

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: [Quanquan Gu]

Manuscript Title: [The protective role of cigarette smoking against Parkinson’s disease by moderating the interaction between iron deposition in the nigrostriato-thalamic pathway and clinical symptoms

Manuscript Number (if known): [Click or tap here to enter text.]

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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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	

Quanquan Gu reports that this work was supported by the National Natural Science Foundation of China (Grant No. 81701647).

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: 8/26/2021

Your Name: [Xiaocao Liu]

Manuscript Title: [The protective role of cigarette smoking against Parkinson’s disease by moderating the interaction between iron deposition in the nigrostriato-thalamic pathway and clinical symptoms

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: [Qingze Zeng]

Manuscript Title: [The protective role of cigarette smoking against Parkinson’s disease by moderating the interaction between iron deposition in the nigrostriato-thalamic pathway and clinical symptoms

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: [Xiaojun Guan]

Manuscript Title: [The protective role of cigarette smoking against Parkinson’s disease by moderating the interaction between iron deposition in the nigrostriato-thalamic pathway and clinical symptoms

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 8/26/2021

Your Name: [Cheng Zhou]

Manuscript Title: [The protective role of cigarette smoking against Parkinson’s disease by moderating the interaction between iron deposition in the nigrostriato-thalamic pathway and clinical symptoms]

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: [Tao Guo]

Manuscript Title: [The protective role of cigarette smoking against Parkinson’s disease by moderating the interaction between iron deposition in the nigrostriato-thalamic pathway and clinical symptoms

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Your Name: [Baorong Zhang]

Manuscript Title: [The protective role of cigarette smoking against Parkinson’s disease by moderating the interaction between iron deposition in the nigrostriato-thalamic pathway and clinical symptoms]

Manuscript Number (if known): [Click or tap here to enter text.]

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 8/26/2021

Your Name: [Baorong Zhang]

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