

ICMJE DISCLOSURE FORM

Date: 2021.12.27

Your Name: Wen-Jie Wang

Manuscript Title: Construction of ceRNA networks with different types of IDH1 mutation status in low-grade 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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Time frame: past 36 months				
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4		Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2021.12.27

Your Name: Yu-Jie Lu

Manuscript Title: Construction of ceRNA networks with different types of IDH1 mutation status in low-grade glioma patients

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.12.26

Your Name: Yin Li

Manuscript Title: Construction of ceRNA networks with different types of IDH1 mutation status in low-grade glioma patients

Manuscript number (if known): _____

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Date: 2021.12.27

Your Name: Jie-Qing Tang

Manuscript Title: Construction of ceRNA networks with different types of IDH1 mutation status in low-grade glioma patients

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Date: 2021.12.27

Your Name: Han Wang

Manuscript Title: Construction of ceRNA networks with different types of IDH1 mutation status in low-grade glioma patients

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 Manuscript Title: Construction of ceRNA networks with different types of IDH1 mutation status in low-grade glioma patients
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

The author reports funding from the Science and Education for Health Foundation of Suzhou for Youth (KJXW2019074), the Science and Technology Project Foundation of Suzhou (grant no. SS201651, SS201852 and SS202093), Project of science and technology development plan in Suzhou (SYSD2018138, SYSD202006) and the Jiangsu Province Medical key discipline (grant no. ZDXKC2016007).

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 2021.12.27

Your Name: Lian Lian

Manuscript Title: Construction of ceRNA networks with different types of IDH1 mutation status in low-grade glioma patients

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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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>None</u>	This study was supported by the Science and Education for Health Foundation of Suzhou for Youth (KJXW2019074), the Science and Technology Project Foundation of Suzhou (grant no. SS201651, SS201852 and SS202093), Project of science and technology development plan in Suzhou (SYSD2018138, SYSD202006) and the Jiangsu Province Medical key discipline (grant no. ZDXKC2016007)	
Time frame: past 36 months				
2		Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3		Royalties or licenses	<u>X</u> None	
4		Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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