

## ICMJJE DISCLOSURE FORM

Date: 2022-3-3 \_\_\_\_\_

Your Name: Feng Yuan \_\_\_\_\_

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis \_\_\_\_\_

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.

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, 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	____ None	
<b>Time frame: past 36 months</b>			
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
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:**

<p>I declare that no conflict of interest exists.</p>
---

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

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

## ICMJE DISCLOSURE FORM

Date: 2022-3-3 \_\_\_\_\_

Your Name: Yongchang Tang \_\_\_\_\_

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

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6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
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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	
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## ICMJE DISCLOSURE FORM

Date: 2022-3-4 \_\_\_\_\_

Your Name: Mingbo Cao \_\_\_\_\_

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis \_\_\_\_\_

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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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

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6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
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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	

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

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

## ICMJE DISCLOSURE FORM

Date: 2022-3-5 \_\_\_\_\_

Your Name: Yupeng Ren \_\_\_\_\_

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis \_\_\_\_\_

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.

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.

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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
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11	Stock or stock options	<u>    </u> None	
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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.**



## ICMJE DISCLOSURE FORM

Date: 2022-3-7 \_\_\_\_\_

Your Name: Yuxuan Li \_\_\_\_\_

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis \_\_\_\_\_

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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<b>Time frame: past 36 months</b>			
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None	
6	Payment for expert testimony	<u>      </u> None	
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	

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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.**

## ICMJE DISCLOSURE FORM

Date: 2022-3-9 \_\_\_\_\_

Your Name: Gaoyuan Yang \_\_\_\_\_

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis \_\_\_\_\_

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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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
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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.**

## ICMJE DISCLOSURE FORM

Date: 2022-3-12 \_\_\_\_\_  
 Your Name: Qifeng Ou \_\_\_\_\_  
 Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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6	Payment for expert testimony	<u>      </u> None	
7	Support for attending meetings and/or travel	<u>      </u> None	
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**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

Date: 08/06/2022

Your Name: Francisco Tustumi

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis

Manuscript number (if known): \_\_\_\_\_

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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	

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

None
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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.



## ICMJE DISCLOSURE FORM

Date: 30/05/2022

Your Name: Giovanni Battista LEVI SANDRI

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	____ None	
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:**

none
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**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 6/7/2022

**Your Name:** Driss Raissi

**Manuscript Title:** Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis

**Manuscript number (if known):**

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	Medtronic plc	Consulting fees for medical device development

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medtronic plc	Consulting fees from speaker's bureau
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

Consulting fees from Medtronic's liver ablation division from speaker's bureau and medical device development unit.

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

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

## ICMJE DISCLOSURE FORM

Date: 6/10/2022

Your Name: Christine Pocha

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis

Manuscript number (if known): \_\_\_\_\_

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_____ None	
<b>Time frame: past 36 months</b>			
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
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:

None
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

Date: 2022-3-22\_\_\_\_\_

Your Name: Meihai Deng\_\_\_\_\_

Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis\_\_\_\_\_

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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<p>I declare that no conflict of interest exists.</p>
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## ICMJE DISCLOSURE FORM

Date: 2022-3-22 \_\_\_\_\_  
 Your Name: Zhicheng Yao \_\_\_\_\_  
 Manuscript Title: Identification of the hsa\_circ\_0039466/miR-96-5p/FOXO1 regulatory network in HCC by whole-transcriptome analysis \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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