

ICMJE DISCLOSURE FORM

Date: _____ 08/02/2023 _____

Your Name: _____ Jing Li _____

Manuscript Title: _____ Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment _____

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.

The author's relationships/activities/interests should be defined broadly. 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)
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:

None

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: _____ 08/02/2023 _____
 Your Name: _____ Dafang Zhang _____
 Manuscript Title: _____ Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment _____
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 08/02/2023 _____

Your Name: _____ Hao Liu _____

Manuscript Title: _____ Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment _____

Manuscript number (if known): _____

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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:

None

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: _____ 08/02/2023 _____

Your Name: _____ Danhua Wang _____

Manuscript Title: _____ Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment _____

Manuscript number (if known): _____

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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	Burning Rock Biotech, Guangzhou, China	

Please summarize the above conflict of interest in the following box:

Danhua Wang is from Burning Rock Biotech, Guangzhou, China.

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: _____ 08/02/2023 _____

Your Name: _____ Chunxiao Pan _____

Manuscript Title: _____ Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment _____

Manuscript number (if known): _____

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Time frame: past 36 months			
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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	Burning Rock Biotech, Guangzhou, China	

Please summarize the above conflict of interest in the following box:

Chunxiao Pan is from Burning Rock Biotech, Guangzhou, China.

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: 08/02/2023

Your Name: Tiago Biachi de Castria

Manuscript Title: Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment

Manuscript number (if known):

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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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca, Bristol-Myers Squibb, Eli Lilly & Company, Merck Sharp & Dohme Corp, MD Health Brasil	Payments made to me.
6	Payment for expert testimony	Remedy Health Group	Payments made to me
7	Support for attending meetings and/or travel	A2Bio	Payments made to me
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra Zeneca, Bristol-Myers Squibb	Payments made to me.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

Please summarize the above conflict of interest in the following box:

Author received honoraria from Astra Zeneca, Bristol-Myers Squibb, Eli Lilly & Company, Merck Sharp & Dohme Corp, MD Health Brasil, Remedy Health Group and A2Bio.

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: 8/2/2023

Your Name: Shaffer Mok

Manuscript Title: Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment

Manuscript number (if known): _____

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3	Royalties or licenses	None	
4	Consulting fees	Conmed	

		Steris	
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:

Consultant for Steris and Conmed.

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.

ICMJE DISCLOSURE FORM

Date: _____ 08/02/2023 _____
 Your Name: _____ Zegao Zhou _____
 Manuscript Title: _____ Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment _____
 Manuscript number (if known): _____

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None

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ICMJE DISCLOSURE FORM

Date: _____ 08/02/2023 _____

Your Name: _____ Changqing Yan _____

Manuscript Title: _____ Identification of potential prognostic biomarkers among gene models for coiled-coil domain-containing family members in hepatocellular carcinoma elucidates their influence on the hypoxia pathway and immune microenvironment _____

Manuscript number (if known): _____

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