ICMJE DISCLOSURE FORM

Da	te:May 30 th , 2021			
Yo	ur Name:Marco De M	lartino		
	nuscript Title:Long names and the control of		g multiple proliferative pathways in cancer cell 5(TCR-21-230)	
rela par to	ated to the content of your ries 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 nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to t	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in	·	!
	tem #1 below, report all su time frame for disclosure i	-	ed in this manuscript without time limit. For all other iten	ns,
		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	
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	t 36 months	
2	Grants or contracts from any entity (if not indicated	None		

in item #1 above).

Royalties or licenses

Consulting fees

None

None

3

4

5	Payment or honoraria for	None	
lectures, presentations,			
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0	Double in this is a part of the control of the cont	NI	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	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		
12	services Other financial or non-	Nana	
13	financial interests	None	
	illianciai iliterests		
Ple	ease summarize the above o	onflict of interest in th	e following box:
_			
	I have no conflict of interest to	declare.	

I have no conflict of interest to declare.	

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.

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Date:May 30 th , 2021	
Your Name:Francesco Esposito	
Manuscript Title:Long non-coding RNAs regulating multiple proliferative pathways in c	ancer cell
Manuscript number (if known):TCR-2020-CTP-05(TCR-21-230)	
In the interest of transparency, we ask you to disclose all relationships/activities/interests lis	

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 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)
		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	

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	te:May 30 th , 2021			
	ur Name:Pierlorenzo			
	nuscript Title:Long none nuscript number (if known)		g multiple proliferative pathways in cancer cell (TCR-21-230)	
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 cans 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.	
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to		ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure is	• • • • • • • • • • • • • • • • • • • •	ed in this manuscript without time limit. For all other iten	ns,
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	-	s the past 36 months. Name all entities with	Specifications/Comments	ns,
	-	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	ns,
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	-	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
	-	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)	ms,
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
the	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
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Consulting fees

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