4	Consulting for	Nege	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
•	educational events	NI - i	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	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	
11	Stock of Stock options	NOTIC	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	ollowing box:
T	The author has no conflicts	of interest to declare.	

Da	te: December 1st, 202	.1	
	ur Name:José María S		
		-	optosis-associated miRNA risk signature to evaluate the
-	ognosis of colon cancer pation		
M	anuscript number (if known)	:	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activity/interest,	manuscript. "Related" mede affected by the content of the author's relationship ivities/interests should be the content of the	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	l 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 mint for this item.		
		Time frame: past	36 months
)	Grants or contracts from	None	- So months
_	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	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- financial interests	None			
Ple	Please summarize the above conflict of interest in the following box:				

The author has no conflicts of interest to declare.	

Date: 28 th Nov 2021	
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Your Name: Vishal G Shelat

Manuscript Title: Development of a novel necroptosis-associated miRNA risk signature to evaluate the

prognosis of colon cancer patients

Manuscript number (if known):_____

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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 initialNone	I did not receive any funding for participation in this manuscript.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Not applicable
3	Royalties or licenses	None	Not applicable
4	Consulting fees	None	No fees received
5	Payment or honoraria for	None	Not applicable

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	No payments received
7	Support for attending meetings and/or travel	None	Not applicable
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- financial interests	None	

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

The author has no conflicts of interest to declare.

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

Date	e: December 1st, 2021		
	r Name: Xingyu Wang		
Man	uscript Title: Deve	elopment of a novel necrop	otosis-associated miRNA risk signature to evaluate the
prog	nosis of colon cancer patier	nts	
Man	uscript number (if known):		
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to the	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
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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	
		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	Nana	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	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		
11	group, paid or unpaid 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-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	ollowing box:
т	The author has no conflicts	of interest to declare	
1	ne author has no confincts	of interest to declare.	