| Da                  | te: November 22, 202  | 1  |  |  |  |  |
|---------------------|---|--|--|--|--|--|
| Yo                  | Your Name:_ Zhe Liu   |  |  |  |  |  |
| Ma                  | Manuscript Title: Identification of a seven-gene prognostic signature using the gene expression profile of  |  |  |  |  |  |
| osi                 | teosarcoma  |  |  |  |  |  |
| Ma                  | 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 reationship/activity/interest, e following questions apply muscript only.  e author's relationships/activite epidemiology of hypertedication, even if that medications | manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare action is not mentioned in pport for the work reported. | ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive |  |  |  |
|                     |   | Name all entities with whom you have this relationship or indicate   | Specifications/Comments (e.g., if payments were made to you or to your institution)  |  |  |  |
|                     |   | none (add rows as  |  |  |  |  |
|                     |   | needed)  | Julanning of the year  |  |  |  |
| 1                   | All account from the  | Time frame: Since the initia   | ar pranning of the work  |  |  |  |
| I                   | 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.   | VNone  |  |  |  |  |
|                     |   | Time frame: pas  | t 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 |              |
|    | testimony                                    |        |              |
| 7  | Support for attending                        | √ None |              |
| ,  | meetings and/or travel                       |        |              |
|    | meetings and/or traver                       |        |              |
|    |  |        |              |
|    |  |        |              |
| 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                       |        |              |
|    |  |        |              |
| 12 | Receipt of equipment,                        | √ None |              |
|    | materials, drugs, medical                    |        |              |
|    | writing, gifts or other                      |        |              |
|    | services                                     |        |              |
| 13 | Other financial or non-                      | √None  |              |
|    | financial interests                          |        |              |
|    |  |        |              |
|    | ease summarize the above conflicts of inter  |        | llowing box: |
|    |  |        |              |
|    |  |        |              |
|    |  |        |              |

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

| Da                  | te: November 22, 202  | 1                            |  |    |  |  |
|---------------------|---|------------------------------|--|----|--|--|
|                     | Your Name:_ Yun Zhong   |                              |  |    |  |  |
| Ma                  | anuscript Title: Identification   | on of a seven-gene prog      | gnostic signature using the gene expression profile of |    |  |  |
| osi                 | teosarcoma  |                              |  |    |  |  |
| Ma                  | anuscript number (if known)   | ):                           |  |    |  |  |
| rel pa to rel Th ma | 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.  The author's relationships/activities/interests should be defined broadly. 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, |                              |  |    |  |  |
|                     | e time frame for disclosure i   |                              | ,  | -, |  |  |
|                     |   | 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 initia | al planning of the work                                |    |  |  |
| L                   | 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: pas              | t 36 months  |    |  |  |
| 2                   | Grants or contracts from  | √_None                       |  |    |  |  |
|                     |   |                              |  |    |  |  |
|                     | any entity (if not indicated  |                              |  |    |  |  |
| ,                   | in item #1 above).  | √ None                       |  |    |  |  |
| 3                   |   | None                         |  |    |  |  |
| 3                   | in item #1 above).  | 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   | √ None  |  |  |  |
| ,   | meetings and/or travel  |         |  |  |  |
|     | meetings and/or traver  |         |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
| 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   | a) None |  |  |  |
| 11  | Stock or stock options  | √None   |  |  |  |
|     |   |         |  |  |  |
| 12  | Receipt of equipment,   | √ None  |  |  |  |
| 12  | materials, drugs, medical   |         |  |  |  |
|     | writing, gifts or other   |         |  |  |  |
|     | services  |         |  |  |  |
| 13  | Other financial or non-   | √None   |  |  |  |
|     | financial interests   |         |  |  |  |
|     |   |         |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |         |  |  |  |
|     | I have no conflicts of interest to declare.                           |         |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
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|     |   |         |  |  |  |

