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Da	te:	2023/11/07	
	ur Name:		
	nuscript Title:" CYP1B1 إ	promotes colorectal cance	er liver metastasis by enhancing the growth of a fatty acids-dependent manner"
Ma	nuscript number (if known)):	
rel par to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
	e following questions apply inuscript only.	to the author's relationsh	hips/activities/interests as they relate to the <u>current</u>
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive n the manuscript.
	item #1 below, report all su e time frame for disclosure i		ted in this manuscript without time limit. For all other item
		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 initi	ial planning of the work
_	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
	No time limit for this item.		
2	Grants or contracts from any entity (if not indicated	Time frame: pa	st 36 months
	in item #1 above).	None	
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Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	None		

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Da	te:	2023/11/07	
Ma			er liver metastasis by enhancing the growth of a fatty acids-dependent manner"
Ma	nuscript number (if known)):	
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	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
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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 initi	al planning of the work
	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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	st 36 months
}	Royalties or licenses	None	

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	None		

None			

Da	te:	2023/11/07		
Yo	ur Name:	Lei Guo		
Ma			liver metastasis by enhancing the growth of	
			fatty acids-dependent manner"	
Ma	inuscript number (if known)):		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript.	
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		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as	institution)	
		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article processing charges, etc.)			
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		Time frame: past	36 months	
2	Grants or contracts from	None None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
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Da	te:	2023/11/07							
Ma			liver metastasis by enhancing the growth of						
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	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>						
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		relationship or indicate	institution)						
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1	All support for the present	None							
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		Time frame: past	36 months						
2	Grants or contracts from	None None							
	any entity (if not indicated								
	in item #1 above).								
3	Royalties or licenses	None							

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
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Da	te:	2023/11/07	
Yo	ur Name:	Qin Li	
M			r liver metastasis by enhancing the growth of
			a fatty acids-dependent manner"
IVI	anuscript number (if known)	l:	
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to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ration is not mentioned in pport for the work reporte s the past 36 months.	ed in this manuscript without time limit. For all other items
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		relationship or indicate	institution)
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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: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	None		

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Dat	te:	2023/11/07	
Υοι	ur Name:	Hui Li	
	nuscript Title:" CYP1B1 բ	promotes colorectal cance	er liver metastasis by enhancing the growth of a fatty acids-dependent manner"
Ma	nuscript number (if known)		
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	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
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the	time frame for disclosure i	s the past 36 months.	
		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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		needed)	
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	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: pas	st 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
}	Royalties or licenses	None	

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
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Da	te:	2023/11/07						
Ma			er liver metastasis by enhancing the growth of a fatty acids-dependent manner"					
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	e following questions apply <u>inuscript only</u> .	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>					
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertage all relationships with manufacturers of antihypertensing the manuscript. The manuscript without time limit. For all other it	ive				
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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 initia	al planning of the work					
L	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: pas	t 36 months					
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	None						
3	Royalties or licenses	None						

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	None		

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		1011132 213	
Date	e:	2023/11/07	
You	r Name:	Peiyi Xie	
Mar	nuscript Title:" CYP1B1 բ	promotes colorectal cance	er liver metastasis by enhancing the growth of a fatty acids-dependent manner"
Mar	nuscript number (if known)):	
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	following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current
to the	ne epidemiology of hyperto lication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report s the past 36 months. Name all entities with whom you have this relationship or indicate	e defined broadly. For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. The manuscript without time limit. For all other items Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initi	al planning of the work
	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: pa	st 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None	
;	Royalties or licenses	None	

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	None		

None			

Yo	ur Name:	Qiang Yu						
Ma			r liver metastasis by enhancing the growth of					
M	metastatic cancer cells via a fatty acids-dependent manner" Manuscript number (if known):							
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	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>					
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	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other ite	∍ms,				
		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)					
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		Time frame: Since the initia	planning of the work					
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 None	- So months					
_	any entity (if not indicated	140110						
	in item #1 above).							
3	Royalties or licenses	None						

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None				
	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 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				
Ple	Please summarize the above conflict of interest in the following box:					
	None					

None			

Da	te:	2023/11/08		
Yo	ur Name:	Zheng Chen _		
Ma	· —		er liver metastasis by enhancing the growth of a fatty acids-dependent manner"	
Ma	nuscript number (if known)) :		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declard cation is not mentioned in pport for the work report s the past 36 months.	ed in this manuscript without time limit. For all other item	
		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 initia	al planning of the work	
	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: pas	t 36 months	
<u>.</u>	Grants or contracts from any entity (if not indicated in item #1 above).	None		

Royalties or licenses

Consulting fees

None

None

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	None				
	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 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				
Ple	Please summarize the above conflict of interest in the following box:					
	None					

None			

Da	te:	2023/11/08						
Yo	ur Name:	Shuang Liu		_				
Ma	Manuscript Title:" CYP1B1 promotes colorectal cancer liver metastasis by enhancing the growth of metastatic cancer cells via a fatty acids-dependent manner"							
Ma	Manuscript number (if known):							
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		whom you have this	(e.g., if payments were made to you or to your					
		relationship or indicate	institution)					
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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						

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None				
	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 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				
Ple	Please summarize the above conflict of interest in the following box:					
	None					

None			

Da	te:	2023/11/08							
Yo	ur Name:	Yongfeng Xu							
Ma			liver metastasis by enhancing the growth of						
			fatty acids-dependent manner"						
Ma	Manuscript number (if known):								
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to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in the pport for the work reporte	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other in	ive					
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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your						
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		Time frame: Since the initia	l planning of the work						
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								
2	in item #1 above).	N							
3	Royalties or licenses	None							

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None				
	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 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				
Ple	Please summarize the above conflict of interest in the following box:					
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Ma			liver metastasis by enhancing the growth of	
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		Time frame: Since the initia	l planning of the work	
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.			
	No time mint for this item.			
		Time frame: past	26 months	
2	Grants or contracts from	None		
_	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	None		

None			

Dat	e:	2023/11/08	
Υου	ır Name:	Ming Lu	
Ma	· —		er liver metastasis by enhancing the growth of
			a fatty acids-dependent manner"
Ma	nuscript number (if known)	:	
rela par to t	ited to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	following questions apply nuscript only.	to the author's relations	nips/activities/interests as they relate to the <u>current</u>
to t med	he epidemiology of hypertodication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report s the past 36 months. Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed) Time frame: Since the initi	al planning of the work
	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.		
			<u> </u>
		Time frame: pa	st 36 months
	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
, [Povalties or licenses	None	

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	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 pending	None	
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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	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	None		

None			

Da	te:	2023/11/08		
Ma			r liver metastasis by enhancing the growth of	
			rfatty acids-dependent manner"	
Ma	anuscript number (if known)):		
rel pa to rel Th	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents as they relate to the current of the curren	
ma	anuscript only.			
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertarall relationships with manufacturers of antihypertensithe manuscript. d in this manuscript without time limit. For all other it	ive
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	institution	
		needed)		
		Time frame: Since the initia	planning of the work	
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.			
	No time limit for this item.			
		T: f	26 months	
2	Grants or contracts from	Time frame: past	36 MONTAS	
۷	any entity (if not indicated	None		
	in item #1 above).			
3	Royalties or licenses	None		

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
	None		

None			