Date:_ <u>7/2/2021</u>	
Your Name: Zhuorong Zhang	
Manuscript Title: The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese	
pediatric population	
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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		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	X None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Datants planned issued or	V Name	
٥	Patents planned, issued or pending	_ <u>X</u> None	
	pending		
•			
9	Participation on a Data	_ <u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>X</u> None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ <u>X</u> None	
	financial interests	east to douber	
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

Date:_7/2/2021
Your Name: Yihuan Huang
Manuscript Title:_ The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese
pediatric population
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: Since the initial	planning of the work
1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	X None	
4	Consulting fees	X None	

I	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	_ <u>x</u> none	
9	Participation on a Data	X None	
,	Safety Monitoring Board or	_ <u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	, in the second		
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u>X</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	_ XNone	
	financial interests		
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the f	following box:

Date:_7/2/2021
Your Name: Honghao Chen
Manuscript Title:_ The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese
pediatric population
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 <u>current manuscript only</u>.

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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	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	X None	
4	Consulting fees	X None	

I	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	_ <u>x</u> none	
9	Participation on a Data	X None	
,	Safety Monitoring Board or	_ <u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u>X</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	_ XNone	
	financial interests		
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the f	following box:

Date: 7/2/2021
Your Name: Ping Wu
Manuscript Title:_ The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese
pediatric population
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 <u>current manuscript only</u>.

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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	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	X None	
4	Consulting fees	X None	

I	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	_ <u>x</u> none	
9	Participation on a Data	X None	
,	Safety Monitoring Board or	_ <u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u>X</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	_ XNone	
	financial interests		
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the f	following box:

Date:_7/2/2021				
Your Name: Zhijian Deng				
Manuscript Title: The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese				
pediatric population				
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 <u>current manuscript only</u>.

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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,	X None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	<u>X</u> None	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	_ <u></u>	
9	Participation on a Data	X None	
,	Safety Monitoring Board or	_ <u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u>X</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	_ XNone	
	financial interests		
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the f	following box:

Date:_7/2/2021				
Your Name: Gaoyan Deng				
Manuscript Title: The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese				
pediatric population				
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 <u>current manuscript only</u>.

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		Time frame: Since the initial	planning of the work
1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	_ <u>x</u> none	
9	Participation on a Data	X None	
,	Safety Monitoring Board or	_ <u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u>X</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	_ XNone	
	financial interests		
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the f	following box:

Date: 7/2/2021
Your Name: Yongqin Zheng
Manuscript Title:_ The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese
pediatric population
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: Since the initial	planning of the work
1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	The time immerior time recini		
		Time frame: past	36 months
2	Grants or contracts from		30 months
2		<u>X</u> None	
	any entity (if not indicated in item #1 above).		
2	·	V N	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	_ <u>x</u> none	
9	Participation on a Data	X None	
,	Safety Monitoring Board or	_ <u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u>X</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	_ XNone	
	financial interests		
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the f	following box:

Date:_7/2/2021
Your Name: Guoyuan Li
Manuscript Title: The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese
pediatric population
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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1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	_ <u>x</u> none	
9	Participation on a Data	X None	
,	Safety Monitoring Board or	_ <u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u>X</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	_ XNone	
	financial interests		
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the f	following box:

Date: _7/2/2021
Your Name: <u>Li Yuan</u>
Manuscript Title:_ The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese
pediatric population
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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		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	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		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	X None	
4	Consulting fees	<u>X</u> None	

		1	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	G ,		
8	Patents planned, issued or	V Name	
0	pending	_ <u>X</u> None	
	pending		
•	5		
9	Participation on a Data	_ <u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>X</u> None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ <u>X</u> None	
	financial interests I have no conflicts of inter	agt to doctors	
	i have no conflicts of the	est to deciate.	
Ple	ease summarize the above c	onflict of interest in the	following box:
_			

Date:_7/2/2021
Your Name:Yingyi Xu
Manuscript Title: The correlation between polymorphisms in the XPC gene and glioma susceptibility in a Chinese
pediatric population
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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		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	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time initial for this item.		
		Time frame: past	26 months
2		·	56 Months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

		1	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	V Name	
0	pending	_ <u>X</u> None	
	pending		
	5		
9	Participation on a Data	_ <u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>X</u> None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ <u>X</u> None	
	financial interests		
	I have no conflicts of inter	est to declare.	
Ple	ease summarize the above c	onflict of interest in the f	following box:
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