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

| Da                     | te: November 22, 202   | 1  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| Yo                     | Your Name: Senling Meng  |  |  |  |  |  |
| Ma                     | Manuscript Title: Identification of a seven-gene prognostic signature using the gene expression profile of   |  |  |  |  |  |
|                        | teosarcoma   | 8 1 8  |  |  |  |  |
|                        | anuscript number (if known)  | ):   |  |  |  |  |
| In rel pa to rel Th ma | the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only.  e author's relationships/activite epidemiology of hypertedication, even if that medicated the epidemiology of the epidemiology of that medicated in the epidemiology of the epidemiol | we ask you to disclose all manuscript. "Related" me affected by the content necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare ation is not mentioned in apport for the work reported. | ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive |  |  |  |
|                        |  | Name all entities with whom you have this relationship or indicate none (add rows as   | Specifications/Comments (e.g., if payments were made to you or to your institution)  |  |  |  |
|                        |  | needed)  |  |  |  |  |
|                        |  | Time frame: Since the initia   | al 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.  | VNone  |  |  |  |  |
|                        |  | Time frame: pas  | t 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 |  |  |  |
|     | testimony   |        |  |  |  |
|     |   | ,      |  |  |  |
| 7   | Support for attending   | √None  |  |  |  |
|     | meetings and/or travel  |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| 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 services                                      |        |  |  |  |
| 13  | Other financial or non-   | √ None |  |  |  |
| 13  | financial interests   |        |  |  |  |
|     | illialiciai liiterests  |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |        |  |  |  |
|     | . Touse summarize the above commet of interest in the following box.  |        |  |  |  |
|     | I have no conflicts of interest to declare.                           |        |  |  |  |
|     | I have no conflicts of interest to declare.                           |        |  |  |  |
|     |   |        |  |  |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Da                     | te: November 22, 202   | 1  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| Yo                     | Your Name:_ Qinyuan Liao   |  |  |  |  |  |
|                        | Manuscript Title: Identification of a seven-gene prognostic signature using the gene expression profile of   |  |  |  |  |  |
|                        | teosarcoma   | <i>8</i> 1 8   |  |  |  |  |
|                        | anuscript number (if known)  | ):   |  |  |  |  |
| In rel pa to rel Th ma | the interest of transparency 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/activite epidemiology of hypertedication, even if that medicated the epidemiology of the epidemiology of the epidemiology of hypertedication, even if that medicated the epidemiology of hypertedication, even if that medicated the epidemiology of hypertedication, even if that medicated the epidemiology of hypertedicated the epidemiology of hyperted the epidemiology of hypertedicated the epidemiology | we ask you to disclose all manuscript. "Related" me affected by the content necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare ation is not mentioned in apport for the work reported. | ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive |  |  |  |
|                        |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as  | Specifications/Comments (e.g., if payments were made to you or to your institution)  |  |  |  |
|                        |  | needed)  |  |  |  |  |
|                        |  | Time frame: Since the initia   | al 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.  | VNone  |  |  |  |  |
|                        |  | Time frame: pas  | t 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  |  |  |  |  |

