

ICMJE DISCLOSURE FORM

Date: Oct.12, 2021
 Your Name: Yuchen Jiang
 Manuscript Title: Analysis of dynamic molecular networks: the progression from colorectal adenoma to cancer
 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.

		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, 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 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:

No conflict of interest

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Date: Oct.12, 2021
 Your Name: Feifeng Song
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Date: Oct.12, 2021
 Your Name: Xiao Ping Hu
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ICMJE DISCLOSURE FORM

Date: Oct.12, 2021
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ICMJE DISCLOSURE FORM

Date: Oct.12, 2021
 Your Name: Xujia Liu
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		Zhejiang Provincial Natural Science Foundation of China, Zhejiang Province, People's Republic of China (grant number: LYQ20H310001)	

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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ICMJE DISCLOSURE FORM

Date: Oct.12, 2021
 Your Name: Jia Feng Wang
 Manuscript Title: Analysis of dynamic molecular networks: the progression from colorectal adenoma to cancer
 Manuscript number (if known): _____

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		the Medical and Health Research Program of Zhejiang Province (grant number: 2021KY055)	
3	Royalties or licenses	None	

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Date: Oct.12, 2021
 Your Name: Lie Haw. Jiang
 Manuscript Title: Analysis of dynamic molecular networks: the progression from colorectal adenoma to cancer
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		the Project of Administration of Traditional Chinese Medicine of Zhejiang Province of China (grant number: 2017ZA037)	

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4	Consulting fees	<u>None</u>	
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Date: Oct.12, 2021
 Your Name: Ping Huang
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ICMJE DISCLOSURE FORM

Date: Oct.12, 2021
 Your Name: Yiwen Zhang
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		Zhejiang Provincial Program for the Cultivation of High-level Innovative Health Talents (to Yiwen Zhang)	
		Zhejiang Provincial Natural Science Foundation of China, Zhejiang Province, People's Republic of China	



		(grant number: LY20H310001)	
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