ICMJE DISCLOSURE FORM

| Date: | _5/19/2022 |
|---------------|--|
| Your Name: | _Chunmei Yang |
| Manuscript Ti | tle:_Both a hypoxia-inducible EYA3 and a histone acetyltransferase p300 function as coactivators of SIX5 |
| to mediate tu | morigenesis and cancer progression |
| Manuscript nu | umber (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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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) |
|---|-------------------------------|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
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| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | X_None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | _XNone | |
| | | | |

| 5 I | Payment or honoraria for | XNone | | |
|------|--|--------------------------------|------|---|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | , | | | |
| 7 | Support for attending | X None | | |
| | meetings and/or travel | | | |
| | and the same of th | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | XNone | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | _XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | _XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | _XNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | _ |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |
| _ | | | | |
| Т | he author declares no conflict o | of interest financial or other | wise | |
| ' | ne dather decidies no conflict (| or material of other | | |
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_X__ 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: | _5/19/2022 | |
|---------------|-----------------|---|
| Your Name: | Hong Liu | |
| Manuscript Ti | tle:_Both a hyp | oxia-inducible EYA3 and a histone acetyltransferase p300 function as coactivators of SIX5 |
| to mediate tu | morigenesis and | d cancer progression |
| Manuscript no | umber (if knowr | 1): |

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|---|---|--|---|
| | | Time frame: Since the initial | 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). | X_None | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

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| | | | | |
| 5 | Payment or honoraria for | XNone | | |
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | V. None | | |
| 6 | Payment for expert testimony | XNone | | |
| | testimony | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | XNone | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | XNone | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | _XNone | | |
| | in other board, society, committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| | Stock of Stock options | _XNone | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| | The author declares no conflict | of interest, financial or other | wise. | |
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