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Date: 22-0/-2029	
Your Name: Hattan Li	
	coding ZNF205-AS1/EGR4 positive feedback loop attenuates
cisplatin resistance of NSCLC cells via targ	eting miR-138-5p/OCT4 pathway
Manuscript number (if known): <u>JTD-23-1</u>	171

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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.

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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
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: pas	st 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	

Payment or honoraria for	<u>_X</u> None	
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Support for attending meetings and/or travel		
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Leadership or fiduciary role	None	
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No	*/

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Date:	21-09-2023	
Your Name:	Ying Ying Jin	
<b>Manuscript Tit</b>	e:Suppression of long non	coding ZNF205-AS1/EGR4 positive feedback loop attenuate
cisplatin resis	stance of NSCLC cells via targ	eting miR-138-5p/OCT4 pathway
Manuscript nu	mber (if known): <u>JTD-23-1</u>	171

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		Time frame: pas	st 36 months
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3	Royaltles or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations,	<u>X</u> None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	<u>K</u> None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	X 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	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No				

Please place an "X" next to the following statement to indicate your agreement:

\(\times\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 22-09-2023	
Your Name: Ye fei 7hu	
Manuscript Title: Suppression of long non	coding ZNF205-AS1/EGR4 positive feedback loop attenuates
cisplatin resistance of NSCLC cells via targ	eting miR-138-5p/OCT4 pathway
Manuscript number (if known): JTD-23-1	171

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	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				

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atents planned, issued or ending	None	
articipation on a Data  Ifety Monitoring Board or  dvisory Board	X_None	
eadership or fiduciary role other board, society, ommittee or advocacy roup, paid or unpaid	None	
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eceipt of equipment, aterials, drugs, medical riting, gifts or other ervices	None	
ther financial or non- nancial interests	None	
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Please summarize the above conflict of interest in the following box:

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Please place an "X" next to the following statement to Indicate your agreement:

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D	ate: 22-09-2023	0.6	
Y	our Name: Bing Xiao Sh	en of long non goding	ZNF205-AS1/EGR4 positive feedback loop attenuates
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IV	ianuscript number (it known)	J	
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	∑None	
5	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	K_None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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No		

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1 certify that I have answered every question and have not altered the wording of any of the questions on this form.

	ICMJE DI	CLOSURE FORM	
Date: 22-Sep	-202)		
Your Name:	zu Xu		
Manuscript Title: Suppression	C cells via targeting	ng ZNF205-AS1/EGR4 positive for miR-138-5p/OCT4 pathway	eedback loop attenuates
related to the content of your mparties whose interests may be	nanuscript, "Related" r affected by the conter ecessarily indicate a bi	all relationships/activities/interests li eans any relation with for-profit or n of the manuscript. Disclosure repres s. If you are in doubt about whether lo so.	ot-for-profit third sents a commitment
The following questions apply to manuscript only.	o the author's relation	nips/activities/interests as they relat	e to the <u>current</u>
	nsion, you should decla	e <u>defined broadly</u> . For example, if yo e all relationships with manufacture the manuscript.	
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**Specifications/Comments** 

institution)

Time frame: Since the initial planning of the work

Time frame: past 36 months

(e.g., if payments were made to you or to your

Name all entities with

whom you have this relationship or indicate

none (add rows as

needed)

× None

**≪** None

None

**None** 

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.

Grants or contracts from any entity (if not indicated

in item #1 above).

Consulting fees

Royalties or licenses

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	manuscript writing or	1	
	educational events		
6	Payment for expert testimony	X_None	
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7	Support for attending	X_None	
	meetings and/or travel		
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8	Patents planned, Issued or	X_None	
	pending	MILES DESCRIPTION OF THE PROPERTY OF	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	and the second s
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