## ICMJE DISCLOSURE FORM

**Date:** May 27, 2022 **Your Name:** Shi-Yong Sun

Manuscript Title: From pancreatic cancer to lung cancer, ZIP4's oncogenic function continues

Manuscript number (if known): APC-22-2

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</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)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
1	All consent for the consent	Time frame: Since the initial	planning of the work			
1	All support for the present	X 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	XNone				
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 meetings and/or travel	X None							
8	Patents planned, issued or	X None							
	pending								
9	Participation on a Data	X 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	X None		_					
11	Stock of Stock options	XNone		_					
				-					
12	Receipt of equipment,	X None		_					
	materials, drugs, medical			_					
	writing, gifts or other								
	services								
13	Other financial or non-	X None							
	financial interests								
<b>5</b> 1									
Ple	Please summarize the above conflict of interest in the following box:								
Γ.	Lidicalors no conflicts of the interest listed above								
	I disclose no conflicts of the interest listed above.								

I disclose no conflicts of the interest listed above.					

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.