| Sayment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   |     |  |        |  |  |  |
|--|-----|--|--------|--|--|--|
| speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or flduciary role in other board, society, committee or advocary group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  □ I have no conflicts of interest to declare. | 5   | Payment or honoraria for   | √None  |  |  |  |
| speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or flduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  □ I have no conflicts of interest to declare. |     |  |        |  |  |  |
| educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or flduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests  Please summarize the above conflict of interest in the following box:  □ I have no conflicts of interest to declare.  |     | speakers bureaus,  |        |  |  |  |
| educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or flduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests  Please summarize the above conflict of interest in the following box:  □ I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  | 6   | Payment for expert   | √ None |  |  |  |
| 7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   |     | •  |        |  |  |  |
| meetings and/or travel  8  Patents planned, issued or pending  9  Participation on a Data Safety Monitoring Board or Advisory Board  10  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11  Stock or stock options  12  Receipt of equipment, materials, drugs, medical writing, gifts or other services  13  Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   |     | ·  |        |  |  |  |
| meetings and/or travel  8  Patents planned, issued or pending  9  Participation on a Data Safety Monitoring Board or Advisory Board  10  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11  Stock or stock options  12  Receipt of equipment, materials, drugs, medical writing, gifts or other services  13  Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   | 7   | Support for attending  | √ None |  |  |  |
| 8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   |     | • • •  |        |  |  |  |
| pending  Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  |     | <b>3</b> ,   |        |  |  |  |
| pending  Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| pending  Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| pending  Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  |     |  | 1      |  |  |  |
| 9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   | 8   | The state of the s |        |  |  |  |
| Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   |     | pending  |        |  |  |  |
| Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   |     | B  |        |  |  |  |
| Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  | 9   |  | None   |  |  |  |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  | 4.0 | •  |        |  |  |  |
| committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   | 10  |  | None   |  |  |  |
| group, paid or unpaid  11 Stock or stock options   |     |  |        |  |  |  |
| 11 Stock or stock options  |     |  |        |  |  |  |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   | 11  |  | y None |  |  |  |
| materials, drugs, medical writing, gifts or other services  13 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   | 11  | Stock of Stock options   |        |  |  |  |
| materials, drugs, medical writing, gifts or other services  13 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   |     |  |        |  |  |  |
| materials, drugs, medical writing, gifts or other services  13 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   | 12  | Receipt of equipment   | √ None |  |  |  |
| writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   |     |  |        |  |  |  |
| Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   | 13  |  | √ None |  |  |  |
| I have no conflicts of interest to declare.  |     | financial interests  |        |  |  |  |
| I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| I have no conflicts of interest to declare.  |     |  |        |  |  |  |
| I have no conflicts of interest to declare.  | Ple | Please summarize the above conflict of interest in the following box:  |        |  |  |  |
|  | _   |  |        |  |  |  |
|  |     | I have no conflicts of interest to declare.  |        |  |  |  |
| Please place an "X" next to the following statement to indicate your agreement:  |     |  |        |  |  |  |
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| Da                  | te: November 22, 202  | 1   |  |  |  |  |
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| Yo                  | Your Name:_ Weicai Chen   |   |  |  |  |  |
| Ma                  | Manuscript Title: Identification of a seven-gene prognostic signature using the gene expression profile of  |   |  |  |  |  |
| osi                 | teosarcoma  | 0 1   |  |  |  |  |
| Ma                  | anuscript number (if known)   | :   |  |  |  |  |
| rel pa to rel Th ma | ated to the content of your ries whose interests may be transparency and does not reationship/activity/interest, be following questions apply anuscript only.  The author's relationships/activite epidemiology of hyperteredication, even if that medicationships activities are the epidemiology of hyperteredication, even if that medicationships activities are the epidemiology of hyperteredication, even if that medicationships activities are the epidemiology of hyperteredication, even if that medicationships activities are the epidemiology of hyperteredicationships are | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias<br>it is preferable that you do<br>to the author's relationsh<br>wities/interests should be<br>ension, you should declare<br>ation is not mentioned in | ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive |  |  |  |
|                     |   | Name all entities with whom you have this relationship or indicate  | Specifications/Comments (e.g., if payments were made to you or to your institution)  |  |  |  |
|                     |   | none (add rows as   |  |  |  |  |
|                     |   | needed)   |  |  |  |  |
|                     |   | Time frame: Since the initia  | al 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.   | vNone   |  |  |  |  |
|                     |   | Time frame: pas   | t 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   |  |  |  |  |

| Sayment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   Saymanuscript writing or education on a Data Safety Monitoring Board or Advisory Board   Safety Monitoring Board or Advisory Board   Safety Monitoring Board or Advisory Board   Stock or stock options   Stoc |     |  |        |  |  |  |
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| speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or flduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.  | 5   | Payment or honoraria for   | √None  |  |  |  |
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| Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  I have no conflicts of interest to declare.   | 9   |  | None   |  |  |  |
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