ICMJE DISCLOSURE FOR	RM	
Date:_2021-11-24		
Your Name: YunLiu		
Manuscript Title: Study on the inhib	bition of inflammation I	by the cyclooxygenase-2 (COX-2)/prostaglandin E2
(PGE2) pathway and the promotion	n of wound healing of or	ral ulcer of Yangyin Shengji powderafter
chemotherapy	-	
Manuscript number (if known):		
related to the content of your manu parties whose interests may be affe	uscript. "Related" mean ected by the content of t ssarily indicate a bias. If	elationships/activities/interests listed below that are is any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment is you are in doubt about whether to list a
The following questions apply to the manuscript only.	e author's relationships	/activities/interestsas they relate to the <u>current</u>
	n, you should declare al	efined broadly. For example, if your manuscript pertains I relationships with manufacturers of antihypertensive e manuscript.
In item #1 below, report all support the time frame for disclosure is the	•	in this manuscript without time limit. For all other items,
Na	me all entities with	Specifications/Comments

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	None	
		Time frame: past	36 months
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	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	5 5 .		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
42	D	N.	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
		<b>.</b>	
Plea	se summarize the above co	ntlict of interest in the follo	owing box:

None.		

	ICMJE DISCLOSURE I	FORM		
Dat	e:_2021-11-24			
	r Name: SixiuRen			
		inhibition of inflammation	by the cyclooxygenase-2 (COX-2)/prostaglandin E2	
			ral ulcer of Yangyin Shengji powderafter	
	emotherapy		······································	
	nuscript number (if known):			
	•		elationships/activities/interests listed below that are	
		- ·	is any relation with for-profit or not-for-profit third	
			the manuscript. Disclosure represents a commitment	
-		-	f you are in doubt about whether to list a	
	tionship/activity/interest, it			
		is presentable that you do s	-	
The	following questions apply to	o the author's relationship	s/activities/interestsas they relate to the current	
	nuscript only.	- und		
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to t	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertain II relationships with manufacturers of antihypertensive e manuscript.	
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other item	IS,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			

1	All support for the present	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	None	
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	owing box:

## ICMJE DISCLOSURE FORM

ICIVITE DISCLOSURE FORIVI
Date: _2021-11-24
Your Name: HongjianJi
Manuscript Title: Study on the inhibition of inflammation by the cyclooxygenase-2 (COX-2)/prostaglandin E2
(PGE2) pathway and the promotion of wound healing of oral ulcer of Yangyin Shengji powderafter
chemotherapy
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/interestsas they relate to the <u>current</u> <u>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.

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
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3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
manuscript writing or	None	
educational events	None	
6 Payment for expert		
testimony		
7 Support for attending meetings and/or travel	None	
8 Patents planned, issued or	None	
pending		
9 Participation on a Data	None	
Safety Monitoring Board or	None	
Advisory Board		
10 Leadership or fiduciary role	None	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
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12 Receipt of equipment,	None	
materials, drugs, medical		
writing, gifts or other		
services		
Other financial or non-	None	
financial interests		
Please summarize the above o	onflict of interest in the follo	owing box:

None.	

## ICMJE DISCLOSURE FORM

ICIVIJE DISCLOSORE FORIVI
Date:_2021-11-24
Your Name:_ <u>DaonanYan</u>
Manuscript Title: Study on the inhibition of inflammation by the cyclooxygenase-2 (COX-2)/prostaglandin E2
(PGE2) pathway and the promotion of wound healing of oral ulcer of Yangyin Shengji powderafter
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	in other board, society,						
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11	Stock or stock options	None					
42		N					
12	Receipt of equipment,	None					
	materials, drugs, medical writing, gifts or other						
	services						
13	Other financial or non-	None					
13	financial interests	IVOIIC					
	dilainitei ests						
Plea	Please summarize the above conflict of interest in the following box:						
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N	None						

None.		